An Iconography of Suffering:
VD in Australia 1914-18.

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I, Marina Elizabeth Larsson, declare that this thesis comprises only my original work, except where due acknowledgment has been made in the text to all other materials used.

This thesis does not exceed 30,000 words in length, exclusive of bibliographies, footnotes and tables.

[Signature]
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There is a monster in our midst -
A modern Minotaur -
That tribute takes in human lives,
And daily cries for more.
Like some vile octopus it seems,
With tentacles that spread
And seize the prey with fearful clutch
With which its maw is fed.

The careless youth who laughs at sin,
The maiden fond and frail,
The mother with her babe at breast,
The soldier, strong and hale:
All these and many more it dooms
Of life's worst woes to taste,
It seizes with impartial clutch
The sinful and the chaste.

Beneath the rays of Truth's searchlight
The monster stands revealed -
A frightful menace to our race,
By prudery concealed.
Now champions hasten to the fray,
Those human lives to save,
And rescue from the monster's clutch,
The fair, the good, the brave.
Introduction.

War and the Spread of Venereal Disease into Classes ‘Hitherto Unaffected’.
During the Great War, it was widely held that venereal disease had become 'rife' in Australia. This 'rifeness' related not only to a perceived rise in its incidence, but to the belief that it was becoming more prevalent in populations traditionally unaffected. By early 1915, a new wave of alarm had swept the nation as the presence of infected soldiers in Australia was made public in the mainstream media. The repatriation of AIF venereal cases from the Middle East in May, and startling reports of the rise of the new 'amateur prostitute', added to mounting concern that VD was spreading into populations 'hitherto unaffected'. To many, these events signified that the 'foul undercurrent' of venereal disease was actually penetrating the 'general population'. The perception that venereal disease was 'rife' was accompanied by the emergence of new regulating discourses, and an increased production of knowledges about VD. The period saw the unprecedented explosion of public discourse in the form of pamphlets, essays, books, lectures conferences, cartoons, and films. This thesis concerns itself with this 'epistemic epidemic'.

Venereal disease had been the subject of significant public concern and state action in Australia well before the outbreak of war in 1914. Dr. W.S.F. Bottomley, a long-time crusader against VD, drew on an established vocabulary when he referred to it in 1915 as one of the 'three great plagues', the others being alcohol (the 'blue plague') and tuberculosis (the 'white plague'). Since the late nineteenth century, the predominant conceptualisation of venereal disease had been as a eugenic stigmata, which exposed something unusual and bad about the moral

2Prime Minister's Department; A 458, Correspondence Files, 1923-34; I 368/4 Pan I, Medical-Venereal Diseases Part 1, 1914-30.
3Paula Treichler argues that the death of Rock Hudson was a comparable event, which to many signalled the entry of AIDS into the 'general population', in Paula Treichler, 'AIDS, Homophobia and Biomedical Discourse' in Douglas Crimp (ed), AIDS: Cultural Analysis/Cultural Activism, Massachusetts Institute of Technology Press, Massachusetts, 1988, p. 43.
status of the sufferer. Throughout the war years, VD remained a potent signifier of corporeal and social degeneration, and it was possible to label sufferers as eugenically 'unfit'. Such terms are used in this thesis because of their particular historical resonances. It is acknowledged that people living with venereal disease may not have seen themselves as 'sufferers', 'syphilitics' or 'eugenically unfit'. What the language of eugenics and social hygiene did, however, was promise a discourse of venereal disease which would overturn the 'conspiracy of silence' that was said to characterise nineteenth-century discussions. Commentators frequently prefaced their remarks with calls for an end to 'mock modesty' and 'the prudery of the Victorian times', as they threw open the 'windows of social edifice', and exposed silence 'to the light of day'. These writers were employing what Michel Foucault has termed a 'repressive hypothesis' in order 'to utter truths', to pronounce a new discourse and to assert the legitimacy and enlightenment of new knowledges.

The fear that venereal disease would seep into the 'general community' had underpinned nineteenth century conceptualizations of VD evident, for instance, in the British Contagious Diseases Acts of the 1860s and 70s and the comparable Australian legislation. The social stresses of war compounded the existing

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8 For a fuller explanation of the politics around the term 'sufferer' see Max Navarre, 'Fighting the Victim Label', in Douglas Crimp (ed), *AIDS: Cultural Analysis/Cultural Activism*, Massachusetts Institute of Technology Press, Massachusetts, 1988, pp. 143-146.


11 In this case the 'common prostitute' was singled out as the purveyor of disease to the 'general community'. See Judith R. Walkowitz & Daniel J. Walkowitz, "We are not Beasts of the Field": Prostitution and the Poor in Plymouth and Southampton under the Contagious Diseases Acts' in Mary S. Hartman & Lois Banner (eds), *Clio's Consciousness Raised: New Perspectives on the History of Women*, Harper & Row, New York, 1974, pp. 192-225; F. B. Smith, 'Ethics and Disease in the Later Nineteenth Century: The Contagious Diseases Acts', *Historical Studies*, vol. 15, no. 57, (October), 1971; Judith R. Walkowitz, *Prostitution and
concern about the health of the nation's 'fit' classes, and saw efforts directed against the new challenges to the 'pure blood' of the nation. The epistemic epidemic around VD was the product of a climate of 'total war'. For some, Judith Smart argues, 'the war had now simplified and clarified all the vital issues and values and enabled the opposing forces to be labelled and stereotyped accordingly'. The 'imaginary lines' which separated healthy and diseased classes in public discourse took on a new aspect. The war years saw a sharper discursive polarisation of sufferers, and wartime commentary on VD was characterized by a widening gap between 'innocent' and 'guilty'.

The historian faces a difficult task establishing the rate of venereal disease during the war years, or indeed tracing its spread, because figures for comparison are either unavailable or glaringly inadequate. As an indication, however, in 1927, the Victorian Government put the total rate of venereal infection in the Melbourne for the previous ten years at 48.6%. Diane Tibbits has suggested, however, that venereal disease was in fact not this high during the Great War, arguing that 'by 1930 it was evident that the claims regarding the prevalence of venereal diseases and their complications had been somewhat exaggerated in the earlier part of the century'. While it is important to have an understanding of the rate of venereal suffering experienced in Australia, public responses to VD, as Michael Sturma suggests, need not have anything to do with a real epidemic. This study works

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13 Judith Smart, War and the Concept of a New Social Order, p. 35.


18 Michael Sturma, 'Public Health and Sexual Morality: VD in World War II Australia', *Signs*, vol. 13, no. 4, 1988, p. 739. In a similar manner, Judith Smart suggests that temperance
from the premise that most people who spoke publicly about VD saw it as 'rife', even if they or indeed we, lack a realistic idea of its prevalence.\textsuperscript{19}

The central question of this thesis is what engendered the production of the particular discourses around venereal disease during the Great War? The main thesis is that the 'epistemic epidemic' was engendered by a widespread public perception that venereal disease was spreading from degenerate populations into 'fit' and respectable classes. Some socialist and feminist commentators certainly questioned the belief that VD was 'rife', but nonetheless, it remained the prevailing perception.\textsuperscript{20} This study has developed an 'iconography of suffering' drawing upon the cartoon 'Under the Searchlight' which appeared in the Melbourne \textit{Truth} on July 8th 1916 (reproduced with poem at the beginning of this chapter). The value of \textit{Truth}'s illustration was that it made visible the new diversity of sufferers which was to characterise wartime discussions of VD. It depicted the inscription of venereal disease on certain types of sufferer, and is a valuable departure point for identifying the categories of sufferer that dominated public discourse around VD. The illustration was primarily designed to promote the newspaper's attempts to bring the 'scarlet scourge' to public attention. 'Beneath the rays of Truth's searchlight/The monster stands revealed' asserted the accompanying poem. At that time the \textit{Truth} saw itself as an enlightened voice, and was critical of the 'dangerous prudery' it believed to characterize church and some state responses to VD. The cartoon portrayed the figure of 'Truth' shining its light on, clockwise from the left, 'the maiden fond and frail', 'the soldier strong and hale', 'the mother with her babe at breast' and 'the careless youth who laughs at sin'. These images have been considered in conjunction with similar descriptions of sufferers evident in the source material of the era, and five main categories developed.\textsuperscript{21} They correlate with the images in \textit{Truth}, although some interpretative licence in their

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\textsuperscript{20} Julie Tisdale has pointed this out to me, for example 'The Ubiquitous "Venereal"', \textit{The Socialist}, 15 July, 1918; \textit{Woman Voter}, May 9, 1918. Also see the evidence of Robert Paton, Director General of Public Health, New South Wales, and Langloh Johnson, Honorary Physician to St. Vincent's Hospital, \textit{Progress Report from the Select Committee on the Prevalence of Venereal Diseases; Together with the proceedings of the Committee and Minutes of Evidence, and Appendices}, [November, 1915], New South Wales Parliamentary Papers, Legislative Assembly, 1915-16, vol. 5, pp. 243, 274.
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labelling has been taken in accord with the dominant themes in contemporary sources. The iconography of suffering for analysis consists of the amateur prostitute, the soldier, innocent babies, the innocent wife, the venal husband.

The thesis examines the relationship between these types of sufferer and seeks to make visible the boundaries that allowed them to be so distinctly separated. It also contends that without the separation of types of sufferer the rifeness of VD, that is its spread from one class to another, would not have been possible to describe. This introduction contextualizes this thesis in relation existing Australian historiography. It then responds to two dominant theoretical approaches to venereal disease, social constructionism and 'moral panic' theory, establishing departure points for this study. Finally, the central thesis is expanded upon, and a chapter structure is outlined.

Unlike Jay Cassell's The Secret Plague: Venereal Disease in Canada or Allan Brandt's No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880 there is as yet no published monograph about sexually transmissible diseases in Australian historiography. Two histories of venereal disease in Australia are currently being written, one by Judith Smart (Royal Melbourne Institute of Technology), and the other by Milton Lewis (University of Sydney). Studies in the Australian context have tended to examine venereal disease as a satellite issue which may illustrate another subject or argument. Kay Daniels, Mary Murnane and Raelene Davidson, for example, discuss venereal disease in relation to prostitution.22 A body of work around the historical study of venereal disease in Australia is slowly emerging. To date, some of the most relevant and engaging research is evident in a number of essays and unpublished theses. Judith Smart has foreshadowed her book with three essays specifically examining the debates about venereal disease in Melbourne during the Great War with attention to the contribution of feminist organisations.23 Importantly, Smart's work situates the debates around venereal disease within the broader Australian historiography


of the Great War. Indeed, studies by Marilyn Lake and Raymond Evans offer a valuable context in which to understand the debates around VD in relation to the divisions that emerged in wartime society. Theses by Diane Tibbits and Claudia Thame represent comprehensive overviews of bio-medical, social and public health aspects of venereal disease in this period. Julie Tisdale's work on the amateur prostitute represents an important close reading of one aspect of the venereal debates, and along with Carl Botsman's thesis on the regulatory implications of fin de siecle venereal discourse, points towards the possibilities of a Foucauldian analysis of the area. This current thesis contextualizes itself within the Australian historiography of the Great War, but offers a different perspective on the wartime venereal debates by pursuing Foucauldian insights into the history of sexuality and engaging with theories of sexuality and disease that have emerged since the HIV/AIDS epidemic.

Two common themes run through much existing scholarship on venereal disease: first, the proposition that disease is 'socially constructed', and second, that crises around venereal disease are an expression of social 'anxiety' or a 'moral panic'. Social constructionism takes as its starting point that disease 'acquires meaning and significance from its human context'. In No Magic Bullet, Allan Brandt positions VD within a social constructionist framework which examines the 'symbols and images which disease attracts'. Importantly, he points out that this process is reciprocal, that these symbols and meanings also affect our interventions. Yet, as Charles Rosenberg has pointed out, it is a truism that disease is socially constructed, simply a specialised restatement that men and

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women construct themselves culturally and differently. Social constructionism offers a model to look at the way the discussion of venereal disease mirrors or reveals 'attitudes, practices or social values'. Discourse theory, however, emphasizes that 'social values' are not simply reflected in discourse but constitute the categories through which it is articulated. Indeed, much recent history writing has been influenced by a number of critical practices such as deconstructionism, semiotics and cultural history which are organized around 'reading the signs' of culture. A Foucauldian approach based on discourse analysis is adopted in this study as a framework in which to examine the production of knowledge around VD. Its purpose is to lay bare the interpretative categories of contemporary discussions around venereal disease, by asking how statements, texts, signs, and practices constituted human experience. This thesis directly addresses the discursive mechanisms which underpinned the social construction of venereal disease; it critically opens up the narratives and characters of The VD Story' rather than simply re-telling it. This approach throws up new questions and forces us to consider, for example, what 'riseness' meant and what constituted the 'spread' of VD. It allows us to challenge wartime epistemologies of venereal disease, and ask what could/could not be articulated, what categories were available, and why knowledges made sense.

The sources for this study are the documents of 'public discourse'. Public wartime discussions of VD were organised around recognisable narratives, categories and images, often shaped by the language of progressive reform. The sources for this study are the documents of 'public discourse'. Public wartime discussions of VD were organised around recognisable narratives, categories and images, often shaped by the language of progressive reform. The

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32 'The VD Story' was the title of an exhibition in the Brownless Medical Library, on display during 1995, curated by Diane Tibbits.
33 Lynette Finch notes that examining discourse in 'deconstructive' terms, allows for a thorough investigation of the categories which separate one class from another. The Classing Gaze: Sexuality, Class and Surveillance, Allen & Unwin, Sydney, 1993, pp. 2, 15.
34 Personal or institutional records fall outside the limits of this study. For studies which concentrate more on these type of sources, see Meredith Temple-Smith, The Melbourne Sexual Health Centre & Peter Carl Botsman, The Sexual and the Social.
35 Judith Smart contextualises discussions of VD within 'progressive reform' agendas in 'The Great War and the "Scarlet Scourge"', p. 65. Both Truth and Woman Voter are excellent sources on VD because they display a frankness not evident in mainstream papers. Judith Smart notes this also, see 'Feminists, Labour Women and Venereal Disease', footnote 4, p. 36. Indeed, Truth recognised itself as one of the few places were venereal disease was discussed; see 16
sites of public discourse which maintained the 'symbolic boundaries' that divided classes of sufferer were diverse. The points of divergence between eugenic, feminist, military and popular discourses suggest a competition for the construction of the subjectivities of sufferers and their representation. Challenges to popular discourses suggest that individuals have a variety of investments in available images, accepting some but not others. In all this, the self-identified voice of the sufferer is largely missing. It is important to be aware that people with VD earlier this century may not have subscribed to the various public representations of them. Although there has been a shift in medical history writing towards rediscovering the voice of the patient, this study was not conceived to analyse the formation of personal identity, neither does it focus on how individuals responded to or resisted the construction of their identity. Yet, as HIV/AIDS activists have demonstrated, the representation of people living with HIV/AIDS in public discourses is integral to one's personal experience of the disease, affecting the provision of treatments and services and quality of life. This thesis maps the discourses which vied for power to name the sufferer and chart their 'inner disposition'. In 1990, it was noted somewhat fatalistically, at a history of medicine conference, that 'no consensus exists, or, indeed is likely' to exist between Foucauldians and more classically trained historians. The most common criticism of Foucauldian approaches to history has been that human experience and suffering gets lost or is wilfully ignored because of the emphasis on discourse. Yet, it remains difficult to imagine experience and power without a thorough understanding of the categories through which it has been articulated.


37 Wartime documents written by people with venereal disease are rare, and medical or institutional records are written from the physician's perspective. For an extraordinary exception to this paucity of sources see the letter of Arthur S. analysed in Peter Carl Botsman, *The Sexual and the Social*, pp. 346-55. Diane Tibbits observes that it was not until the 1960s that individuals and interest groups played a significant role in putting forward the 'patient's view' see Diane Tibbits, *The Medical, Social and Political Response to Venereal Diseases*, p. 6.

38 For a fuller theorising of this, see Erving Goffman, *Stigma*, pp. 57, 129, 132-33.


A second dominant approach to the historical conceptualization of venereal disease has been in terms of 'moral panic'. The term is taken from sociological work of Stanley Cohen, who defined it as when 'a condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests'. Terms such as 'panic' and 'anxiety' are valuable descriptors, but do not constitute a theoretical framework in themselves. Simon Watney points out that models of 'moral panic' cannot discriminate between different orders or degrees of moral panic, explain the interconnectedness of panics, or why one anxiety may be displaced across a number of panics, or account for why an event is privileged over the original threat. Indeed, what does its 'moral' component signify, and why is the term rarely used in relation to the HIV/AIDS epidemic? Clearly, there was a great deal of concern expressed at the 'rifeness' of VD during the Great War, but the discourse of 'moral panic' has almost become part of the reality of the period rather than a theoretical model generated by historians. This study utilizes approaches other than 'moral panic' to explore the specificities of venereal 'rifeness' and the boundaries that defined its 'spread'.

The work of Michel Foucault and Sander Gilman offers a valuable starting point for analysing the fusion between sexuality and disease that VD presents. How may we explain the divisions between classes of sufferer evident during the Great War? Gilman has documented the historical iconography of 'syphilitics' as one which identifies them as 'the Other', removed from culture, occupying the space of that other to normative understandings of health and acceptability. Other theorists of disease have worked within similar models, identifying 'dangerous groups' or

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43 Stanley Cohen, Folk Devils and Moral Panics: The Creation of the Mods and Rockers, MacGibbon & Kee, London, 1972, p. 9. Cohen's own study traces mod and rocker sub-cultures and their 'social control'. Some implications of his work are not applicable to the history of venereal disease, in particular the championing of deviance by an individual as a part of sub-cultural identification.
45 Julie Tisdale also questions the usefulness of 'moral panic' theory see Julie Tisdale, 'The Future Mothers of Our Race', p. 8.
'rituals of inclusion/exclusion'. Foucault has also written of 'dividing practices' which objectify and define certain groups against each other, 'the mad and sane, the sick and the healthy, the criminals and the "good boys"...'. Yet, from where do these boundaries get their legitimacy? Diana Fuss has argued that within a 'symbolic order' of sexuality based on 'the logic of limits, margins, borders and boundaries', the categories on the 'outside' are generated from the 'inside', and are necessary to preserve the border that protects the 'inside'. It is clear from the one-way flow of the wartime venereal spread that these 'dividing practices' safeguarded the respectable, and reflected a 'pre-articulate belief' that only other people get VD.

The spread of venereal disease transgressed the boundaries between fit and degenerate, linking a person from one class intimately with another. Mr. Hogan's comments to the Victorian parliament in 1918 indicate that the boundaries that mapped the 'fit' were defended by those who saw themselves inside it:

... I do not think the proportion of people affected by venereal disease is anything like as big as stated. If honourable members look around amongst their acquaintances and ask themselves the question 'How many of these people may possibly be affected in this way?' the answer would have to be 'Very few indeed'.

During the war years the correlation between VD and 'unfitness' came under pressure, as large numbers of 'respectable people' were reportedly becoming infected. Hogan's rhetoric attempted to reinforce its correlation with degeneracy. It played on the members' identification as 'fit', implying by relation that only the


49 For a fuller exploration of the processes that divide healthy/diseased populations, see Sander Gilman, Difference and Pathology, pp. 15-27. Michel Foucault, The History of Sexuality, vol. 1, pp. 86, 92.


'unfit' got VD. Yet, he had no way of accurately knowing whether his colleagues had venereal disease. This distinction between 'degenerate sufferers' and the 'general community' has been challenged in relation to HIV/AIDS. Such boundaries are a discursive fiction, Paula Treichler argues, projecting a rosier scenario for those who see themselves as respectable. Yet, Hogan’s comments illustrate, ultimately, we cannot really distinguish self from not-self. His ploy suggests that we must start exploring the limitations of the healthy/diseased binary if we are to understand its centrality and significance.

This binary remained meaningful, but its function was complex. What did it mean that venereal disease was affecting soldiers, innocent wives and babies, that a marker of eugenic unfitness was penetrating into respectable populations? How could the movement of disease from the 'degenerate' to the 'fit' be described without losing the meaning of these categories? This study has found that the prevailing public discourses about VD understood it as both restricted to certain populations, and seeping outside them. Accordingly, the representation of sufferers exhibited a significant dependence on context. Stigma, as Goffman reminds us, is not a fixed designation, but 'a special kind of relationship between attribute and stereotype'. The panic around VD related not only to the perceived increase in infection, but the effect of this on the traditional relationship between the scourge and the sufferer. What emerged during the war was an emphasis on the differences between classes of sufferer, and a multiplication of meanings of venereal stigma. The eugenic significance of the 'innocent wife', for example, became crucial in mapping her differences from the amateur prostitute. An individual’s social context came to determine their public identity as respectable or degenerate, not the disease itself.

The perceived collapse of the borders that separated fit and degenerate classes was described using the familiar stereotypes of the contemporary 'iconography of suffering'. The characters depicted in the cartoon 'Under the Searchlight' were designed to warn people of the dangers of VD, may have actually helped reinforce

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55 Paula Treichler, 'AIDS, Homophobia and Biomedical Discourse', pp. 64, 67, 69.
58 The concept of an 'iconography of suffering' has been adapted from Sander 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. 313. Similar themes are pursued in his book, *Difference and Pathology*. 
the existence of these 'classes' and their associated stigma. The body of each icon was 'a powerful symbolic form', a surface on which rules were inscribed. Each icon represented categories through which sexuality, gender, class and race is constructed in relation to disease. This 'new specification of individuals' was a product of the modern era of sex, characterised by 'the wide dispersion of devices' that were invented for talking about sex. Importantly, the iconography reflected the imperative of total war to consolidate and regulate difference. The iconography represented the fantastic variety of images of the diseased Other.

This thesis is divided into five chapters, each structured around exploring the discursive construction of a venereal class. In chapter one, the meaning of venereal disease as a 'poison' or 'foul undercurrent' within wartime eugenics discourses is examined as a context for the creation of venereal 'types'. The following chapters examine the creation of separate venereal subjectivities in relation to the 'rifeness' of VD. Chapter two looks at the ambivalent status of AIF soldiers as both 'diseased' and builders of the nation. Chapter three focuses on 'the army of innocent wives and babes', a population whose infection drew considerable concern, because they represented a gateway to the fit population. Chapter four discusses the amateur prostitute, the 'new source' of venereal disease who often looked disarmingly respectable. Finally, chapter five concentrates on 'venal husbands' and the potential that prophylactics offered men to transgress the boundaries between degenerate and fit populations while remaining disease-free.

Contemporary claims of the triumph over the 'conspiracy of silence' can give historians a false perspective on venereal disease during the Great War. Some scholars have criticised 'moralistic approaches' of the nineteenth century, and

60 Mary Douglas quoted in Susan Bordo, The Body and the Reproduction of Femininity: A Feminist Appropriation of Foucault, in Alison M. Jaggar & Susan Bordo (eds), Gender/Body/Knowledge: Feminist Reconstructions of Being and Knowing, Rutgers University Press, London, 1989, p. 3. Historians often uncritically reproduce these categories, as if they truly correlated with the experiences of real people. Interestingly, many adherents to social constructionist theories of disease have very little to say about the social construction of sexuality or gender.
61 Jeffrey Weeks and other theorists have similarly argued that 'we cannot hope to understand sexuality simply by looking at its 'natural components'. Jeffrey Weeks, Sexuality and its Discontents, p. 4.
63 Sander Gilman, Difference and Pathology, p. 11.
lauded 'objective approaches' ushered in by the Great War.\textsuperscript{65} The role adopted by a number of writers, often those with a bio-medical background, is to expose the failings of the past as a 'cautionary tale' for the present.\textsuperscript{66} It is easy to make the teleological assumption that the past is replete with 'mistaken beliefs', but transporting insights from the past to the present is problematic. In relation to HIV/AIDS, this practice has been criticised for erasing the dimensions of racism, misogyny, homophobia and attitudes to drug use, and ignoring dissimilar possibilities for prevention and treatment.\textsuperscript{67} Indeed, if 'history' is our own construction of the past, what status can these 'insights' from history be given? A historian can never escape presentism, an inevitable part of the dialogue between past and present.\textsuperscript{68} Insights and comparisons can be pursued, but the mechanisms by which this is done must be explicit and challengeable. This thesis, rather than asking how we can 'learn from the past', seeks to apply some of the analytical insights of the 'epistemic epidemic' which has accompanied the HIV/AIDS epidemic, to construct a history of Australia's experience of venereal disease during the Great War.

\textsuperscript{65} Diane Tibbits, The Medical, Social and Political Response to Venereal Diseases, pp. 7, 13.
\textsuperscript{68} On 'presentism' see Judith Allen, Rose Scott: Vision and Revision in Feminism, Oxford University Press, 1994, p. 13
Chapter 1.

Eugenics and the 'Foul Undercurrent' of Venereal Disease.

**CONGENITAL SYPHILIS.**

1. Husband contracted Syphilis. 
   - Weak
   - 3 mos., 6 mos., Juv.
   - G.P.

2. Husband contracted Syphilis. 
   - All healthy.
   - Juvenile
   - G.P.

3. Husband contracted Syphilis. 
   - Healthy
   - 7 mos.
   - Juvenile
   - G.P.

4. Husband contracted Syphilis. 
   - Juvenile
   - G.P.

5. Husband infected just after marriage. 
   - Treated with Mercury. 
   - Treatment lapsed.
   - 1 year, 9 mos.
   - Cong. & Cong. & Cong. &
   - Optic Paralysis, Fits.
   - Atrophy.

6. Husband healthy. 
   - Died 6 weeks.
   - Smilces.

- = miscarriage, stillborn, or died in early infancy.
S = Syphilitic.
♀ = Female
♂ = Male

1-4. Husband infected after marriage.

5. Effect of treatment with mercury.
... syphilis produces many idiots, many feeble-minded individuals, and many of those persons who are 'unfit' for the serious tasks of life... it is from the ranks of these that the criminal, the prostitute, the chronically inebriate and the unemployable classes are largely recruited...69

Dare you risk the transmission of an enfeebled or damaged constitution?70

Australia's experience of VD during the Great War was characterised by a widely held perception that it was spreading into the 'general population'. Public debate was organised around notions of contamination, that Australia was 'being attacked from without and within'.71 This heightened concern about attack from 'within' related not only to the rate of venereal disease, but to the penetration of infection into classes which were traditionally free from VD. Eugenics discourse represented a key framework on which wartime commentators drew to describe this process. Eugenics was the science according to which particular boundaries between 'fit' and 'unfit' classes were constructed. Venereal disease signified eugenic unfitness, the corporeal and social decay of the sufferer, who became, in Eugene Brieux's words, 'damaged goods'.72 Yet, the perceived wartime spread of venereal disease into traditionally unaffected populations disrupted this narrative: not every sufferer was from a degenerate class. The war years saw the correlation between VD and eugenic

69 Victorian Public Health Department, Venereal Diseases Advisory Committee, Venereal Diseases, Government Printer, Melbourne, c. 1911, p. 7.
70 Professor Wilson, 'Address to Undergraduates', University of Sydney Society for Combating Venereal Diseases, Proceedings of the University of Sydney Society for Combating Venereal Diseases II, p. 7.
72 Eugene Brieux, Damaged Goods. (Les Avaries, 'The Rotting Ones'). The play concerns the introduction of syphilis into a family by a middle-class husband and father. Eventually the family wet-nurse is also infected. The play was produced in Melbourne at the Theatre Royal by J.C. Williamson in December 1916, and a film version was screened in 1919. The text explores themes and archetypes particular to early twentieth-century discussions of venereal disease. It was reviewed favourably by a range of commentators, see Woman Voter, 7 December, 1916, p. 1; Medical Journal of Australia, vol. 2, 1916, p. 359.
unfitness both reinforced and reshaped to account for the new populations of innocent sufferers.

In 1916, the Commonwealth Report on Venereal Diseases drew attention to the potential eugenic crisis Australia faced. The falling birth-rate, the perceived increase in the numbers of 'eugenically unfit', together with the loss of so many healthy Australian soldiers at the front, pointed to a serious threat to national fitness.\(^7^3\) The fight for 'home and race' became a war against both external and internal threats to Australia, and particularly against the 'race-slaughtering' venereal diseases.\(^7^4\) The Argus argued VD was 'a worse enemy than Germans'.\(^7^5\) Yet, the adoption of venereal disease as a metaphor for national security was ironic, as Judith Smart points out, because it had been widespread in the community before the war.\(^7^6\) But, the war added a new urgency to the fight against 'the powers of darkness'.\(^7^7\) Eugenic fitness became a national priority, as George Black politician and commentator on VD asserted, 'pure blood is more valuable to the state than pure gold'.\(^7^8\) This chapter examines how the 'eugenic citizenship' of the fit classes was measured. It asks how venereal disease could remain such a powerful mark of eugenic unfitness given the perception that it was silently polluting the 'pure blood' of the nation and affecting 'fit' classes. It is suggested that the tension between these discourses was resolved by the reconceptualization of VD as a 'foul undercurrent'.\(^7^9\) This allowed commentators to represent it as restricted to degenerate classes, but also as seeping into the fit population.

Existing studies of VD during the Great War have established that eugenics discourse was central in shaping early twentieth-century perceptions of venereal

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\(^7^3\)Department of Trade and Customs, Committee Concerning Causes of Death and Invalidity in the Commonwealth, *Report on Venereal Diseases*, p. 16.
\(^7^5\)The Argus, 4 October, 1917, p. 6.
\(^7^7\)D.A. Welsh, 'The Enemy in our Midst: Venereal Disease', University of Sydney Society for Combating Venereal Diseases, *Proceedings of the University of Sydney Society for Combating Venereal Diseases I*, p. 15.
\(^7^8\)George Black, *The Red Plague Crusade*, p. 23
\(^7^9\)John Bowser, Chief Secretary and Minister for Health, *Victorian Parliamentary Debates*, 20 December, 1918, vol. 151, p. 3463.
Historians of eugenics movements have also identified venereal disease as of particular significance in understandings of degeneration and unfitness. During the early twentieth century, VD had secured an established place as a 'race-slaughtering' disease in eugenics discourse. Eugenics, while an unevenly accepted ideology, significantly informed contemporary debates around concerns such as birth-control, criminality and poverty. By 1914, public discussion of the venereal problem was dominated by the languages of eugenics, degeneration and social hygiene. Classic late nineteenth-century eugenics was understood as:

... the study of agencies, under social control, which may improve or impair the racial qualities of future generations either physically or mentally.

One strand of eugenic thought held that practical changes to the environment of 'degenerates' would ensure an improved contribution to the community, and another school believed that heredity determined the underclass who, therefore, should be prevented from reproducing their kind. Eugenics was authorised by the political economy of 'population' which had emerged during the eighteenth and nineteenth centuries. This allowed individuals to be understood in terms of their role within a population, and generated a whole new grid of possible observations.

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80 See Lucy Bland, "Cleansing the Portals of Life"; Judith Smart, 'The Great War and the Scarlet Scourge'; Julie Tisdale, 'The Future Mothers of Our Race'. For a background to eugenics in Australia during this period, see Neville Hicks, This Sin and Scandal: Australia's Population Debate 1891-1911, ANU Press, Canberra, 1978.


82 For interest in venereal disease as a eugenic issue before the war see Octavius Beale, Racial Decay: A Compilation of Evidence from World Sources, Angus & Robertson, Sydney, 1910, pp. 262-266; F.C. Spurr, The Red Plague: Lecture Delivered by the Reverend F.C. Spurr at the Town Hall, 25th September, 1911, J. Kemp, Melbourne, 1911.

83 Lucy Bland & Frank Mort, 'Look Out for the "Good Time" Girl: Dangerous Sexualities as a Threat to National Health', in Formations of Nation and People, Routledge, London, 1984, p. 138. It is important to be aware that eugenic and medical discourse were not the same, see evidence of Dr. Andrew Davidson of NSW Lunacy Department, Progress Report from the Select Committee on the Prevalence of Venereal Diseases, pp. 322-326. Eugenics was used to support a variety of Christian and feminist arguments. Eugenics offered a space for respectable commentators to discuss issues of sexuality, desire, disease and the roles of men and women. See Frank Mort, Dangerous Sexualities, p. 193, Allan Brandt, No Magic Bullet, (1987) p. 16; Anthea Hyslop, 'Agents and Objects: Women and Social Reform in Melbourne 1900 to 1914' in Margaret Bevege et al (eds), Worth Her Salt: Women at Work in Australia, Hale & Iremonger, Sydney, 1982, p. 237; Ann Curthoys, 'Eugenics, Feminism and Birth Control: The Case of Marion Piddington', Jacaranda, vol. 15, no. 1, 1989, p. 79.


regarding sex. The analysis of heredity offered by eugenics shaped early twentieth-century conceptualization of VD. It provided a framework in which venereal disease could be spoken of both in terms of an individual malady as well as social decay. Eugenic discourse was shaped by 'degeneration', a fin de siècle concept describing middle-class concerns about social decay and sedition in the new industrial cities. It held that urbanisation could create a permanently enfeebled and degenerate city race, which, in Australia saw 'widespread and vociferous' complaints about the degeneration of urban youth by contemporary observers. The pessimism of eugenics related to the possible collapse of the perimeters that defined class, health and respectability. As Sander Gilman has suggested, degeneration was a dialectic for the organisation of fears of internal disorder and external attack, the fear that urban decay could 'usurp all boundaries of discernible identity, threatening the very overthrow of civilisation and progress'. Venereal disease was understood as one of the 'racial poisons' that assisted the process of individual and social degeneration.

An important part of the eugenics project was the positioning of boundaries, plotting the difference between the fit and the unfit, the curable from the incurable, and the educable from the irredeemable. By the early twentieth century, terms that described poor and outcast populations, such as the 'residuum', were being formalised within such eugenic frameworks. Categories of health and disease overlapped with those of virtue and vice, and it became possible to attribute disease to a particular class or social environment. During this period, VD was a signifier of eugenic unfitness par excellence. It had a 'twin etiology', that is, it

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86Michel Foucault, The History of Sexuality, vol. 1, p. 17.
87In the Australian context see Graeme Davison, David Dunstan & Chris McConville (eds), The Outcasts of Melbourne: Essays in Social History, Allen & Unwin, Sydney, 1985; Ann Curthoys 'Eugenics, Feminism, and Birth Control'.
90Stephen Garton, 'Sir Charles MacKellar', p. 34.
signified the transgression of both physical and moral norms of health. For instance, 'irregular' sexual intercourse was said to cause venereal disease, and diseased persons were said to more frequently indulge in 'anti-social and unnatural practices'. As Allan Brandt has argued in the American context, by the early twentieth century, VD had become pre-eminently a disease of the 'other', even though these categories were subject to a certain amount of ambivalence. In 1915, the member for Bunbury, Western Australia described the unfit classes as 'personally deserving of very little consideration at the hands of the state'.

At the heart of eugenic concerns about venereal disease was its 'damnosa hereditas'. Syphilis did not necessarily kill sufferers but caused their health to deteriorate, and could be passed unnoticed on to the next generation with devastating effects:

... as years pass on, the sufferer finds his hair falling off; his skin and the flesh of his body rot, and are eaten away by slow cankerous and stinking ulcerations; his nose falls in at the bridge and then rots and falls off; his sight gradually fails and he eventually becomes blind; his voice becomes husky and then fades to a hoarse whisper as his throat is eaten away by foetid ulcerations which cause his breath to stink.

Syphilis was characterised as a poison which invaded 'every tissue and organ of the body', transforming the sufferer into 'a fresh breeding-place', and their family into a diseased lineage. Prince Morrow's influential Social Diseases and Marriage (1904) had consolidated fears of the effects of hereditary syphilis, which the 1916 British Royal Commission deemed 'an even more serious disease than

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93Lucy Bland & Frank Mort, 'Look out for the "Good Time" Girl', p. 139.
98Field-Marshall Earl Kitchener, when Commander-in-Chief in India, A Straight Talk to his Men, issued by the White Cross League, London, Sydney, c. 1915, p. 5. This description related to the progression of what Kitchener termed 'asiatic' syphilis, which he believed troops encountered in the Orient and the Middle East.
99D.A. Welsh, 'The Massacre of the Innocents', a lecture delivered to the Workers' Educational Association of New South Wales, Workers' Educational Association of New South Wales, Sydney, 1917, p. 8. Such observations were modelled on Sir William Osler's famous maxim: 'know syphilis in all its manifestations and relations, and all other things clinical will be added unto you', quoted in Allan Brandt, (1987), p. 10. Numerous diseases which were attributed to syphilis such as cancer, cirrhosis of the liver and 'moral insanity', were not a manifestation of the disease; see also Victorian Public Health Department, Venereal Diseases Advisory Committee, Venereal Diseases, p. 3.
the acquired form, since it attacks the tissues in the process of development. Australian medical texts suggest the influence of eugenicists like B.A. Morel, who posited that alcoholism, criminality, epilepsy and feeble-mindedness arose from hereditary degeneration, which could be recognised from various so-called stigmata. The 'eugenically unfit' body at this time was stunted, scrawny and wizened, a physical description shared by the syphilitic, the urban larrikin and the masturbator. Clearly, the signifiers of unfitness were conflated, and as David Walker has observed, it was commonly assumed that criminality, degeneracy and sexual disease were all interrelated. 'The whole thing works in a vicious circle', wrote Len Gilmour of VD: the strain of modern life encouraged the consumption of alcohol, which lowered morality, causing indulgence in prostitution, which resulted in venereal disease and ultimately insanity. Syphilis was understood to carry a 'taint' which contaminated the individual beyond the level of visible physical illness. The Australasian Medical Congress heard in 1908 that 'if either parent has ever had syphilis, no matter how well treated, there is a syphilitic taint in the child subsequently born'. Venereal disease functioned both as a highly visible stigma of physical decay, and an invisible taint threatening body and soul of the sufferer. It was a corporeal mark of eugenic unfitness, but it also signified a deeper degeneration, which revealed the 'inner disposition' about the person affected.

Wartime responses to VD also drew upon contemporary discourses of social hygiene. The social hygiene movement of the early twentieth century posited a scientific approach to the problem of urban degeneration, drawing on the central eugenics principle that society could be made better by the collective improvement of the health and welfare of its individual members. Australia's social hygienists demonstrated an optimism that health and education campaigns would produce a

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104 P.B. Bennie, 'The Frequency and Intensity of Congenital Syphilitic Infection in Children', p. 15. The notion of a 'taint' can be traced to pre-germ Lamarckian theories which suggested the inheritance of acquired characteristics, see Diane Tibbits, The Medical, Social and Political Response to Venereal Diseases, pp. 64-54.

105 Susan Sontag makes this point in relation to TB, see Susan Sontag, Illness as a Metaphor, p. 38; see also Erving Goffman, Stigma, p. 15.
new society, emptying the jails and the mental hospitals. Public health programs responded to the challenge of creating Australia's 'new social order'. The period saw increasing state intervention in the health of individuals in Australia, which reflected concerns about national efficiency typical of the progressivist era. These movements generated a new language about VD and authorised a new generation of measures aimed at stemming its spread, including state legislation, the publication of pamphlets, and the establishment of clinics.

Many of the possibilities opened up by public health movements can be traced to the 'bacteriological revolution' of the late nineteenth century in which all of the bacilli for all the major diseases were discovered. The identification of the syphilis bacteria, treponema pallidum in 1905, the discovery of the Wasserman reaction in 1906, and the development of the treatment 'Salvarsan 606' in 1909, were 'highly technical and exact methods' offering unprecedented hope that a total eradication of VD was possible. The advent of the Wasserman test meant that VD could be subject to statistical survey, and made its quantification a reality. From 1908, most commentaries on venereal disease refer to a series of studies which were carried out to establish the incidence of VD in Australia. In that year, the Australasian Medical Congress passed a resolution that syphilis was responsible for an 'enormous amount of damage'. H.B. Allen found that upon post-mortem examination of patients at the Melbourne hospital, one-third showed signs of syphilis, and P.B. Bennie concluded that 25% of the sick children in Melbourne were tainted with syphilis. During the 1910-11 'Melbourne

107 Judith Smart, War and the Concept of a New Social Order, p. 2. See also Claudia Thame, Health and the State.
108 Social hygiene ideology continued to influence measures to combat VD into the 1920s, see bundle of documents pertaining public education about VD in Melbourne PROV, VA 511 Melbourne City, VPRS 3183, Town Clerk's File, Series 3, Unit 63.
109 Linda Bryder, Below the Magic Mountain, p. 45.
110 D.A. Welsh, 'The Massacre of the Innocents', p. 8. Diane Tibbits notes, however, that with hindsight, the period is marked by a degree of overconfidence with regard to resources to stem the spread of VD, Diane Tibbits, The Medical, Social and Political Response to Venereal Diseases, p. 213.
111 The reliability of the Wasserman test has been called into question, Progress Report from the Select Committee on the Prevalence of Venereal Diseases, pp. 252-253, Diane Tibbits, The Medical, Social and Political Response to Venereal Diseases, p. 199.
112 Quoted in J.H.L. Cumpston, Venereal Disease in Australia, Government Printer, Melbourne, 1919, p. 5. Cumpston's report is comprehensive in its listing of pre-war efforts to quantify VD.
113 H.B. Allen, 'Prevalence of Syphilis in Hospital Post-Mortem Practice', AMC, 1908, p. 238, here Allen reviewed figures he presented at the 1904 congress; P. B. Bennie, 'The Frequency and Intensity of Congenital Syphilitic Infection in Children', p. 10. Participants in a discussion on these figures at the congress warned against generalising from these findings, and cast 'considerable doubt' on their accuracy. AMC, 1908, pp. 78 & 241.
Experiment', syphilis was made notifiable in the Melbourne metropolitan area. The finding was that 'at least one half of one per cent was infected'.114 The British Royal Commission reinforced the trend of these estimates with its pronouncement that 10% of cities like London were infected with syphilis, and that the rate of gonorrhoea was probably higher.115 Australia's own Committee Concerning Causes of Death and Invalidity in the Commonwealth of 1916, took up the message of these surveys with the federal government recommending that the states implement legislation and educational programs to combat VD.116 Following the report, the Commonwealth government offered to subsidize the states' efforts on a '£ for £' basis.117 This response to VD indicates that state resources were being directed towards monitoring the prevalence of VD throughout the entire population, not just prostitute classes. The accompanying surveys offered 'proof' of the 'rifeness' of VD, and gave the public warning of impending social disorder.

Prevailing nineteenth-century conceptualizations of venereal disease were organised around the notion that VD was a mark of eugenic unfitness, a hereditary scourge bred into certain families of degenerate classes. The identification of syphilis as a blood disease in the early twentieth century, however, saw a reconceptualization of venereal disease as a 'poison' rather than a 'scourge'.118 It became possible to speak of it as a destructive and permeative fluid, rather than a condition confined to one population. No longer was VD a static stigmata of unfitness, but an undercurrent which could invisibly seep into the fit population. The unsettling effect of war in which 'the normal psychological attitude of each individual is thrown out of balance' saw a tacit understanding that temporary sexual encounters between displaced populations would take place.119 In this context, the distinctions between classes of sufferer took on an important

114This program, also called 'The Victorian Scheme', lasted from June 1910 until May 1, 1911. See James W. Barrett, The Twin Ideals: An Educated Commonwealth, vol. 1, Lewis & Co., London, 1918, p. 443. Gonorrhoea was not notifiable in this program.
115Royal Commission on Venereal Diseases, p. 23, but it also warned that it was 'impossible to present accurate estimates' for VD due to the 'special character of the diseases', see pp. 22, 65.
116Department of Trade and Customs, Committee Concerning Causes of Death and Invalidity in the Commonwealth, Report on Venereal Diseases, Government Printer, Melbourne, 1916.
117J.H.L. Cumpston, Venereal Disease in Australia, p. 9. It is interesting to note that by May 1919, only Victoria had applied for this funding, see Prime Minister's Department; A 458, Correspondence Files, 1923-34; 1 368/4 Part I, Medical - Venereal Diseases Part 1, 1914-30.
118Although names such as this continued to be used. See Peter Carl Botsman, The Sexual and the Social, pp. 389-404. During the nineteenth century, syphilis had been conceived of largely in terms of external sores and markings. See also Allan Brandt, No Magic Bullet, (1987), p. 9. Foucault writes of 'blood' as originally a bourgeois concept signifying a genealogy of class, Michel Foucault, The History of Sexuality, vol. 1, p. 124.
significance. Calls for the 'innocently affected' to be treated sympathetically were heard, and the belief that VD was a certain mark of degeneracy was called into question. This conceptual shift allowed certain classes to be spoken of as temporarily 'poisoned' and even as redeemable.\textsuperscript{120} Importantly, the identification of venereal disease as a racial poison made it possible to speak of it as still restricted to certain groups but concurrently seeping outside those groups. Arguably, the existence of a treatment should have made the divisions between sufferers less significant. While Maybanke Anderson declared 'we are a diseased and dying people', the bulk of her evidence actually established that venereal disease is primarily a mark of degenerate classes.\textsuperscript{121} She appealed to the fear of infection of her respectable readers, but affirmed their separateness from dangerous classes. It was in this way that venereal disease was understood both as something incurred by the 'unfit', and as potentially everyone's disease.\textsuperscript{122}

Part of the eugenic project was the definition of 'eugenic citizenship', that is the separation of unfit classes from the majority of respectable citizens. This was a process which authorised increasing state intervention over the 'vicious and diseased elements of society.'\textsuperscript{123} The unprecedented scope of Australian state venereal diseases legislation 1915-20, was part of an associated involvement in the private domain of everyday life.\textsuperscript{124} New South Wales Premier Holman asked the Parliament to vote 'for an entirely new conception of the duties of citizenship and of the obligations of the individual.'\textsuperscript{125} The emphasis on disease lay in its racial implications, and the duty of the individual to offer 'allegiance and concern for the

\textsuperscript{120}Cure and redemption was thought possible for certain sufferers. Julie Tisdale has argued that 'venereal disease did not carry any particular lasting stigma' for young women in reformatory homes. This can be attributed to a belief in environmental eugenic change (rather than hereditary determinism) by the reformers who ran the homes, see Julie Tisdale, 'The Future Mothers of Our Race', p. 43.

\textsuperscript{121}Maybanke Anderson, \textit{The Root of the Matter: social and economic aspects of the sex problem by Mrs. Francis Anderson}, Worker's Educational Association Pamphlet no. 1, Sydney, c. 1910, p. 4. see also James W. Barrett, \textit{The Twin Ideals}, p. xi.

\textsuperscript{122}Susan Sontag had discussed this idea using the metaphor of plague, see \textit{AIDS and Its Metaphors}, p. 64. See also Simon Watney, \textit{Policing Desire}, p. 143.

\textsuperscript{123}Carol Bacchi quoting W. Jethro Brown, Professor of Law at Adelaide University (1912) in 'The Nature-Nurture Debates', pp. 204-205, see also Lucy Bland & Frank Mort, 'Look Out for the "Good Time" Girl', p. 142.


\textsuperscript{125}New South Wales Parliamentary Debates, 28 November, 1918, vol. 74, p. 3291. See also Victorian Public Health Department, \textit{Venereal Diseases: A Warning and a Guide}, J.A. O'Brien, Government Printer, Melbourne, 1917, p. 3. One writer to \textit{The Argus} expressed his advocacy of compulsory government notification of venereal diseases and penalties for transmission, arguing that it was time 'we threw away the velvet glove and took to the iron fist instead', \textit{The The Argus}. 17 July, 1916, p. 5.
community as a whole'. The threat of war to Nation and Empire allowed VD to be spoken of within a particular narrative of attack. Alfred J. Taylor asserted, for example, that 'the question of preventing infection by blocking the entry into the body of the poisonous microbes ... is of overwhelming importance to the nation as a whole. A vigilance around protecting the 'pure blood' of the nation and its fit classes from venereal disease characterized wartime discussions. Yet this 'pure blood' referred only to those upon whom eugenic citizenship was conferred. This was the 'fit population' known also as the 'wider community', the 'general population', or 'the nation'. The 'blood' of the nation did not include the unrespectable and the unfit, classes understood as permanent reservoirs of degeneration. Indeed, it was defined against the classes it excluded, although it must be noted that what constituted the 'general community' had a range of meanings to different commentators. The very imperative to define the boundaries of eugenic citizenship in relation to nation, class, respectability, race and gender would suggest that its definition was a contested territory in which commentators had particular investments. The existence of disease within degenerate classes was not in itself a threat. Indeed, it confirmed the correlation between disease and unfitness. It was into the eugenically fit classes that the flow of the venereal microbe was to be stemmed. The following section examines contemporary representations of classes believed to be a threat to the 'pure blood' of eugenic citizenship.

Associated with the late nineteenth-century notion of degeneration was the perception that the 'residuum' was increasing in number, which continued to inform eugenic theories well into the twentieth century. In 1918, Everitt Atkinson, the Commissioner of Public Health in Perth noted that the birth rate amongst the

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127Alfred J. Taylor quoting Sir Bryan Donkin in The Problem of Nations: - Prophylaxis: The only Effective Way of Preventing the Spread of Venereal Diseases, Daily Post Print, Hobart, c. 1917, p. 3. The words 'preventing infection' are capitalised in the original. See also D.A. Welsh, The Health of the Forces and the Forces of Health: an Address to the Australian Imperial Forces, YMCA, Melbourne, 1916, p. 6.
most desirable types is too low'. This was of concern to many middle-class commentators who held that the working classes, especially the casual labourers and their offspring, were often congenitally inferior to the middle and professional classes. The British Royal Commission presented a class analysis of its data, concluding that syphilis was most prevalent in both the highest and lowest social strata. The incidence among unskilled labourers was explained by 'the fact that men of careless habits are specially liable both to contract syphilis and to come down in the world'. A person's descent, however, related not only to their class but also to their 'respectability'. Indeed, large sections of Australian working classes subscribed to notions of respectability which demanded cleanliness, sobriety, extra-marital chastity and self-responsibility. It was the unrespectable working classes, or the drunken, dirty, casual poor that constituted the strata from which contamination was feared by the middle-classes and respectable working classes alike. Pamphlets on VD were noticeably written using concepts of 'avoiding contamination' which appealed to respectable classes, an audience who were assumed not to be infected. The discourse promoted defence against unrespectable classes. Yet, given the perception that VD was seeping outside these classes, it is significant that dissemination of information specifically written for an audience of 'respectable sufferers' was limited.

Although the unrespectable working classes were perceived as a reservoir for venereal disease, in the Australian context, this belief had a distinct character. Australia was a 'beautiful new country' which was believed to be free, to some extent, from the entrenched of class structures in Britain, having more opportunity to escape the 'sorrows of the old world'. In Australia, the discursive connection between VD, degeneracy, class and criminality had a less deterministic aspect, although concerns about class degeneration were still expressed. The spectre of venereal disease was deployed by some commentators in relation to...
depravity and criminality, suggesting a persistent link between VD and a true 'inner disposition' of degeneracy. Dr. Cyril Corlette reported to the New South Wales Select Committee that many of those who did not persevere with the process of treatment for 2-3 years were 'ill-educated', and their resulting condition saw them 'go down to the dregs of the community'. The incidence of VD in prisons was also discussed in terms of class, or the possible 'spread of infection from the so-called criminal classes to the civil population'. Here degeneracy authorised the sectioning off of 'the dregs' but also allowed the threat of 'outbreak' to be spoken of.

The 'pure blood' of the Australian nation was explicitly white. Eugenic ideology defined non-white people as racially less pure, and similarly, membership of the family of the Empire was restricted to those of British stock. In 1917, official war historian C.E.W. Bean's proposed Australian League of Honour for Australian soldiers included a pledge that the member would withstand the 'special temptations' of war to 'keep the "White Australia" ideal ever in their minds'. Aboriginal, Asian, and other non-Anglo populations (including Germans at this time) were automatically represented as other to the Empire. Many commentaries on venereal disease during the Great War, drew on the interrelatedness of stigmas of eugenic unfitness, effectively conflating the 'diseased body' and the 'non-white body'. It was widely held that non-white populations constituted a reservoir of VD, as the Victorian parliament heard:

The worst form of this disease nearly always comes from abroad... the White Australia policy has done more to mitigate the evils of the disease than almost anything else.

The 1914 Australasian Medical Congress held that venereal disease was a sea-borne disease, which found its way to Australia via 'oversea routes' through Oceania and the South Sea Islands, with a constant 'stream of infection' imported from Tahiti, China, Japan and the East Indies. These claims were nothing new, as the medical history of Australia has been one of a continual threat of the

135 Progress Report from the Select Committee on the Prevalence of Venereal Diseases, p. 278.
Introduction of communicable disease from the outside. In Australia, indigenous people also constituted a 'foreign' source within the shoreline of the continent. They were perceived as a reservoir of VD, 'a source of infection to the white people'.

In early twentieth century Australia, venereal disease was spoken of in relation to Aborigines as additional evidence of their racial unfitness. The dominant image of Aborigines was as an uncivilised anachronism in the twentieth century who were actually closer to the animal kingdom. Aboriginal people were segregated from the 'fit population', defined as white, under a rhetoric of 'preservation and protection'. The full right of citizenship was withdrawn on the justification that they were unable to manage their own affairs. This dispossession saw an ideology emerge where indigenous people actually became the intruder. In this context, Aboriginal people were defined as a source of VD, which unfortunately saw doctors less concerned with the ravages of disease in Aboriginal communities than with the potential for disease to spread to the white population. Before the state venereal diseases legislation of 1915-20, provisions existed to compulsorily detain and treat Aboriginal people with venereal disease. In fact, in Western Australia, Aborigines were excluded from the 1915 act, and continued to be dealt with under provisions of a 1905 act relating to Aboriginal people, which provided authorities with the legal framework for collecting and isolating Aboriginal cases. Similarly in the Northern Territory, venereal disease could be dealt with under existing legislation pertaining to Aborigines. In 1908, the Western Australian government initiated a Lock Hospitals scheme for Aborigines, who were segregated on Dorre and Bernier Islands until 1918. There were no such hospitals for whites. Such measures were justified under a rhetoric which claimed that

143 Mary Anne Jebb, 'The Lock Hospital Experiment: Europeans, Aborigines and Venereal Disease', *Studies in Western Australian History*, vol 8, (December), 1984, pp. 75, 78.
144 See Department of External Affairs, Department of Home and Territories; A3/1; Correspondence Files, 1839-1963; NT 1916/608, Venereal Diseases in Railway Construction Camps and at Marraniboy, 1914-16. This was also the case in Papua, where indigenous people did not come under 1918 VD regulations for whites 'owing to the existence of sufficient powers regarding natives suffering from venereal disease'. (1908 Native Regulation Ordinance). See Department of External Affairs, Department of Home and Territories; A1, Correspondence Files, 1903-1939; 1919/4034, Papua Health (Venereal Diseases) Ordinance, 1918, Department of External Affairs, Department of Home and Territories; A1, Correspondence Files, 1903-1939, 1921/24692, Papuan Natives Venereal Diseases, 1915-21.
145 Mary Anne Jebb, 'The Lock Hospital Experiment', p. 69.
Aborigines needed protection from 'dissolute white men', or that white men required 'to be protected against their own unbridled passions' in the interests of the white community. The problem was officially spoken of by Northern Territory officials in terms of 'the detriment to men's efficiency [white railway workers]' and the fear that 'respectable white men' will no longer want to come to Darwin.

Although there were voices which challenged these dominant views, indigenous people were overwhelmingly represented as dangerous contaminators within public and official discourse. Aboriginal women were spoken of as 'prostitutes without exception when in contact with whites'. The responsibility of white men in their encounters was downplayed, and the solution based on the assumption that Aborigines were the 'source'. The Northern Territory government also addressed the issue of 'preventing intercourse between unmarried Europeans and aboriginals' by introducing lock hospitals for blacks. Some commentators essentialized the relationship between Aborigines and YD. It was asserted in the Western Australian Select Committee, for example, that the type of venereal disease most prevalent in Aboriginal communities, infective granuloma, did not respond to treatment with Salvarsan 606. The source of concern was not the prevalence of VD amongst Aborigines. Rather, the transmission of VD within aboriginal communities was significant only if it threatened to overflow into the white population. It was understood as a problem that could be dealt with through containment.

147 Letter to External Affairs Department (Melbourne) from the Chief Inspector of Aboriginals (1916), Department of External Affairs, Department of Home and Territories; A3/1, Correspondence Files, 1839-1963; NT 1916/608.
148 Letter to External Affairs Department (Melbourne) from the Northern Territory Office of the Administrator, January 1916, Department of External Affairs, Department of Home and Territories; A3/1, Correspondence Files, 1839-1963; NT 1916/608.
149 Letter to External Affairs Department (Melbourne) from the Chief Inspector of Aboriginals (1916), Department of External Affairs, Department of Home and Territories; A3/1, Correspondence Files, 1839-1963; NT 1916/608.
150 Letter on Railway Construction Camps to External Affairs Department (Melbourne) from the Government Medical Officer, Pine Creek, January, 1915, Department of External Affairs, Department of Home and Territories; A3/1, Correspondence Files, 1839-1963; NT 1916/608.
151 Department of External Affairs, Department of Home and Territories; A3/1, Correspondence Files, 1839-1963; NT 1916/608.
152 Report of the Select Committee of the Legislative Council on the 'Health Act Amendment Bill', [1918], Western Australian Parliamentary Papers, 1917/18, no. A. 1, vol. 2, vii, 1st Session, 10th Parliament, p. 2. There was a belief that this condition was an 'aboriginal disease' which did not affect whites, see Mary Anne Jebb, 'The Lock Hospital Experiment', p. 79.
The threat that degenerate classes posed was the contamination of 'the family'. This term implicitly meant 'respectable white family'. The passing on of VD through promiscuity was not only immoral, but was an act of eugenic treachery, the pollution of the state with a 'foul stain'. Marriage was one point of intercepting the venereal flow into respectable families. Calls for a certificate of sexual health to be a mandatory requirement upon marriage increased during the war years. This measure was lobbied for by groups such as the Australian Association for Fighting Venereal Diseases, but state parliaments were reluctant to restructure marriage laws, and recognised that the measure did not affect those who remained unmarried. The last state to pass VD legislation, South Australia in 1920, did make it punishable offence to marry while knowingly suffering from a venereal disease. By 1918, in all states except Tasmania doctors or state medical commissioners were invested with the authority to inform the prospective spouse and his/her parents if the patient persisted in going through with a marriage. Preventing the transmission of VD within respectable families remained relatively unaddressed, despite the plight of the 'innocents'. When the Public Health Department reminded Victorians, that 'all sexual intercourse outside of marriage carries with it great risk of contagion', they referred to an infection caught from an outside source, rather than disease contracted inside marriage. The gaps in this reasoning suggest that it was not the 'sexual' transmission that was itself the danger, but the sexual transmission by and to whom that defined its significance. Clearly illicit sex was perceived as the conduit through which VD seeped into the respectable population. Sex within marriage, although the same physical act, was conceptualised differently; the union was understood not as one in which disease was 'imported', but one in which it was 'contracted'.

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153 This theme continued to run through health education material into the 1920s, see Venereal Diseases are Preventable, (35mm Motion Picture), c. 1925, United States Department of Health. During this decade, sex education was known as 'eugenic training', Ann Curthoys, 'Eugenics, Feminism and Birth Control', p. 76.

154 Mr. Bowser, Chief Secretary and Minister for Public Health, Victorian Parliamentary Debates, 20 December, 1918, vol. 151, p. 3464. Venereal disease had been conceptualised as a 'racial poison' within early twentieth century eugenics discourse, see Lucy Bland & Frank Mort, 'Look Out for the "Good Time" Girl', p. 138.

155 The Argus, 1 August, 1922, p. 11; Meredith Temple-Smith notes that Australia had remarkably large proportions of people never marrying during the early twentieth century, see Meredith Temple-Smith, The Melbourne Sexual Health Centre, p. 87.

156 Venereal Diseases Act, 1920 (SA). See Clause 14. The South Australian legislation was passed, but unlike all other states, was never enacted.

157 Victorian Public Health Department, Venereal Diseases Advisory Committee, Venereal Diseases, p. 10.
Eugenics emphasised both citizen and state responsibility for the individual's 'germplasm', or procreative potential, held in trust for future generations. In this context, sex outside marriage was a racial issue of profound eugenic significance. Yet it remained difficult to bring concerns about disease to bear within the 'normal' marital relationship. The prohibition of marriage between diseased partners, and contact tracing were not widely supported because of possibility of breaking up potential marriages and revealing breaches of trust. While extra-marital sex was illicit and contributed to the flow of venereal disease into the family, transgression had a differently gendered eugenic significance for men and women. As Louise Creighton informed her readers, 'all are not called upon to take the same part in this fight'. Sexuality, or the 'human instinct' was highly polarised for men and women. Although 'the stewardship of life and health' was conferred upon women, wives were often denied access to knowledge about their condition, and remained largely unsupported around issues of transmission within marriage. In contrast, a husband's perfidy was often viewed more often as 'venality' because of the construction of the male sex instinct, and to preserve his status as head of the family. It was not venereal disease or extra-marital sex alone which defined sufferers of VD as guilty. Rather this depended on how their behaviour threatened the social order, which was different for men and women.

A major problem associated with the perception of the spread of VD into the general population was how to provide information to 'innocent' populations. Although the end of the conspiracy of silence allowed the pronouncement of new truths, to some commentators, knowledge about bodies, sex, disease and

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162 'It is women who hold the stewardship of life and health'. Edith H Barrett, *The Stewardship of Life and Health*, Australasian League of Honour, Sydney, 1918, p. 3.
negotiation was as poisonous as the disease. Information was understood as an incitement to sex because it provided knowledge which might increase an individual's sense of sexual agency. Public discourses of the war years were shot through with the tension between the revelation of 'truth' but expurgation of knowledge. Melbourne's Truth hailed the December 1919 screening of Brieux's 'Damaged Goods' as 'A Nasty Knock to the Keep-it Dark Brigade' but curiously ran advertisements for the film which did not contain the words 'venereal disease'. This was also true of the advertisements in The Age in 1916. Similarly, while Everitt Atkinson's popular sex hygiene book began with a rally to frankness, 'plain speaking should supersede veiled utterances', he apparently disputed this intent later on by the warning 'keep your mind off your sexual organs by avoiding discussion of them'. In this case, notions of sexual pleasure were excluded from discourse about sex, and it was only the procreational aspect that was nameable. Although wartime discourses around VD saw the redefinition of moral concepts in the language of social hygiene, this 'candour and common sense' had its limits. The new frankness promised much, but ironically knowledge itself threatened the division between degenerate and respectable classes. Speech, even the naming of a 'special disease' it seems, remained an incitement to transgression and disorder.

Discourses of venereal disease during the Great War relied on divisions between classes of sufferer, the drawing of taxonomies or imaginary lines. The early twentieth century saw a reconceptualization of the individual in eugenic terms, as social hygienists 'spoke of the need to grasp the actual moment when the nerve centres of life were poisoned through hereditary influence or degenerate living'. Eugenics offered categories through which the individual could be scrutinised, by which their fitness or unfitness could be measured. Definitions of eugenic citizenship in relation to venereal disease traced intersecting boundaries of class, race, respectability and gender. The following chapters examine these boundaries

164 Melbourne Truth, 22 November, 1920, p. 2; December, 1919, p. 2. They used phrases such as 'no girl is safe'.
166 Everitt Atkinson & William Dakin, Sex Hygiene and Sex Education, pp. 7, 142. The anomalies in this text have also been discussed in Lynette Finch, The Classing Gaze, p. 141. See also Kereen Reiger, The Disenchantment of the Home, p. 188.
168 Frank Mort, Dangerous Sexualities, p. 176.
in more detail and map the positioning of sufferers within taxonomies of eugenic citizenship, fitness, degeneracy, innocence and guilt.

It remains incongruous that at a time when venereal disease was affecting the heartland of the 'general population', its significance as a signifier of eugenic unfitness was actually reinforced. The conceptualisation of VD as a 'foul undercurrent', however, allowed it to be spoken of as both seeping from a permanent reservoir, and as permeating regions 'hitherto unaffected'. This notion of contamination relied on the perpetuation of the boundaries of the fit population. The pollution flowed only one way, and it seems that even when it affected, the effect of the poison on fit classes was not the same as upon those at the source. The Victorian Government's description of transmission as 'worse than a criminal - it is the act of a traitor' illustrates that the concern about venereal disease related to its spread into classes not traditionally affected.\textsuperscript{170} The treachery related to the contamination of the respectable family which was the gateway to the eugenically defined nation. The heightened panic associated with venereal disease during the Great War related to the perceived collapse the boundaries that separated the fit from the unfit, from the contaminating flow of venereal poison.

Chapter Two.

'Very Human Heroes':
Venereal Disease and the AIF Soldier.
The people who welcomed the returned soldiers were sometimes enthusiastic in greeting venereal cases by mistake and sometimes non-venereal cases were regarded with suspicion because they came from a ship known to convey venereal patients.\(^{171}\)

James Barrett's description of the cautious public reaction to ships possibly transporting AIF venereal cases is a strong image of the ambiguous status held by 'diseased' Anzacs. It illustrates the dislocation between popular understandings of the AIF soldier as a healthy nation-builder defending the future of the Empire, and his identification as a carrier of 'race-slaughtering' diseases encountered away from the front line. During the war, AIF soldiers personified 'the highest ideal of citizenship', representing an impressive volunteer enlistment of 40% of all Australian men aged between 17 and 40.\(^{172}\) Yet throughout the war, there was a concern that the same 'scallywag who puffed out his chest and posed as hero-elect' would return into the general community to 'spread infection at will', importing VD from the outside to the inside of Australian family life.\(^{173}\) In 1919, it was made public that 55,000 AIF soldiers were officially estimated to have contracted venereal disease during the war.\(^{174}\)

After Australia's 'entry into manhood' at Gallipoli in April 1915, AIF soldiers became the symbolic bearers of a national identity.\(^{175}\) Particular physical and

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\(^{173}\)The Scarlet Scourge of Syphilis', *Truth*, March 6, 1915, p. 6.

\(^{174}\)J.H.L. Cumpston, *Veneral Disease in Australia*, p. 38; Diane Tibbitts states that these statistics had not been made public before 1919, *The Medical, Social and Political Response to Venereal Diseases*, pp. 133-134.

mental qualities were attributed to soldiers, far beyond ordinary standards of eugenic fitness. A particular eugenic significance was conferred upon Anzacs, as their reproductive importance was heightened and expressed alongside their role in giving birth to the nation. But alongside reports of the 'fine body of men', ran counter discourses describing men 'not fit to be sent abroad', who had contracted 'certain diseases'. During the early months of war, the soldier became an 'advertised disease carrier', who, Judith Smart argues, became almost as strong a figure of fear and infection as the prostitute. This chapter examines how AIF soldiers were represented as both a source of disease and 'nation builders', and considers how such apparently incongruous discourses could co-exist.

In 1965, Ken Inglis called for reappraisal of the Anzac tradition, arguing that historians had not asked enough questions about the construction of the 'national character'. This call has shaped the approaches of many historians in the last two decades, who have examined the war years in terms of social disunity, the divisiveness of the Anzac legend and the role of C.E.W. Bean as the selective editor of this myth. Alistair Thomson's recent study *Anzacs Memories: Living with the Legend* argues that 'an official or dominant legend works not by excluding contradictory versions of experience, but by representing them in ways that fit the legend and flatten out the contradictions but which are still resonant for a wide variety of people'. This insight offers a useful framework in which to understand diseased diggers. The high rate of VD amongst soldiers was generally not denied, but rather heavily contextualized and reinterpreted through discourses of masculinity and nationhood. Predominant representations of the

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180 Judith Smart, 'The Great War and the "Scarlet Scourge"', p. 80.
181 K.S. Inglis, 'The Anzac Tradition'.
182 Noel McLachlan 'Nationalism and the Divisive Digger'; D.A. Kent 'The Anzac Book' and the Anzac Legend; Alistair Thomson, 'Steadfast Until Death'.
184 Marilyn Lake's work on the riotous behaviour of AIF soldiers in Australian cities offers an alternative context in which diseased soldiers could be located, see 'The Power of Anzac'.

diseased soldier minimised, displaced or legitimised his guilt. A theme emerged in some commentaries defending the behaviour of the men by rationalising it against their masculinity, loyalty and national sacrifice. One Lance-Corporal in Mena asserted; ‘I would sooner be with the “wasters” than stay at home to jeer at the men here’.\(^{185}\)

The imagery of D.A. Welsh, a popular lecturer on the venereal problem, illustrates how the anomaly of the diseased soldier was approached in public discourse:

> If they [AIF soldiers with VD] have stumbled into a filthy ditch that we have avoided, they have also scaled a glorious height that we have not attained. It is only fair that more care is taken now to guard our soldiers from this ditch.\(^{186}\)

Welsh located the cause of the soldier's faltering as lack of guidance and support, rather than his own failings. The reader is asked to forgive his stumbling, in light of the 'glorious heights' of nation building the Anzacs reached. Clearly, the message in this statement was that soldiers were not directly at fault for contracting VD. Although AIF soldiers represented a risk to the innocent, they were not represented as wilful importers of disease and degeneracy. Soldiers were not understood as 'innocent' sufferers, but neither were they portrayed as wholly guilty. This chapter suggests that although the soldier was understood as an importer of VD into the respectable classes, his status as a nation builder allowed the negotiation of his public identity as a 'very human hero'.\(^{187}\) It raises the question of why this negotiation was deployed and what investments were protected by its maintenance.

By March 1915 news of 'Concupiscence at Cairo' had reached Australia. Unconfirmed reports that 10% of the troops were suffering from venereal conditions received media coverage.\(^{188}\) While there had been rumours that venereal disease was 'rife' in the training camp at Broadmeadows as early as December 1914, public awareness increased with the return of the first venereal cases from Egypt.\(^{189}\) Official medical war historian A.G. Butler was to describe the Australian encounter with venereal disease in Egypt as the 'most difficult

\(^{185}\) 'The Case for the Soldier', The Age, 1 April, 1915, p. 9.


\(^{188}\) Truth, 6 March, 1915, p. 6

\(^{189}\) Judith Smart, 'The Great War and the "Scarlet Scourge"', p. 62.
problem in the war'. He reported that 3% of the force was constantly sick. The incidence for the whole force in Egypt in 1916 was 12%, and up to 25% in some units. The Age was quick to minimise implications of reports from Egypt, attributing the disorderly behaviour to 'a few malignant spirits' and 'bad leaven'.

Many accounts of the AIF soldiers in Egypt understood their disorderly behaviour as a result of the environment. A surgeon who served with the RAMC in Egypt, described Cairo as 'the most immoral place on God's earth'. One soldier wrote home in July of 1915:

There is something repellant about Eastern races. All places with a large 'native' coloured population are undesirable, but vice and depravity are more deeply ingrained in Cairo than elsewhere.

Cairo was understood as 'seething with disease', a metropolis filled with the degenerate and the unfit, the antithesis of civilisation, order and cleanliness. Soldiers were commonly represented as innocent dupes of 'special allurements' offered by 'vile' brothels designed to attract Australian soldiers, such as a certain kind of drink for the purpose of exciting the sexual passions. It was also held that Australians were unwitting victims of their own pay, as in Cairo, they were encouraged to spend money for political reasons. Venereal disease was portrayed as an exotic poison; one did not catch VD from a individual Egyptian

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191 A.G. Butler, *The Official History of the Australian Army Medical Services*, vol. 1, p. 76.
197 Evidence of Frederic Bird, RAMC, Consulting Surgeon to the Troops in Egypt, *Progress Report from the Select Committee on Intoxicating Liquor*, p. 485 Although he agreed this drink was customary, he could not confirm or deny the extent to which it was available in Cairo.
women, but from 'Egypt'. The language of Butler displaced the responsibility of
the men onto the Orient:

Egypt was responsible for 58 per cent, Palestine for 32 per cent of
infection... a large number came from Jerusalem.\footnote{A. G. Butler, \textit{The Official History of the Australian Army Medical Services}, vol. 1, p. 773.}
The AIF encounter with venereal disease was widely understood as unexpected
and undeserved by the soldiers, who were represented as the casualties of an un-
British culture of degeneracy and foul play.

A growing general resentment at the conditions in Egypt, culminated in the
'Wazza' riots on Good Friday 2nd April, and later on 31st July 1915.\footnote{See Richard White, 'Sun, Sand, and Syphilis: Australian Soldiers and the Orient, Egypt
1914', \textit{Australian Cultural History}, no. 9, 1990; Kevin Fewster, 'The Wazza Riots, 1915',
\textit{Journal of the Australian War Memorial}, no. 4, (April), 1984; Suzanne Brugger, \textit{Australians
and Egypt}, pp. 145-147. The riots were known by the names Wozzer/Wassa/Wassir/Wazzer/Wozzy.}

On these occasions 3,000 Anzac soldiers entered the Wazzir district of Cairo and rioted,
sacking houses and burning the possessions of the women who lived and worked
there as prostitutes.\footnote{Patsy Adam-Smith has written that the destruction of property and women's livelihoods
'bring[s] a sly grin' to the faces of many an old soldier, \textit{The Anzacs}, Nelson Melbourne, 1978,
p. 53. For an alternative account which considers the Egyptian side, see Kevin Fewster, 'The
Wazza Riots, 1915', pp. 50, 53.}

Bean described the April riot as the exaction of punishment
for 'certain injuries' incurred in brothels along the street known as the 'Wazza', or
Haret el Wasser.\footnote{C.E.W. Bean, \textit{Official History of Australia in the War of 1914·18}, vol. 1, \textit{The Story of
Anzac}, [1921], Angus & Robertson, Sydney, 1941, p. 130.}

One participant recalled action taken by soldiers to ensure the
destruction of the area by fire:

... by the time we were done there was scarcely a piece of [fire] hose longer
than twelve inches left- well, a few feet long anyway. We hacked them with
our big pocket knives.\footnote{Unnamed informant quoted in Patsy Adam-Smith, \textit{The Anzacs}, p. 54.}

During the second riot, the cries of 'come on Australia' were heard as the brothel
doors were smashed in.\footnote{Suzanne Brugger has suggested that such behaviour was part of a dehumanising of the local
people, actions committed in the name of racial pride which did not arouse feelings of guilt or
shame in the soldiers, Suzanne Brugger, \textit{Australians in Egypt}, pp. 42-43}
The riots served as an expression of the boredom of the soldiers in training, and their resentment at the local 'bullies' that ran the
brothels.\footnote{See Kevin Fewster, 'The Wazza Riots, 1915', p. 52; Suzanne Brugger, \textit{Australians and
Egypt}, p. 146.}

There was widespread approval of what was done, and the act has
been interpreted as an act of revenge against Egypt for its betrayal of Australian
expectations of the Orient.\footnote{Richard White, 'Sun, Sand, and Syphilis', p. 60.}
This fiery destruction symbolised an attempt to purge and cleanse the disease from the district. C.J. Dennis represented the incidents in *The Moods of Ginger Mick* in terms of cleansing, because the A.I.F. were doing 'their little bit to scrub Pharaoh's dirty kingdom clean and to shift 'is ancient 'eap of sin and shame.'

In 1915, Cairo was the 'showpiece of British Imperialism', an exotic stop-over on the voyage to Britain through the Suez Canal. The perceived colonial relationship of Australia to Egypt (although Australia was still itself a dominion of Britain) shaped the discourses that described the encounter. The Australian forces may be understood as a 'cleansing' force in Egypt; the civilising heroes in a premonitory image of what the Empire and her dominions must not become. Australian accounts were constructed to contextualize AIF soldiers in a positive light. From an Egyptian perspective, however, it was the 'uncouth British and ANZAC soldiers [who] were identified as the main source of corruption in Egyptian society'.

Of particular concern to the Australian public was the 'virulent strain' of syphilis that AIF soldiers allegedly contracted. One Sydney physician called it the 'black pox', a strain which 'you generally get from black people'. In Egypt it was said to be prevalent 'a very severe form'. Everitt Atkinson denied the existence of different variants of syphilis, but agreed that it ran 'a slightly different course' in Egypt. It is important to note, however, that some sources acknowledged that a proportion of the venereal conditions diagnosed in Egypt was actually contracted

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207 Quoted in Pasty Adam-Smith, *The Anzacs*, p. 54.
209 See cartoon 'The Fruits of Victory' reproduced at the beginning of this chapter, *Truth*, 22 May, 1915, p. 1. It had an accompanying poem:

"None but the brave deserve the fair":
That's why you see Australia there.
There's fearful fighting to be done;
But, soon or late the day is won.
He'll take the city on the water;
And hug old Islam's fairest daughter.
He's proved his right to be right there:
"None but the brave deserve the fair."

210 Simon Watney, 'Missionary Positions', p. 45.
212 Evidence given by Langloh Johnston, Honorary Physician at St. Vincent's Hospital, *Progress Report from the Select Committee on the prevalence of Venereal Diseases*, p. 274.
213 Report of the Select Committee of the Legislative Council on the 'Health Act Amendment Bill', p. 2. Some commentators did deny the existence of a more 'virulent' form of syphilis, see evidence of Charles Reid, Chief Quarantine Officer NSW, *Progress Report from the Select Committee on the prevalence of Venereal Diseases*, p. 289.
in Australia before departure in ports such as Fremantle. The rhetoric around the 'virulent Egyptian strain' tells us much about the organisation of Australian sexual and racial boundaries, but very little about Egypt. The strain was constructed as an exotic condition, against which Australians had 'very little acquired or racial immunity'. Hence, the men who contracted it were sympathetically represented as innocent with respect to the 'virulence' of the spirochaetes.

The disorderly behaviour of soldiers was explained to the public in a number of ways. Bean's account of these riots is contained in a footnote that described them as akin to a university 'rag'. His minimisation of the agency of diggers is noticeable, as he described 'nine-tenths' of the crowd as spectators, and argued that the local alcohol led the demonstration 'to greater lengths than were intended'. The focus on 'a small minority', and the displacement of blame evident in Bean's accounts, were standard techniques employed by many writers throughout the war to contain disorderly behaviours. Sources reported that VD was limited to a particular 'class of returned soldier' or 'a few wasters'. Butler referred to 'two chief classes of susceptibles'; 'uninitiated youths' and 'the incorrigibles'. B.T Zwar observed that it was 'youths' that made up the vast majority of patients in Egypt, who were infected for the first time in their lives, far away from home. He blamed the prevalence of VD on lack of knowledge by troops and poor training facilities, rather than on the behaviour of the men themselves. What emerged from such explanations is the limitation of disorderly behaviours to an core of 'a few ringleaders', and the displacement of responsibility onto sites other than the AIF. In effect it was such men who were established as the real 'outsiders', set apart from a nucleus of strong, resolute

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216Memo 1916 from the AIF Headquarters in Cairo, Department of Defence; AWM 25, Written Records, 1914-18 War, 1913-1920; 267/52, Disease and Disabilities, A report of the work of the Venereal Section engaged in the treatment of venereal disease amongst Australian and NZ Troops in Egypt and Palestine, 1917-18, and other correspondence relating to Venereal Disease, 1916-18.
220Department of Defence; AWM 25, Written Records, 1914-18 War, 1913-1920; 267/26, Disease and Disabilities, Notes by Major B.T. Zwar (No. 2 Australian Stationary Hospital) upon Venereal Disease in Egypt, 1915-19.
The integrity of the AIF was in fact strengthened by its rejection and stigmatisation of 'troublesome characters'. Bean asserts that after the return of 300 such men to Australia in January 1915, 'Cairo was quiet'.

The escape of sixty soldiers from the Langwarrin venereal diseases camp near Melbourne in October 1915 was the next event that heightened public awareness of VD in the AIF. After these escapes, the Mornington Progress Association protested to the Board of Health

... against the practice of soldiers affected with contagious venereal disease using drinking vessels and other conveniences on the railway station while on their way to the concentration camp in Langwarrin.

The New South Wales Select Committee on Venereal Diseases reported that in similar incidences at the Liverpool military venereal diseases compound, 'the roll call is generally 100 short'. In light of these events, and the news from Egypt, a caution about 'diseased' soldiers emerged. There was specific concern that 'men from the backblocks' of rural Australia, would return to spread infection into their home communities. It was feared that the unprecedented urban/rural sexual contact both within Australia and overseas, would result in the spread of venereal disease, 'hitherto only prevalent in the metropolitan districts', beyond urban boundaries. In September 1915, the member for Pilbara, Western Australia, referred to the venereal problem in the AIF quite candidly as he introduced that state's venereal diseases legislation:

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224 *The Argus*, November 11, 1915, p. 5.
225 Evidence of Dr. Gordon Bray of the Prince Alfred Hospital, *Progress Report from the Select Committee on the Prevalence of Venereal Diseases*, p. 265. When these cases were transferred to the treatment hospital at Milson's Island in October 1915, the Defence Department ensured that there was a guard of 75 men to escort them, see 2nd Military District New South Wales [1]; AWM 34, 2nd Military District Records, 1913-23; 105/3/22, [2nd Military District registry files] Guard of 75 men to escort venereal patients to Milson's Island (October), 1915.
226 Richard Arthur, *The Military Problem of Venereal Disease*, p. 4. This fear was echoed in many other sources.
227 Statement from the Office of the Prime Minister, Prime Minister's Department; A 458, Correspondence Files, 1923-34; I 368/4 Part 1, Medical - Venereal Diseases Part 1, 1914-3; see also James W. Keays, *The Curse of Venus*, The Advance Press, Melbourne, 1919, p. 94.
If there is not much of it [VD] in Australia to-day, I can promise that there will be shiploads of it here by the time our men come home again.228

From 1915, state action against the 'red plague' increased dramatically, partly because of public awareness of 'venereals' being repatriated to Australia, with legislation being passed in every state between 1915 and 1920. Judith Smart suggests that venereal diseases legislation of the Great War was deliberately gender neutral because of the 'additional target group' of the returned soldier.229

The Select Committee on Intoxicating Liquor (1918) recognised that alcohol was one of the contributing causes of VD.230 Alcohol was understood by witnesses to the committee as a racial poison which caused the drinker to lose control and sink into degenerate ways. The committee referred to 'the mistaken kindness of friends', as it heard evidence of brawls and violent acts committed by intoxicated soldiers who had been 'shouted' drinks by patriotic civilians.231 The practice of 'shouting' was as a custom through which national gratitude to soldiers was expressed by civilians. But ironically, the 'patriotic' alcohol consumed by returned soldiers was actually contributing to their disorderly behaviour. The committee also noted that drinking amongst soldiers on Anzac Day had marred the Sydney celebrations, yet it stated its 'perfect sympathy with the soldiers', emphasising that the sons of several members were at the front.232 The committee negotiated a difficult path between publicly recognising disorderly soldiers as unruly, but maintaining that they were still part of the general community, and that they had strong links of support within it.

While James Barrett agreed that venereal patients 'should not receive the same general treatment as other soldiers', he asserted that, 'wasters' were to be 'treated

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230 Although numerous witnesses stated that it could be linked to alcohol consumption in only 30% to 50% of cases, see the evidence of Lieutenant-Colonel Ernest Jackson, Commander of a Venereal Diseases Camp in Egypt, Final Report from the Select Committee on Intoxicating Liquor - Effect on Australian Soldiers and Best Method of Dealing with Sale, [1918], Commonwealth Parliamentary Papers, 1917-18-19, vol. 1 (The Senate Journals Together with Sessional Papers, Reports from Standing and Select Committees and Petition), p. 809; also Dr. Charles L. Johnson ex-senior medical officer at Langwarrin, p. 867. This is difficult to establish because, as Johnson suggested, men would most likely deny being under the influence of drink. The committee finally recommended anti-shouting legislation and the introduction of arm bands for AIF hospital patients, p. 709.

231 Progress Report from the Select Committee on Intoxicating Liquor, p. 463.

232 Final Report from the Select Committee on Intoxicating Liquor, pp. 695, 703.
like any other sick person’.233 This tension represents the incongruous position soldiers occupied between definitions of ‘fit’ and ‘unfit’. In January 1915, pay was stopped to men absent from duty due to venereal diseases which was explained in terms of the loss of the ‘fitness’ of the soldier to the AIF.234 This included monies sent to dependents in Australia.235 However, if a patient sought early treatment, and the case could be cured within eight days no pay was deducted.236 Depending on the stage of infection, some men were capable of light duties during these periods. Soldiers generally resented the withdrawal of payment to families in Australia, and in Egypt, the mysterious ‘loss’ of paybooks which recorded the condition was common.237 In December 1916, a regulation was passed that ensured that although pay to the soldier ceased, a minimum allowance to his dependents continued.238 The forfeiture of pay represented a material expression of a soldier’s separation from the general AIF community. This ostracism was of concern to military authorities, who were aware of the dangers of creating a class of ‘outsiders’ who ‘lost all wish to get well and return to fight’.239

From 1917 a significant shift in military attitude was evident, and the general policy described as ‘to impose no unnecessary restraint on a soldier because he

233James Barrett & P.E. Deane, *The Australian Medical Corps in Egypt*, p. 126. This provision referred to penalties incurred for ‘wilfully contracted diseases’ like scabies or scarlatina. See also similar contradictory statement in A. G. Butler *The Official History of the Australian Army Medical Services*, vol. 1, p. 486.

234See *Report of Committee VDAIF Camps* (May 1916), Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; 556/44/1473, Venereal Disease and Venereal Disease Forfeitures, 1916-19; See also Department of Defence, Navy Office; MP472/1, General Correspondence Files, 1910-21; 5/17/3149, Venereal Disease, stoppage of Pay during illness, 1912-17.


236*Report of Surgeon-General R. H. Fetherston on War Work abroad*, Section 14, *Venereal Diseases*, in AWM 27, Records Arranged According to AWM Library Subject Classification, 1864-1970; 376/18, Bundle 1, Venereal Disease General Instructions, 1918. p. 3. On average, syphilis required ongoing attention for eight days and gonorrhoea for forty days. Fetherston, Surgeon-General R.H., Director-General AAMS, Department of Defence, *Report to Minister of Defence on 1. Australian Army Medical Services Overseas, 2. The Medical Services of Great Britain and the Allies etc*, Section 28, *Venereal Disease*, (printed separately) Albert J. Mullett, Government Printer, Melbourne, 1918, p. 3. These figures refer to the experience in treatment facilities in Britain.


238Department of Defence; AWM 22, Australian Imperial Force Headquarters (Egypt), Central Registry Files, 1915-19; 130/1/2008, Regulation regarding the deduction of pay for members of the AIF who are in hospital with venereal disease, 1917.

enlisted for active service'. By 1918, soldiers with venereal disease overseas were receiving two-thirds of their pay while 'unfit' for duty.

In March 1915, the Langwarrin camp near Melbourne had been established as the key treatment centre for venereal diseases in the AIF to which all serious cases were sent. Langwarrin became the focus of much hostility from local residents who objected to the outings made by patients to the nearby beach, for fear that they would spread disease. It was common for large numbers of patients to be absent without leave, reportedly up to two hundred at one time. It has been thought that the poor sanitary facilities and extreme security measures, including sentries and barbed wire fences, contributed to frequent strayings by patients. The belief that VD could be easily transmitted through casual contact, such as the use of shared drinking glasses, would no doubt have contributed to the treatment venereal patients being based on principals of segregation. Between March 1915 and June 1920, Langwarrin had treated 7,242 patients, but interestingly only 700 cases were recorded as contracting venereal disease overseas. Clearly the majority of infections were 'domestic'; interestingly, this fact was lost sight of in the panic around the 'virulent' Egyptian strain.

During 1915, the treatment of venereal patients changed.

From a prison, Langwarrin was transformed into a hospital in which patients... could recover from one of nature's cruelest punishments, and where science and sympathy could triumph over righteousness.

241Surgeon-General R.H Fetherston, Report to Minister of Defence, Section 28, Venereal Disease, p. 2.
242There were also separate hospitals in each state: Liverpool, Milson's Island (NSW), Lytton (Qld), Torrens Island (SA), Blackboy Hill, Rockingham (WA). There were two 'dermatological hospitals' in England, at Bulford and at Parkhouse Camp, Salisbury Plains. Cases in France were treated at British facilities in Havre and Etaples.
244Winty Calder, Australian Aldershot: Langwarrin Military Reserve, p. 69.
246Audrey Mulder, 'The Camp Hospital for Venereal Diseases', p. 162; Meredith Temple-Smith, The Melbourne Sexual Health Centre, p. 30. See also evidence of Dr. Charles L. Johnson Ex-Senior Medical officer at Langwarrin, Final Report from the Select Committee on Intoxicating Liquor, p. 867
Overseas, the Australian Dermatological Hospital was established in January 1916 and was perceived as marking a 'new era in sanitation.'²⁴⁸ It is evident that as the number of soldiers with venereal conditions increased, punitive measures and strict segregation could not be more widely applied without widespread stigmatisation. In his history, Butler took pains not to identify venereal patients as anything other than sick men. He represented them as model soldiers, offering as evidence the 400 decorations, including a VC, that were won by the patients discharged from Langwarrin, almost as a proof that they were not only part of, but an exemplary part of the 'general' military population.²⁴⁹ The improvements in treatment facilities suggest a 'normalising' of VD in the AIF. It no longer required punishment, or signified deep and immutable degeneracy in men.

Butler referred to the 'special circumstances' of war to contextualize the disorderly behaviour of Australian soldiers. He called them 'very human heroes', for whom the bars of 'sex-lust' could not be restrained during wartime once the primitive instinct of 'blood-lust' was called upon.²⁵⁰ This was not necessarily an appeal to an 'Anzac masculinity', a popular ideology which valorised mateship, drinking, hard living and sexual conquest, characteristics that new recruits were encouraged to live up to.²⁵¹ Rather, it was an attempt to make sense of disorderly behaviour while preserving prevailing ideals which promoted a sober and continent masculinity temporarily upset by war. This reasoning explained the headstrong behaviour of the men as a trait required by soldiers, and as the fault of the makers of war.²⁵² Lucy Bland has suggested that in Britain, the prevailing patriotic view was that the 'needs' of the soldiers under the 'exceptional' circumstances of war, deserved to be met rather than questioned.²⁵³ The attribution of unruly behaviour to the exigencies of war reinforced the belief that AIF soldiers were not solely to blame for their brush with disease.

Many contemporary reports portrayed soldiers as the victims of prostitutes, and side-stepped addressing the agency of these 'bearers of nationhood'. While amateur prostitutes were consistently called to account for their promiscuity and venereal infections, the responsibility of soldiers in sexual interactions, and their role in disease prevention was described in very different terms. Despite being

²⁵² Alistair Thomson, 'Steadfast Until Death?', p. 466.
²⁵³ Lucy Bland, "Cleansing the Portals", p. 203.
entrusted with the responsibility of the nation's future, they were apparently
released from responsibility for their own sexual behaviour.\textsuperscript{254} The rate of
venereal disease among Australian troops was understood to be proportionally
high among the allied forces due to high rates of pay and liberal leave
arrangements, that facilitated easy access to prostitution. The President of the
Council of Churches in Western Australia told the Western Australian Select
Committee of 1918 that the venereal crisis was partly due to 'lack of
supervision'.\textsuperscript{255} One letter from an Australian soldier described prostitution in
London as an evil against which men required protection:

In London alone the official figure of prostitutes is 110,000. I suppose
the actual number of women who carry on would be nearly five times
this number, so you can see that the evil takes a lot of combating. A
great amount of publicity has been given in the papers of late more for
the protection of Colonial soldiers than anybody else.\textsuperscript{256}

In this report, 'the evil' was the number of prostitutes against whom the men
required protection. The source of concern was displaced onto this site, and the
role of the men was not discussed. Such accounts assumed a lack of male sexual
responsibility to the extent that their sexual agency was almost written out of the
picture. The accounts of Ettie Rout, a New Zealand nurse with the Anzac troops,
for example, nearly erase male subjectivity by their insistence that AIF soldiers in
Paris did not 'contract' VD, they 'were infected':

During the war large numbers of Anzacs became infected with V.D.
Who infected them? Civilian women.\textsuperscript{257}

The Imperial War conference, held in London in 1917 devoted some of its
proceedings to the 'temptations of overseas soldiers in London'.\textsuperscript{258} By March

\textsuperscript{254}Similar themes are evident in the arguments put forward by parents who did not want their
sons joining the army in case it corrupted them. See evidence of Colonel Walter Clark Chief
Military Officer in Tasmania, \textit{Progress Report from the Select Committee on Intoxicating
Liquor}, p. 525.

\textsuperscript{255}Evidence of Frederick Harry, \textit{Report of the Select Committee of the Legislative Council on
the 'Health Act Amendment Bill'}, p. 53; C.E.W. Bean also wrote of the Wazza riots 'it is
difficult to forgive the authorities', C.E.W. Bean, \textit{Official History of Australia in the War of

\textsuperscript{256}Letter from a soldier, censored and edited by Hugh Wirrey and sent to the Federal Minister for
Defence, in Department of Defence Central Registry; MP367/1, General Correspondence Files,
1917-29; 527/2/101, Venereal Disease in AIF Corps in England; Includes Nominal Roll of
Officers who have been Treated for VD, 1917.

\textsuperscript{257}Ettie Rout, \textit{Two Years in Paris}, p. 18. Theweleit makes a similar observation in the context
of German soldiers, Klaus Theweleit, \textit{Male Fantasies} (vol. 2), Translated by Erica Carter &

\textsuperscript{258}Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29;
527/2/1041, Proceedings of Imperial War Conference - Temptations to Overseas Soldiers and
Related Matters, 1917-19.
1918, Regulation 40D of the Defence of the Realm Act was passed in British parliament. It stated:

No woman who is suffering from venereal disease in a communicable form shall have sexual intercourse with any member of His Majesty's forces or solicit or invite any member of His Majesty's forces to have sexual intercourse with her.\(^{259}\)

This act was reportedly passed at the insistence of the Canadian and Australian military authorities.\(^{260}\) This legislation covered AIF soldiers only in Britain, and there was some opinion that DORA 40D style regulations be introduced in Australia.\(^{261}\) The act placed the responsibility for military venereal cases in the hands of civilian women. It is significant that active female solicitation was condemned only if it 'caused offence'.\(^{262}\) Effectively then, to have sexual relations with a soldier at the invitation of a woman was illegal, and even if the soldier initiated the interaction, or forced an encounter with a woman who had caused him 'no offence', it was still deemed the woman's responsibility. The clause did not consider soldier to woman transmission, curiously making it an offence for a diseased wife to sleep with her soldier husband, even if he had infected her in the first place.\(^{263}\) The official sanctioning of soldiers' rights to promiscuity seems less stark when placed in the context of the patriotic wartime belief that soldiers were making the 'ultimate sacrifice' for the Empire.

In the later war years, the returning soldier with venereal disease became the focus of national concern. In July 1919, soldiers were arriving back at the rate of 742 per day, and J.H.L. Cumpston's landmark official public report on venereal disease remarked that

... in some states the civil machinery is not at present in a position to deal adequately with the danger to the community, presented by the discharge of 55,000 or more soldiers who have suffered from venereal disease, some portion of which must still be in an infective condition at the time of their discharge.\(^{264}\)

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\(^{259}\) The London Gazette, in Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; S27/21/1041.

\(^{260}\) See Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; S27/21/1041. The British Government eventually admitted that the act failed, see Lucy Bland, 'Cleansing the Portals', p. 203.

\(^{261}\) Letter to Federal Quarantine Bureau with Reply, 28 June, 1918, in Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; S27/21/1041.


\(^{263}\) Jeffrey Weeks, Sex, Politics and Society, p. 216.

\(^{264}\) Brian Carroll, Between the Wars, p. 29; J.H.L. Cumpston, Venereal Disease in Australia, p. 4.
A significant problem lay in men who 'thinking themselves cured' would come back and 'give it to the women they meet'.265 Accordingly, there was some concern that soldiers would be targeted and ostracised as a group. By late 1918 organisations representing the interests of soldiers, were calling for fairer treatment of soldiers with VD. A deputation to the Prime Minister in 1918 voiced fears about the quarantining and compulsory treatment of soldiers upon their return 'while the man who has not fought is exempted'.266 The Australian Army Medical Service rallied against the ostracism of soldiers:

It is considered grossly unfair to place restrictions on men who have voluntarily surrendered their liberty for the sake of the civilian population when... [civilian government] will take no action to restrict its own members suffering from the same disease.267

The voluntary nature of AIF service was often referred to as a reason why soldiers could not be recognised as a 'class' separate from the general community.268 Some notable commentators challenged the belief that the soldiers were a risk at all. Ettie Rout, went as far as to assert that 'the highest rate is among civilians at home... [and] the lowest of all among soldiers in France.'269 James Barrett argued that the military figures appeared high only because the public has refused to believe high civilian estimates.270 Indeed, Butler writing the history of the period argued that 'it is doubtful whether the A.I.F. was more infective than the Australian community', and chastised civilians for the 'excessive fear complex' they held towards soldiers after the war.271

The Australian Army Medical Service (AAMS) officially denied any responsibility for the 'importation' of infection to the homefront, despite the widely held understanding that AIF soldiers represented a threat to the civilian population. Military rationales for the treatment of soldiers were organised around getting men 'fit to fight'; 'the treatment is not carried out for the benefit of the civilian

265Mr McGrath 'Deputation re Venereal Diseases' To the Prime Minister, (1918), Prime Minister's Department; A 458, Correspondence Files, 1923-34; I 368/4 Part I, Medical Venereal Diseases Part I, 1914-30.
266Mr. Jowett, 'Deputation re Venereal Diseases To the Prime Minister', (1918), Prime Minister's Department; A 458, Correspondence Files, 1923-34; I 368/4 Part I, Medical Venereal Diseases Part I, 1914-30.
267Letter from the Director-General of the AAMS to the Prime Ministers Department, 9 November, 1918, Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; 527/21/1113, Venereal Disease Camps and Incidents, 1918-19.
268See Frederick Harry, President of the Western Australian Council of Churches, Report of the Select Committee of the Legislative Council on the 'Health Act Amendment Bill', pp. 53-54.
269E.A. Rout, Two Years in Paris, p. 18.
270The Argus, 19 September, 1918, p. 9.
population which, it is considered, should obtain its own solution to the problem.272 Understandably, to have officially recognised the AIF as a vector would have formalised it as a population threatening to the civilian community. Although VD was a significant medical problem for the AAMS, it was the 'prostitute class' rather than AIF soldiers who were formally identified as 'one of the major medical problems of the war'.273 Lucy Bland asks in the comparable British context, why it was that prostitutes became the identified as the agents of the spread of venereal diseases, rather than the troops themselves?274 Clearly the AIF soldier represented the epitome of citizenship and personified nationhood. While a 'small percentage' may have been disorderly, the identification of the entire force as 'dangerous' wilful spreaders of VD made little sense in the context of soldiers as nation builders.

VD was represented as neither serious nor long-lasting for the average Anzac.275 A link was understood to exist between venereal disease and prostitutes in *fin de siecle* eugenics discourse, legitimising suggestions that they were 'mentally and morally deficient girls, who are themselves the offspring of syphilitic or alcoholic parents'.276 In contrast, venereal disease was not offered as a pathological manifestation of 'unfitness' in soldiers. Diseased soldiers looked like their healthy mates. There were no external signifiers of degeneracy to suggest the pathology of a 'race-slaughtering' disease. While a witness at the federal Select Committee on Intoxicating Liquor doubted the 'fitness' of soldiers who drank to excess, he explicitly denied a link between venereal disease and pathological 'unfitness':

[Committee] - Would your remarks about the lower mentality of men addicted to drink apply also to men who contracted venereal diseases?
-No, because, as a rule, such men are full-blooded animals of the best type physically.277

The role of the soldier was defined not only in terms of fighting the enemy, but to pass on citizenship; 'to fight in order that your children and your children's

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272 Letter from the Director-General of the Australian Army Medical Services to the Prime Minister's Department 9 November, 1918, Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; 527/21/1113.
275 Alistair Thomson, 'Steadfast Until Death?', p. 474. Thomson identifies this as a strategy C.E.W. Bean used to minimise the unruly behaviour of soldiers.
277 Dr. William Vance, Medical Practitioner at the Australian General Hospital, Caulfield, *Progress Report from the Select Committee on Intoxicating Liquor*, p. 521.
children may enjoy the heritage of liberty'.278 The physical and social health of the soldier was at the heart of these concerns, as one medical officer reflected 'the Army to-day will be the Nation to-morrow'.279 The revelation that one in seven AIF soldiers had VD was potentially devastating to their eugenic standing. Yet the disease was located in their body as a temporary aberration. It was a signifier of their experiences of national sacrifice and social dislocation. Although to some, venereal disease remained a strong signifier of social disgrace, it was possible to speak of even diseased diggers as 'heroes at home'.280

AIF soldiers with the 'red plague' occupied an incongruous position within public discourse as both fighting-fit nation builders, and the importers of 'shiploads' of disease. While Anzacs were not regarded as 'innocent' in the same manner as the wives and sweethearts they were to infect, many representations minimised, or legitimised their 'guilt'. The negotiation of 'very human heroes' was a gendered discourse which promoted a type of innocence but reinforced masculine agency. The discussion of soldiers was characterised by silences and the displacement of responsibility. Perhaps, the men who did not enlist in the AIF were viewed by some as the real pariahs. A cartoon in the Bulletin in 1916 identified men who did not enlist as not even masculine, that is having a citizenship of indeterminate status, reading;

The small boy: 'Masculine, feminine, an' I forget the other, Miss.'

279 Sergent-Major RAMC, With the RAMC in Egypt, Cassell & Co, London 1918, p. 253. AIF soldiers represented 'the fathers of the next generation', Major George Raffan Report on the Incidence of Venereal Disease in the AIF (Oct 1915), Australian War Memorial, AWM 27, Records Arranged According to AWM Library Subject Classification, 1864-1970; 376.18[15], Report on the incidence of venereal disease in the AIF, 1915. Manhood, and its corollary citizenship, were defined exclusively in heterosexual terms. There is very little evidence of any homosexual contact in the AIF apparent in public discourse. The heterosexual focus on prostitutes as the 'source' of venereal disease emerges as the major preoccupation. Butler’s official account writes homosexuality out of both war history, and national identity; 'There is no evidence pointing to any significant homosexuality in the force, and this is on a par with Australian experience in general', A. G. Butler, The Official History of the Australian Army Medical Services in the War of 1914-18, vol. 3, p. 137. Kay Saunders & Helen Taylor discuss the absence of homosexual men in accounts of the Great War in "To Combat the Plague", pp. 25-26.
280 One AIF officer with VD committed suicide upon his return to Australia, see Alistair Thomson, Anzac Memories, p. 111; see also Mark Harrison, 'The British Army and the Problem of Venereal Disease', pp. 139-40. There were also calls from some quarters that the names of soldiers who had contracted VD not be added to local honour rolls, see Letter from Hugh Wirrey to the Federal Minister for Defence, in Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; 527/2/101; Judith Allen has written of the 'environment of mercy that existed for returned soldiers in the 1920s, in which their disorderly behaviour and violence was downplayed in the light of their wartime sacrifice, see Sex and Secrets Crimes Involving Australian Women Since 1880, Oxford University Press, Melbourne, 1990, p. 135.
The Australian girl: 'Shirker!'281

Arguably, to be part of the AIF conferred upon soldiers almost unchallengeable citizenship in general community and ensured their support. Soldiers with VD were spoken of as 'very human heroes', not as outcasts. Clearly a complex web of discourses around masculinity and nationhood affected the degree to which the diseased AIF soldier could be positioned on the 'outside' of the general community. These negotiations served to sure up the respectability of men who were making the 'ultimate sacrifice'.

Chapter Three.

Venereal Disease and the "Army of Innocent Wives and Babes".

"DIVINELY" PUNISHED INNOCENTS.

THE SINS OF THE PARENTS SHALL BE VISITED ON THE CHILDREN.
Take the average woman, dejected looking, tired with a wan colourless face—she will tell you plaintively: 'As a girl, I was always well and happy; it is since my marriage I have lost my health and spirits.'

In 1916, readers of Melbourne's *Age* were informed that 'in fully 70 per cent of the affected cases, [venereal] contagion was brought about through innocent causes.' Reports like this reinforced a growing perception that VD was penetrating into fit and respectable classes. Accounts of disorderly sexual behaviour by AIF soldiers in Egypt and Europe, also increased fear on the homefront that a distinct population of sufferers was emerging, described by the *Argus* as 'the army of innocent wives' infected by their husbands. The differentiation between innocent and guilty populations had its basis in the belief that venereal disease was a punishment, the 'inexorable retribution' of nature. During the Great War, this idea lost some of its relevance because of the perception that VD was fast spreading into populations undeserving of 'retribution'. A Victorian Health Department pamphlet asked its readers 'how can it be regarded as the penalty for vicious conduct?' given that one half of the victims of syphilis had broken no moral laws. The period was characterised by calls for the innocent and the guilty to be treated 'the same', in a medical rather than moral model. This new recognition of blamelessness was considered enlightened, 'a milestone on the path of human progress'. Yet, this rhetoric contained a central contradiction. It would not have been possible to speak of the 'spread' of VD into innocent classes unless the boundaries between innocent and guilty remained meaningful. The divisions between innocent and guilty sufferers continued to organise the venereal world, embedded within a common wisdom about sexuality,

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283 Dr. Robertson, Discussion by the Board of Health, 'The Red Plague: Should it be a Notifiable Disease?', *The Age*, 6 January, 1916, p. 8. The statement implies that the figures were abstracted from the entire population.
285 Len D. Gilmour, *The National Menace*, p. 4. See also Woman Voter, 25 May, 1916, p. 2. This theme is discussed by Dennis Shoesmith, who draws different conclusions from this study, see Dennis Shoesmith, 'Nature's Law: the Venereal Disease Debate, Melbourne, 1918-19', *Australian National University Historical Journal*, vol. 9, (December), 1972.
286 Victorian Public Health Department, Venereal Diseases Advisory Committee, *Venereal Diseases*, p. 4.
which constituted a form of regulation more taken for granted than explicitly imposed.289

While the innocent/guilty dichotomy has received much attention from contemporary AIDS theorists, few historians have thoroughly investigated what these categories have meant in the past. As Judith Smart notes that most historians have taken the terms to be self-evident.290 They may note the punitive implications of the labels, but rarely go beyond this point. The closest historical investigation of the dichotomy is Roger Davidson's essay on how the distinction between innocent/guilty patients determined eligibility for public health and philanthropic services in Scotland during the interwar years.291 This chapter hopes to theorize and historicize 'innocence', and expose its functioning and effects in wartime discourses. It examines why innocent wives and babies were not ostracised or stigmatised as unfit in the same manner as guilty sufferers, such as amateur prostitutes. The chapter suggests that 'innocence' was a category which allowed stigma to be modified, and made it possible for sufferers of the same disease to be perceived differently. The eugenic significance of innocent wives and babies, and the absence of sexual agency saw them set apart from degenerate classes, despite their infection. The territory of innocence was debated by commentators and institutions who sought to control its meaning and delineate a population.

The creation of a separate category for 'innocent' venereal infection may be traced back to the late nineteenth century. In 1894, L. Duncan Bulkley published *Syphilis in the Innocent* in which he demonstrated that syphilis was not exclusively, perhaps even not primarily, a venereal disease.292 He coined the term *Venereal Insontium* to describe the class of individuals who had been 'innocently' infected. This definition allowed the sufferer to maintain their respectability and status inside the general population. Allan Brandt argues that the elaborate chronicling of

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289 Peter Botsman suggests that from the late nineteenth century, the mechanisms of 'policing' of the individual in relation to VD were constituted through the production of individual norms and 'schemas of personal management' rather than the exercise of 'sovereign power', see Peter Carl Botsman, *The Sexual and the Social*, pp. 186-187.


innocent transmission during the early twentieth 'reflected deep cultural fears about disease and sexuality' relating to a Progressivist unease about the hygiene of the metropolis, and the perceived threat of contagion from the slum classes. During the interwar period, Roger Davidson has found that even the term 'venereal' was considered an unfair label for 'innocents', whose condition was described in euphemisms as a protection from stigma. The category 'innocent' acknowledged the presence of disease, but allowed the sufferer to be regarded with lessened stigma because of their social context.

While the category sought to describe sufferers in neutral terms, it in fact validated the very hierarchy of blame it sought to escape. Central to postmodernist theories is the recognition of Saussure's theory that 'individual signs do not have intrinsic meaning but acquire meaning through the language chain'. That is, the term 'innocent' only makes sense in relation to the meaningfulness of its opposite, guilty. While it was widely recognised that VD affected men women and children in 'all walks of life', including the innocent, this did not represent the equalization of all classes of sufferer. The litany of 'innocent' methods of transmission served to shield certain classes from stigma, but further polarised the guilty, alienating those who could not claim innocent infection. As Simon Watney has argued, the assertion that AIDS is 'not just a gay disease', still sets gays apart as a threat. Similarly, the category of innocent, which implied an equality of sufferer, denoted a blameless population which confirmed the existence of a guilty population.

The innocent sufferer was the respectable face of the wartime venereal 'crisis'. Broadly, innocence referred to people who 'have no vicious tendencies', or who 'have been guilty of no immoral act whatever'. The innocent generally fell into three classes: 'guiltless persons accidentally inoculated in various ways with this foul poison', 'honest wives infected by their husbands', and 'children the innocent


295 It also was a mechanism to reduce the stigma for both patients and doctors see Allan Brandt, No Magic Bullet, (1987), p. 22; Diane Tibbits, The Medical, Social and Political Response to Venereal Diseases, p. 67.


298 Simon Watney, Policing Desire, p. 136.

recipients of their parent's scourge'. Guilt implied a wilful or knowing transmission, or that the person had engaged in illicit behaviours that were considered a threat to the social order, such as extra-marital sex. Innocence was defined by the social meaning of the behaviour that passed on the infection, which differed between classes, genders, cultures, and generations. The 'accidental' category included infections transmitted,

... during the act of kissing infected persons, or by wounds from the teeth of such. Doctors, nurses, or attendants may be infected during operations or confinements. Cups, glasses, pipes, razors, towels, handkerchiefs, surgical and dental instruments may carry infection from one to another. A wet nurse may infect a child, or the child the nurse, and children may be infected by handling.

The innocent contraction of gonorrhoea was most commonly attributed to toilet seats and towels. Chancres on the lip were overwhelmingly attributed to kissing, or the use of a dirty cup. Pictures of mouth chancres were commonly used in medical texts as an explicit representation of accidental infection. The silences around the possible sexual meanings of the mouth indicate the powerful boundaries around innocence. While these discourses were deployed to visibly confirm that venereal disease was spreading into respectable classes, they also had the effect of legitimising a fear of everyday casual contact with infected persons.

Between 1915 and 1920, every Australian state passed acts for the control and prevention of venereal diseases. They represented a new era in venereal diseases legislation. Unlike the Contagious Diseases acts of the nineteenth century, which targeted 'common prostitutes', the new acts were directed at 'every

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300 W.S.F. Bottomley, An Old Plague and A New Remedy: A Plain Talk About Certain Contagious Diseases, E. W. Cole, Melbourne, 1911, p. 28. In some contexts, men and adolescents were also said to contract VD accidentally or innocently, see evidence of James Bee, Head-Master of Scotch College Bellevue Hill, Second Progress Report, Minutes of Evidence taken before the Select committee on the Prevalence of Venereal Diseases, p. 367.


303 In November 1918, the Defence Department received a deputation from the Hairdresser's Association which requested that men from the Langwarrin Camp be barred from local hairdressing saloons, because of the fear of accidental transmission from blood on razors, Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; 527/21/1041.

304 For a fuller discussion of the legislation, see Claudia Thame, Health and the State, pp. 123-9; Julie Tisdale, 'The Future Mothers of Our Race', pp. 14, 15, 16.
Although the legislation 'applied to the whole community' and was 'directed at no special sex or section' of the community, the corresponding parliamentary discussion framed the legislation in terms of its implications of this new 'equality' for innocent and guilty classes. In 1916, the Victorian Health Minister argued for neutral legislation, not primarily because he sought equal treatment for degenerate classes, but because it would serve the innocent classes better in the long run:

The cry has been let the sinner suffer. Unfortunately it is not only the sinner that is affected by this disease. Many innocent persons and children yet unborn are liable to become victims...

Indeed, as Julie Tisdale has demonstrated with regard to the amateur prostitute, the new legislation was administered in a manner that was not neutral in many aspects. Taxonomies of innocence and guilt remained a key part of mapping the 'geography' of venereal disease, that is, the identification of the source and the carriers of the contagion. Locating the 'origin' of a disease, as Sander Gilman has argued, 'gives us assurance that we are not at fault, that we have been invaded from without, that we have been polluted by some external agent'. Innocent wives with VD were diseased, but they were not recognised in this geography as a 'source' or a 'carrier'. As one commentator noted, 'venereal diseases never originate in normal, healthy human relationships'. Innocent wives and babies were located as receptors, the final link in a chain of infection, distanced from the 'permanent reservoir' of degenerates.

During the early twentieth century, the family was conferred a particular eugenic status as the building block of this social order, the cornerstone of social

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305 There were some minor clauses which pertained to prostitutes only in the Victorian, Queensland, New South Wales, and South Australian legislation. For the first time, every doctor had to provide the state with demographic and statistical information of VD patients.
306 Everett Atkinson, Legislation and Administration, p. 6.
308 Sander Gilman uses the term 'geography', see Sander Gilman, Sexuality An Illustrated History, pp. 318-19, 321.
309 Sander Gilman, Disease and Representation, p. 262.
310 Clearly the term 'wife' did not simply mean 'married', but referred to gendered expectations associated with it. It did not refer to married women who worked as prostitutes.
311 D.E. Platts-Mills, Social Diseases: What women should know about them and why (1917) p. 6. Quoted in Philip Fleming, 'Fighting the "Red Plague": Observations on the Response to Venereal Disease in New Zealand, 1910-1945', New Zealand Journal of History, vol. 22, no. 1, (April), 1988, p. 62. This reflects the way in which disease and certain practices are often thought to be causal, and where certain practices or types of sex are conflated with disease, see Jeffrey Weeks, Sexuality and its Discontents, p. 46.
312 D.A. Welsh, The Prevention of Venereal Disease, p. 4.
stability. Infection of an innocent wife was such an abhorrent image because she was the gatekeeper of the respectable home as a place of refuge and symbol of social order. The concomitant view that 'women were the natural guardians of sexual virtue', also ensured that relatively clear boundaries of respectability existed for women. Not all women were automatically innocent; a woman who exchanged her guardianship for her own pleasure or knowledge compromised her claims to innocence. The innocent wife was not a sufferer in her own right. Her infection represented the permeation of VD into the Australian family. As Simon Watney has argued, the innocent are actually the gateway to the general community. The 1918 amendment to the Western Australian Venereal Diseases Act was understood by some 'to protect a clean and innocent female who may unknowingly be about to enter into a matrimonial alliance'. Protecting the innocents 'from attack' meant defending the perceived point of entry of VD into the broader respectable community. One parliamentarian noted that it was more necessary to get women to undergo treatment than men 'for their own protection, and the protection of the citizens of the state'.

Women's relationship to sexual knowledge also contributed to definitions of their innocence. The Committee Concerning Causes of Death and Invalidity in the Commonwealth recommended that education was of the 'highest importance' in preventing the spread of venereal disease. Yet the 'education' prescribed for either sex was very different. Boys were encouraged to learn 'the lesson of clean-living and continence', but for girls, it was believed that 'ordinary moral lessons' would suffice. This was both because boys were assumed not as easily amenable to 'ordinary moral lessons', and because certain knowledge was believed to threaten women's guardianship of sexual virtue. Given that information itself was considered a potential trigger to sexual activity, its dissemination to 'innocent' women would have compromised their innocence. It was common for doctors to inform their married female patients that they had an 'infectious disease' or 'blood poisoning' rather than 'break up that happiness of the home' by providing women

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314 Ettie Rout, Two Years in Paris, p. 7.
315 Simon Watney, Policing Desire, p. 33.
318 Mr. Mullany, MLA Menzies, Western Australian Parliamentary Debates, 9th April, 1918, 1917-18, vol. 2, p. 1221.
319 Department of Trade and Customs, Committee Concerning Causes of Death and Invalidity in the Commonwealth, Report on Venereal Diseases, pp. 11, 12.
with accurate information about venereal diseases. Curiously, this practice stood at odds with the demands of women’s eugenic role, in which knowledge about health maintenance was considered essential. It is possible that many women lived with chronic venereal disease, were repeatedly re-infected by their husbands or sought no medical treatment, unaware of or embarrassed by the condition. By 1922, of the 33,902 cases reported to the Victorian Health Department since the 1917 legislation, 86% were male and 14% were female. Dr. Gordon Bray of the Prince Alfred Hospital, Sydney noted that the wives that he treated did not come to the clinic independently: ‘We get the women through the husbands’. This was a pattern common to all states, and may in part be attributed to a lack of knowledge and confidence about sexual health among ‘innocent’ wives. It may also be possible that doctors only notified the patients they believed to be ‘spreaders’ of VD outside their own family unit.

Innocent wives theoretically had the support of the respectable population. This support also had its basis in assumptions about male promiscuity. Yet, when it came to the assertion of their rights and redress for criminal infection, they had little real independent power because of the expectations of their innocence. While some feminists demanded women’s ‘right to knowledge’ about the problem, other commentators, warned against ‘a spirit of antagonism against men’. While many pre-war feminists directly challenged women’s sexual oppression within marriage, Lucy Bland has argued that ‘the challenge to male sexual practice evaporated’ during the Great War. Women were not encouraged, even by some members of women’s movement, to leave their husbands after infection, but to cooperate with them in a joint course of treatment. The resolution of Henriette’s tragic infection in *Damaged Goods* saw the Doctor encourage her father to request that she reunite and join in treatment with George:

DOCTOR. You can tell her that a separation will be a calamity for all parties and that her husband is the only person interested in helping her.

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320 See evidence of Dr. Ralph Worrall and Dr. Fourness Barrington, *Progress Report from the Select Committee on the Prevalence of Venereal Diseases*, pp. 292, 308; Louise Creighton, *The Social Disease*, p. 72. Charlotte Perkins-Gilman challenged these politics in a novel in which a female physician tells the wife of a male colleague that he has syphilis. See *The Crux*, (1911).


322 *Progress Report from the Select Committee on the Prevalence of Venereal Diseases*, p. 270.


at any price to save her child... If your daughter consents to forgive and forget, he will not only respect her; he will be eternally grateful.

The Australian Army Medical Services also officially saw itself as under no duty to inform the wives of infected soldiers. In June 1915, May Lavina Stainton requested information from the Defence Department about her husband whom she had believed was sent home from Egypt suffering from pneumonia. She had been informally told that he had VD. Stainton's request for a written statement was denied, in line with policy which saw the military as under no duty to furnish such information.

The response of 'The Centre for Soldiers' Wives and Mothers', a Sydney organisation, suggests that a significant number of women were affected by this policy. They lobbied the Defence Department from 1916, arguing that it was women's right to know if their husbands had contracted VD. Some women, like Bessie Trevan, sought medical documentation to support her petition for divorce in 1917. Although Trevan's solicitor subpoenaed a Langwarrin Medical Officer to testify, the evidence was excluded on the grounds of medical privilege.

The reluctance of the military to release information to wives may be attributable to the privileging of the soldier's own suffering in war. Judith Allen has explored how during the 1920s, women's complaints were apt to be felt as ungrateful and vaguely treasonous in the context of the sacrifices made by men during the war. Women were not offered information that would address their individual needs at the expense of the happiness and integrity of the family unit. Although innocent wives were recognised as unjustly infected, in practice, they had little support in addressing the circumstances of her infection. More was heard about finding a solution for male 'victims' wronged by amateur prostitutes.

Wartime VD legislation directed at 'every person' raised the question of the compulsory examination of innocent wives. Definitions of a woman's innocence

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325 See Australian Archives Department of Defence Central Registry; Correspondents: Mrs. May Lavina Stainton, Mrs. Gertrude Brown, Mrs. J.A.D. Sommers, Mrs. Bessie Trevan, MP367/1, General Correspondence Files, 1917-29; 580/1/908, Re Information to Relatives of Men with Venereal Disease, 1915-19.

326 Her husband had gleet and had spent time in Langwarrin, see Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; 580/1/908.

327 Department of Defence Central Registry, MP367/1, General Correspondence Files, 1917-29; 580/1/908.

328 Fortunately, a friend of Trevan was able to give evidence that the husband had admitted to being unfaithful a number of times, and the divorce was granted on the grounds of 'a repeated act of adultery', see Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; 580/1/908. PROV VA 2624, Master in Equity, VPRS 283, Divorce Case Files, Unit 249, 1917, Divorce Suit Number 13. See also Divorce Suits Number 25 and 5. Husbands also contracted VD from their wives who had extra-marital sex. See Divorce Suit Number 41.

329 Judith Allen, Sex and Secrets, p. 131.
related to her assumed naivety and modesty in sexual matters, and 'the possibility of outraging the feelings of respectable women' was of significant public concern.\(^{330}\) The tightening of the Western Australian and Victorian Acts was particularly heatedly debated. The amendments were proposed to give the state greater powers over recalcitrant sufferers, especially women who were disproportionably under represented. While action against unrespectable women, such as amateur prostitutes, was not regarded as an outrage, the examination of 'innocent' wives was regarded as a direct violation of their innocence. The Contagious Diseases Acts had clearly operated around such a distinction, based on assumptions about the sexual integrity of innocent/guilty women. By 1918, there was significant concern that the equal treatment of 'every person' would blur the distinction between innocent and guilty classes that had protected the respectable.\(^{331}\) The compulsory examination of innocent women attracted such concern because of its effect on 'the girls who have not gone wrong'.\(^{332}\) The Western Australian Parliament was warned, 'once we invade the delicacy and purity of womankind we destroy everything that is best and desirable'.\(^{333}\) The effect of compulsory examination was clearly the destruction of innocence. Hitherto, state examination had been a corporeal violation reserved for the promiscuous or unrespectable guilty classes. Public disquiet at the equalising of all classes of sufferer through provisions relating to 'every person', and the potential examination of innocents, suggests that taxonomies of innocence/guilt were crucial to the popular organisation of the venereal world.

Feminists in particular championed the figure of the innocent wife. In Victoria, the Women's Political Association was concerned that clauses in the Venereal Diseases Act were 'in effect, class and sex legislation'.\(^{334}\) They feared 'CD style' provisions that required little evidence, were open to blackmail and were organised around masculine definitions of acceptable sexual behaviour.\(^{335}\) In May 1918,

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\(^{330}\)The Argus, 5 October, 1917, p. 9.

\(^{331}\)See details of the Brantford case in England, in the evidence of Howard Lovekin, Perth journalist, Report of the Select Committee of the Legislative Council on the 'Health Act Amendment Bill', p. 44.

\(^{332}\)Evidence of Archbishop Charles Riley of Perth (also of the Vigilance Committee of Western Australia), Report of the Select Committee of the Legislative Council on the 'Health Act Amendment Bill', p. 21. See also evidence of Edith Cowan with regard to the effect of examination upon innocent children, p. 27.

\(^{333}\)Mr. Troy, MLA Magnet, Western Australian Parliamentary Debates, 12 April, 1918, 1917-18 vol. 2, p. 1400. Similar issues were raised in the Victorian Parliament; see Victorian Parliamentary Debates, December, 1918, vol. 151, pp. 2186, 3450.

\(^{334}\)Woman Voter, 13 April 1916, p. 3.

\(^{335}\)Women's Political Association, Recommendations in favor of Voluntary Methods of Dealing with Venereal Disease As agreed upon by the Women's Political Association and the Women's
Womall Voter, the publication of the Women's Political Association, reported with horror that men had wrongfully accused city waitresses of having VD under 'elastic vagrancy laws'. The WPA may have advanced the civil liberties of all women, and ascribed prostitution to 'economic causes' and broader structural oppression, but their rhetoric often fell back on categories that divided women. Clara Weeks, for example, criticised the Victorian legislation because police could not arrest 'semi-respectable women' (amateurs) with the same ease as vagrants. In keeping with what has been termed the 'radical feminism' of that era, their campaign was organised around a desire to validate the roles of wife and mother, and negotiate advances for women by affirming their status in the domestic sphere. In some instances, this operated relationally against the women it excluded. Even Christabel Pankhurst made use of a distinction between 'normal women' and, we assume, its opposite. Such feminists conferred a duty of moral guardianship upon women, which required that they 'insist that sexual intercourse is to be permitted for the purposes of procreation only'. The category 'innocent wife' was central to feminist responses to VD. It was not simply a term denoting morality or respectability, but a powerful concept feminists used to frame their concerns about the way venereal diseases affected women, and to speak out against the double standard. Given the limited options for an independent life outside marriage, the delineation of an 'innocent' sphere offered married women a discursive separateness to the husbands who infected them, and other promiscuous women. It offered a form of empowerment which did not require leaving the marriage or compromising their respectability.

Contemporary venereal narratives which focussed on the powerful images of the suffering of 'innocent wives', often diverted attention away from the infidelity of the husband; his 'guilt' receded into the background. This shift of focus is evident from the first to last line of E.T. Bourke's comments:

\[\text{Convention, Fraser \\& Jenkinson, Melbourne, 1916, p. 1. See also Judith Smart, 'Feminists, Labour Women and Venereal Disease', p. 28.}\]
\[\text{336 Woman Voter, 2 May, 1918, pp. 3-4.}\]
\[\text{337 Julie Tisdale, 'The Future Mothers of Our Race', pp. 19, 20, 21; See also The Argus, May 7, 1922, p. 16; Woman Voter, 28 March, 1918, p. 33.}\]
\[\text{338 Sheila Jeffreys, The Spinster and Her Enemies: Feminism and Sexuality 1880-1930, p. 141.}\]
\[\text{See also Anthea Hyslop, 'Agents and Objects'.}\]
\[\text{339 Christabel Pankhurst, The Great Scourge and How to End it, E. Pankhurst, London, 1913, p. 256.}\]
\[\text{340 Woman Voter, 22 July, 1915, p. 2.}\]
A husband may infect his wife. He, it is true, may have become a victim to the disease through some moral lapse, but on the other hand, he may have been blameless. Guilty or not, it does not affect the fact of his wife's innocence.\footnote{E.T. Bourke, *The Venereal Problem*, p. 109.}

This shift in focus away from blame to sympathy for 'innocents' was particularly evident in *Damaged Goods*. Despite George's clear acknowledgment of his own infidelity, the audience is encouraged to look beyond blame. We are asked to understand him as a tragic victim of misjudgment and lack of information rather than a fornicator. Indeed, George's plight becomes his burden as the husband and father of infected 'innocents'. By Act III, the whole family has metamorphosed into an 'innocent family'. The image of the innocent wife within the family, was a rallying point that recognised infidelity, but concurrently served to reinforce the integrity of the family unit. The violation of a wife's innocence brought tragedy on the family, but offered her no independent redress. Husband and wife were encouraged to 'join forces and fight together' and 'forgive' (pre) marital indiscretions.\footnote{Everitt Atkinson & William Dakin, *Sex Hygiene and Sex Education*, p. 73.} Clearly the category of 'innocent wife' made sense only in the context of certain limited normative family dynamics and assumptions about masculinity and femininity.

Popular understandings of the child at this time drew on eugenic models, in which the child represented the future of the race, guarded and nurtured by the mother. Graeme Davison has argued that 1914-20 was the 'age of the child', when social hygienists shifted their gaze from the reform of adolescents to saving children.\footnote{Graeme Davison, 'The City-Bred Child', p. 159.}

The social dislocation and loss of manhood during the war years prompted a rethinking of the significance of children.\footnote{See comments by R.W.D. Weaver, MLA Willoughby, *New South Wales Parliamentary Debates*, 25 July, 1917, vol. 67, p. 245.}

The effects of VD on children took on a new dimension, as George Black noted:

> It is evident, above all things, that if we are to purify the blood of the race we must begin with the children.\footnote{George Black, *The Red Plague Crusade*, p. 4.} The child was already an established symbol of purity and cleanliness, see Sander Gilman, *Sexuality An Illustrated History*, p. 270.}

The infection of 'innocent children' specifically represented the pollution of the race. Venereal disease in innocent children was explained in two ways: prenatal or transmission during birth, or through direct contact with the germs either sexually, non-sexually or via a fomite. The perception that syphilis was hereditary contributed to a broad understanding that venereal conditions were 'race-
slaughtering diseases' that particularly attacked children. It is surprising that although eugenic rhetoric characterised prenatally acquired syphilis as the primary danger to children, the evidence relating to children given at the New South Wales Select Committee (1915) and the Western Australian Select Committee (1918) dealt almost exclusively with the problem of direct contraction of gonorrhoea, which one Sydney physician stated was 'exceedingly common' amongst little children. Venereal disease in children had both hereditary and environmental dimensions that concerned the community. It remains notable, however, that despite a well-developed discourse around hereditary VD, the focus of these inquiries was on direct transmission to children.

Infection in children was commonly thought of as accidental because VD was believed to be frequently spread through casual or non-sexual means. Writing about the 'innocent' infection of children, particularly the direct contraction of gonorrhoea presents a whole range of problems for the historian. While it is important to recognise that interaction and sleeping arrangements with children in the early twentieth century may have involved more intimate contact than we now accept as normal, syphilitic chancres on the genitals, or 'deep infection' of gonorrhoea were not convincingly explained by casual transmission. While a person can be infected digitally or via a fomite, linking this to a genital source, or explaining infection in an unrelated part of the body still presents problems. Vaginal gonorrhoea, for example cannot be easily explained by using a dirty drinking glass. Discourses of innocent infection in children also raise the question of why adult infection was primarily represented within a sexual framework, despite their greater access to household fomites such as razors, pipes and handkerchiefs.

The British Royal Commission offered three explanations for VD in children. Many children, it acknowledged, were infected 'in the ordinary way' by attempts at sexual intercourse. Many others were believed to have picked it up 'indirectly'.
by items, such as cloths and towels 'defiled with gonorrhoeal discharge'. The notion of indirect contagion via a fomite was seldom mentioned in the sixteenth century, but had increased in usage by the early twentieth century. It became part of a miasmic account of venereal disease in the nineteenth century which focussed on the close living conditions in slums, but generally commentators favoured an emphasis on the wickedness of the child, or its violation by an adult during this time. By the 1940s the fomite explanation was widely discredited. During the Great War, however, it was adopted as the standard account for child infection, as a Victorian Government pamphlet explained; 'It may originate as a result of rape, but much more frequently by contact with infected persons or infected fingers, or by means of infected towels'. Such shifts in explanation suggest that explanations for VD in innocent populations were subject to culturally defined parameters at particular historical moments.

Sexual violation of children could be expressed in terms of a specific narrative that men raped virgin children to rid themselves of VD. But, this 'dastardly outrage' contained assumptions about the class, race and culture, narrowing the perpetrator class to only the most savage of men. George Black's argument that it was 'one of the most prolific causes of child abuse', gave the class of child abusers a deviant character, effectively limiting it in size. There appears to have been no model in which to situate child abuse as a sexualized act of power that occurred in respectable families. A body of (mostly British) feminist theory about child sexual abuse which had emerged at the turn of the century, which located children within a gendered model of power, was not publicly evident in Australian wartime discussions of VD in children. In mainstream forums, the use of incest functioned as a powerful rhetorical device for the separation of respectable and unrespectable

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351 Royal Commission on Venereal Diseases, Final Report of the Commissioners, p. 28.
352 Theodor Rosebury, Microbes and Morals, p. 39.
355 Victorian Public Health Department, Venereal Disease: Information Relating to Venereal Diseases, Duties of Patients, and Directions to Parents and Guardians, Government Printer, Melbourne, c. 1920, p. 9. There were some accounts which explained VD in children primarily through 'attempts at sexual intercourse', see W.N. Willis, The Grip of the Venereal Microbe, p. 43.
357 George Black, MLC, New South Wales Parliamentary Debates, 6 December, 1918, vol. 74, p. 3500.
working classes, illustrating the depravity and irredeemability of the latter.\textsuperscript{358} It was in the 1920s that a more individualised psychological framework for incest consolidated. During the war years, explanations fell into a gap between the two. It remained unclear just what sort of 'inner disposition' VD pointed to in children.

When asked to attribute a cause to his estimate of five hundred cases of gonorrhoea in Sydney children per year, Fourness Barrington of the Prince Alfred Hospital appeared at a loss, despite his years of experience: 'It is very difficult to know. I suppose it must come originally from gonorrhoea somehow'.\textsuperscript{359} His colleague Ralph Worrall was quite insistent that little girls contracted gonorrhoea from toilet seats. He argued that the 'tender parts' of girls were formed differently to adult women, and were particularly prone to germs on the broad older style seats. Worrall dismissed evidence offered by government microbiologists that germs could not survive for very long on surfaces such as toilet seats, declaring his experience to be better grounds for assessment: 'I am certain that little girls are contaminated from water closets'.\textsuperscript{360} Gordon Bray's evidence raises some particularly interesting problems. He described cases of gonorrhoeal proctitis on four and five year olds, who were infected both in the vagina and in the 'back passage'. When asked how these children obtained infection, he replied, 'Probably from the parents, on the bedclothes of towels... I have found every case traceable to parental infection'.\textsuperscript{361} This statement poses more questions than it answers: how did the parents infect the child in this manner? Bray's answer is typical of the silences and deflective statements apparent in these discussions. As Lynette Finch has observed, children occupied a particularly problematical place in social theory, as VD had come to assume meaning as an indicator of adult illicity and sexual perversions.\textsuperscript{362} Prenatally acquired syphilis could be expressed within familiar eugenic concepts, but the direct sexual infection of children from respectable backgrounds was an anomaly.\textsuperscript{363} Definitions of innocence for children contained an assumption that children did not experience

\textsuperscript{358} Lynette Finch, \textit{The Classing Gaze}, p. 51.
\textsuperscript{359} \textit{Progress Report from the Select Committee on the Prevalence of Venereal Diseases}, p. 331. It is unclear whether his estimate of five hundred children referred to the cases he saw in his hospital, or in Sydney all together.
\textsuperscript{360} Ralph Worrall Sydney Hospital, \textit{Progress Report from the Select Committee on the Prevalence of Venereal Diseases}, pp. 296, 298 See evidence of John Cleland, Government Microbiologist who stated that 'very few' infections came from articles such as cups and towels. \textit{Progress Report from the Select Committee on the Prevalence of Venereal Diseases}, p. 255.
\textsuperscript{361} Gordon Bray, Prince Alfred Hospital VD Clinic Sydney, \textit{Progress Report from the Select Committee on the Prevalence of Venereal Diseases}, pp. 271-2. See also Lynette Finch, \textit{The Classing Gaze}, p. 68.
\textsuperscript{362} Lynette Finch, \textit{The Classing Gaze}, p. 68.
\textsuperscript{363} Lynette Finch, \textit{The Classing Gaze}, p. 70.
encounters of a sexual nature, unless it was the product of a depraved environment or belief.

Karen Taylor has suggested that in the nineteenth century, doctors consistently denied the possibility of adult/child sexual contact because they were not scientifically and culturally prepared to discover that children acquired sexually transmitted diseases through sexual contact.\textsuperscript{364} During the Great War, the avoidance of sexual explanations may have something to do with a similar reluctance to acknowledge sexual abuse. But the avoidance of sexual explanations may also have been related to the preservation of the category of 'innocent child' within the family. The differences in explanations according to the age of the child offer a clue here. At the Western Australian Select Committee in 1918, Everitt Atkinson suggested that some girls over ten may have been 'tampered with', but attributed gonorrhoea in girls under ten almost exclusively to 'accidental infection'. He argued that the rate of infection, which was five times higher in girls than boys in this age group, proved the greater frequency of 'accidental infection'. While these figures indicated a higher infection rate in girls, they did not demonstrate that it was 'accidental'.\textsuperscript{365} His reluctance to attribute acquired infection to children under ten, suggests that this age was a significant marker in the definition of a child.\textsuperscript{366} It is possible that to Everitt, ten was the beginning of adolescence, which by the early twentieth century, had emerged as a distinct period of development signifying the channelling of sexual energy towards parenthood.\textsuperscript{367} Once a child passed into adolescence, he/she became an agent with a responsibility for their sexual behaviour. At the Western Australian Select Committee, Edith Cowan referred to the increasing number of 'incorrigible' children arguing that there was a 'tremendous amount of depravity among the young members of the community'.\textsuperscript{368} Adolescence was a period of corruptibility fraught with danger to which concepts of innocence appropriate for the child could not be easily

\textsuperscript{364}Karen J. Taylor, 'Venereal Disease in Nineteenth-Century Children' p. 439. See similar argument in Laura Engelstein's 'Morality and the Wooden Spoon', p. 199.
\textsuperscript{365}Report of the Select Committee of the Legislative Council on the 'Health Act Amendment Bill', p. 2.
\textsuperscript{367}Carol-Ann Hooper, 'Child Sexual Abuse', p. 60.
Discourses of innocence ensured that babies could in no way be perceived as 'carriers' of VD. They smoothed out the differences between children with prenatal and acquired syphilis, locating both in a non-sexual realm. Yet, 'innocence' was a fallible concept which indicated more about the context in which children were understood, than their experiences.

The wartime call for all sufferers of venereal disease to be treated equally marked a shift in the production of knowledge about guilt and innocence. It did not, however, signal the disappearance of this taxonomy or its effects. Powerful cultural discourses continued to reinforce the boundaries between classes in public discourse. Indeed, the wartime perception that VD was spreading into classes 'hitherto unaffected' itself required the maintenance of these boundaries. Innocence was not a category which implied equality for all sufferers, rather, it reinforced the polarity between respectable and degenerate sufferers. Innocent wives and babies were discursively released from the full stigma of eugenic unfitness because of their eugenic status as 'the last line of defence' into the fit population, and the absence of sexual agency or intent to infect. But in spite of wartime concern about the 'massacre of the innocents', respectable wives were not permitted sufficient knowledge or agency to address their circumstances. Perhaps for women, as Ettie Rout was to suggest in Safe Marriage, 'marriage is the most dangerous of all our social institutions'.

370 Susan Sontag, AIDS and its Metaphors, pp. 64-65.
371 Ettie Rout, Safe Marriage, p. 17.
Chapter Four.

'A Source of Grim Danger':
Venereal Disease and the Amateur Prostitute.

VENERAL DISEASE

"Unless it can be demonstrated that venereal disease tends to the balance to keep the higher moral, any attempt to obstruct the application of sanitary measures to those disorders is merely as an act of vengeances. Vindication, even if limited to the guilty, and even if it were a real deterrent, is not a moral means of preventing morality."

-Sir Archibald Reid, M.D., M.C., F.R.C.S.

SHALL THEY BE WARNED?

By W. J. THOMAS,
Hon. Secretary Australian Association for Fighting Venereal Diseases

WITH A FOREWORD BY
Dr. J. S. Purdy, M.D., F.R.S.E., D.C.O.
The above table is a sample of entries from an informal Defence Department document titled 'Lists of Female "Contacts"'. The list was probably compiled from information solicited from soldiers at a Melbourne military VD clinic during the war. A significant feature is the fee column, which distinguishes between women who had sex for monetary payment and those who did not. The list documents the wartime endeavour to map the rise of the 'amateur prostitute'. The 'amateur', 'clandestine' or 'half-square girl' was a woman who had sexual relations with a man 'for free', or perhaps in return for company, social outings, entertainment or gifts, rather than anonymous sex for pre-negotiated payment.

372 Dr. Cyril Corlette, Progress Report from the Select Committee on the Prevalence of Venereal Diseases, p. 279; Amateur prostitutes were described as 'a source of grim danger to the health of the men', Truth, 8 May, 1915, p. 3.

373 Lists of Female "Contacts" in Department of Defence Central Registry; MP367/1, General Correspondence Files, 1917-29; 556/44/1473. This list makes no reference to how the data were collected or when. See also 'Lists of Women Contacts' Official History, 1914-18 War, AWM 32, Australian Army Medical Corps Files (Tait Collection), 1906-20; 55, Australian Army Medical Corps units in Australia. Special Hospitals. Venereal. Camp Compound, Lytton, Queensland, Description of the camp and its administration.
monetary payment.\textsuperscript{374} It was this population that was identified as the new source of venereal disease during the war. In 1919, Cumpston pointed to sources that stated that between 45\% and 70\% of venereal infection was contracted from 'clandestine sources'.\textsuperscript{375} Much was made of the threat of 'clandestines', as one commentator noted, 'this army of 'amateurs' is incapable of control, and is the greatest source of infection among men'.\textsuperscript{376}

The chief threat of the amateur was that these 'uncleanly girl beginners' who had sex 'for a supper' were thought to take no precautions against VD, unlike their professional sisters, who some thought, in comparison, were 'the least grave source of danger to the community'.\textsuperscript{377} Moreover, the amateur spread venereal infection, but did not look like a 'prostitute'. She moved between respectable and unrespectable populations, and could not be as effectively policed as street or brothel workers. While the professional prostitute remained a visible outsider, the clandestine infiltrated respectable populations, an agent of corporeal and social decay. During the war years, popular sources reflected a belief that this class of women was increasing and soliciting with less restraint. The rise of the amateur was of such concern because she represented the 'danger of decay from within'.\textsuperscript{378} She was understood as a conduit for the 'foul undercurrent' of VD into respectable families. The amateur was a danger, not because she was an outsider, but precisely because she often appeared to be respectable.

The amateur prostitute of the Great War has received some attention in Australian and overseas historical writing, mostly in relation to her rise and policing. In the British context, Lucy Bland has examined the language of 'protection' that emerged to regulate such women, and Angela Woollacott has explored the effect of

\textsuperscript{374}Lucy Bland & Frank Mort, 'Look Out for the "Good Time" Girl', p. 140.
\textsuperscript{375}H.L. Cumpston, \textit{Venereal Disease in Australia}, p. 35.
\textsuperscript{376}J. King Patrick, \textit{Venereal Disease}, p. 7; see also A.G. Butler, \textit{The Official History of the Australian Army Medical Services}, vol. 3, p. 151.
\textsuperscript{378}W.N. Willis, \textit{The Grip of the Venereal Microbe}, p. 45. Other populations posed a similar threat, including 'wrongful marriages', see \textit{Report of the Select Committee of the Legislative Council on the 'Health Act Amendment Bill'}, pp. 19-20; also prisoners who were not subject to the Prisoners Detention Act in NSW, \textit{Progress Report from the Select Committee on the Prevalence of Venereal Diseases}; pp. 261-6; also immigrants and venereals who are engaged in occupations which permit the dissemination of the disease', George Black, \textit{The Red Plague Crusade}, p. 9.
war upon conceptualizations of female sexuality. Few Australian studies have focussed exclusively on the amateur, and Julie Tisdale's work on the reform of young amateurs in Melbourne reformatory institutions during the Great War represents a significant contribution. Feminists studies, like Tisdale's, have re-read sources for evidence of the agency of amateurs, and exposed the category as one constituted through male standards, which may not have related to women's own subjectivity or experience. Deborah Tyler similarly argues that the discourses that described the amateur were constituted by other prevailing narratives which included the dominant sex-drive discourse through which male sexuality was constructed, and in the intersections of that discourse with theories of adolescence. Clearly, the category represented the tenuous translation of personal desire into public discourse. This chapter primarily draws on existing insights into the policing of the amateur, and examines her perception as a 'clandestine', a contaminator who moved invisibly within respectable populations. This theme has not been closely examined in relation to the broader perception that venereal disease was spreading from degenerate into fit populations. Many theorists of HIV/AIDS have noted that gay and bisexual men currently constitute this 'contaminating class', existing 'on a border between male and female, the virus between life and non-life'. I will suggest that the amateur prostitute occupied a similar position in discourses of the Great War, as a carrier of infection between degenerate and fit classes, who herself bore no visible signs of unfitness. The threat of the amateur prostitute lay in her ability to transgress the boundaries between fit and degenerate classes, and spread venereal disease into regions 'hitherto unaffected'.


380 Julie Tisdale, 'The Future Mothers of Our Race'.

381 This question is explored in Marilyn Lake, 'The Desire for a Yank: Sexual Relations Between Australian and American Servicemen During World War 2'; in Patricia Grimshaw, Ruth Fincher & Marion Campbell, Studies in Gender: Essays in Honour of Norma Grieve, University of Melbourne Press, Melbourne, 1992; see also Michel Foucault, The History of Sexuality, vol. 1, p. 101.

382 Deborah Tyler, 'The Case of Irene Tuckerman', p. 59.

383 Although historians have suggested it, for example see Angela Woollacott, "Khaki Fever", p. 327.

384 Paula Treichler, 'Aids, Homophobia and Biomedical Discourse', p. 66; see also Simon Watney, Policing Desire, p. 103; Debra Jan Bibel, 'Santayana's Warning Unheeded', p. 201; Leo Bersani, 'Is the Rectum a Grave?' in Douglas Crimp (ed), AIDS: Cultural Analysis/Cultural Activism, Massachusetts Institute of Technology Press, Massachusetts, 1988, p. 211.
The wartime category 'amateur' represented the intersection of a number of shifting and historically specific discourses relating to female sexuality. Importantly, the amateur stood at an uncomfortable junction between the fin de siecle notions of womanhood, and nascent models of the 'new woman'.385 The early twentieth century saw the consolidation of the dual Victorian images of women's sexuality - the promiscuous woman, or the prostitute, and the healthy mother'.386 The widespread promiscuity of 'square girls' was an anomaly within this binary. Early twentieth-century ideologies held respectable women to be the custodians of morality, and demanded that they adopt a protective and nurturing role in relation to the family.387 During wartime especially, it became women's duty to set the moral tone for war, 'safeguard soldiers from the perils of our cities'. There was a clear discursive divide between respectable women and their 'weaker sisters'.388 For women, 'every violation of the law of chastity' was held to compromise their respectability and result in 'a sentence of extreme severity'.389 Men's initiation into sex was not understood to be so transformative or devoid of intermediate possibilities.390 Lucy Bland has argued that the term 'amateur prostitute' reflected the difficulty of understanding women's promiscuity outside the dichotomy that defined femininity, that is, in terms other than prostitution.391

The first two decades of the twentieth century were also characterised by an emerging counter discourse which dubbed the era as that of the 'new woman'.392 It was distinguished by a belief that women were becoming 'fast' and more sexually active, although it did not necessarily sanction this. This perception reached its height in Australia by the 1920s, as the new sexological discourse

385The term 'amateur prostitute' was also used during World War II, see Kay Saunders & Helen Taylor, "To Combat the Plague", pp. 22-24.
387The idea that during this period women were considered the custodians of morality has already been well established in Australian and overseas historiography, see Sabine Willis, 'Made to be Moral - at Paramatta Girls' School, 1898-1923', in Jill Roe (ed), Twentieth Century Sydney: Studies in Urban and Social History, Hale & Iremonger, Sydney, 1980, p. 179; Lucy Bland & Frank Mort, 'Look Out for the "Good Time" Girl', p. 135.
390This was a preoccupation that pervaded the cinema of the period, see Annette Kuhn, Cinema, Censorship and Sexuality, 1909-1925, Routledge, London, New York, 1988, p. 63.
391Lucy Bland, 'In the Name of Protection', p. 28; Lucy Bland, "Guardians of the Race", p. 381; Lucy Bland & Frank Mort, 'Look Out for the "Good Time" Girl', p. 140; also see Frank Mort, Dangerous Sexualities, p. 188.
reinforced that women of all ages were imbued with strong sexual desires'.393 Many historians have characterised the period as one which saw the beginnings of the 'sexualizing' of women, and a revision of Victorian notions of female passivity.394 Indeed, Julie Tisdale has suggested that the amateur of the Great War can be linked to the 'modern girl' or the flapper of the 1920s.395 The view that women were becoming increasingly bold in sexual matters, and the dislocation of war, which for women meant the absence of husbands and male relatives, may have broadened the range of opportunities available to women, but the discourses generated around them arguably redefined women’s desire and diminished their sexual integrity. The discourses of the amateur negatively described sexually active women as a 'coercers' who initiated sexual encounters with little discretion, 'who from pleasure, not from pathos, indulge[d] in quasi-restricted promiscuous sexual freedoms'.396 The extent the war actually ushered in sexual freedom remains a debated question.397 Although the war saw an increasing public discussion of women’s sexuality, the discourse of 'amateur prostitution' actually served to focus attention on women as spreaders of venereal disease rather than legitimate and self-possessed sexual agents.

The meaning of prostitution underwent a change during the Great War as the category amateur prostitute broadened to describe the promiscuity of young

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393Judith Allen, *Sex and Secrets*, p. 152. The impact of Freud’s idea had been felt by the 1920s, see pp. 142-143, 152.
395Julie Tisdale, 'The Future Mothers of Our Race', p. 49. During the 1918 Western Australian Select Committee, the term amateur was interchangeable with 'flapper', see evidence of Edward Officer, Perth Medical Practitioner, *Report of the Select Committee of the Legislative Council on the 'Health Act Amendment Bill*', pp. 30, 56.
396Letter to the Chief Secretary (of Tasmania? unclear in source) from Chief Health Officer South Australia, May, 1914, Australian National Library, J.H.L. Cumpston Collection, JHLC 616.95, Various Papers Relating to Venereal Disease.
women both in relation to questions of chastity and the spread of VD.\textsuperscript{398} In 1917, Leonard D. Gilmour called for a modification of Havelock Ellis' \textit{fin de siecle} definition of prostitute as 'a woman who temporarily sells her sexual favours to various persons'. He argued 'there is surely a wider and deeper meaning to the word than that, for prostitution in its original and true sense, means literally the diversion of any act from its natural course to a vile purpose.\textsuperscript{399} During the late nineteenth century, prostitution had been widely understood within a model of 'white slavery' in which prostitutes were defined as enslaved and exploited against their will. 'White slavery' was informed by Victorian assumptions of feminine purity, which held that promiscuity or sex for money was so degrading, no (white) woman would freely choose it.\textsuperscript{400} The term amateur was used during the nineteenth century, but descriptions portrayed her as 'mostly discreet, meeting men at "dancing academies" in a subdued or self-effacing way.'\textsuperscript{401} During the war years, it was possible for the label 'prostitute' to be applied to any promiscuous woman. A professional trade certainly still existed but was changing in character, with a movement of the women out of old city brothel areas into the suburbs.\textsuperscript{402}

The term 'prostitute' and its accompanying narrative of 'fallenness' had certainly had a fluidity about it during the nineteenth century, but its wartime definition related specifically to the perceived role of promiscuous women in the spread of


\textsuperscript{399} L.D. Gilmour, \textit{The National Menace}, p. 9.


\textsuperscript{401} Angela Woollacott, "Khaki Fever", p. 326; Judith Walkowitz, \textit{Prostitution and Victorian Society}, p. 14; Lucy Bland, "Guardians of the Race", p. 380; amateurs were also identified in Victorian Select Committee on the Contagious Diseases Act (1878), see Diane Tibbits, \textit{The Medical, Social and Political Response to Venereal Diseases}, p. 47.

\textsuperscript{402} Judith Smart, 'Feminists, Labour Women and Venereal Disease', p. 59; Chris McConville, 'The Location of Melbourne's Prostitutes, 1870-1920', \textit{Historical Studies}, vol. 19, no. 74, (April), 1980; see evidence of James Mitchell, Inspector-General of NSW Police, \textit{Progress Report from the Select Committee on the Prevalence of Venereal Diseases}, p. 286. The prostitutes in Egypt, France and England were spoken of within different discourses which plotted specific relationships between health and race, see James Barrett \& P.E. Dean, \textit{The Australian Army Medical Corps in Egypt}, p. 123; Ettie Rout, \textit{Two Years in Paris}, p. 28.
disease. Many commentators argued that the war had caused 'interference with the normal supply to the communal sexual demand', and that 'the full and proper expression of the natural impulses of humanity [wa]s impossible under present social conditions'. One Sydney physician argued that war conditions saw 'the development of a sexual appetite in a large number of girls in whom it would probably have lain dormant under peace conditions until marriage'. The promiscuity of amateurs was in part attributed to the effects of 'khaki fever', or their patriotic infatuation with soldiers of the Empire. A writer in Woman Voter, made it clear that by prostitution she meant 'all the varied forms of sexual immorality'. By 1917, the Queensland Parliament heard that a 'prostitute' was a female person who disseminated disease through sexual intercourse.

The category amateur prostitute minimised the question of women's agency and pleasure, ascribing their actions to dubious motives such as trivial gifts, short-term social gain, or the hysteria of patriotism rather than legitimate choice or desire. Certainly, amateurs did not act from a position of uncircumscribed freedom or have the power to totally construct their own pleasure unmediated by broader notions of a heterosexuality which privileged male desire and sanctioned coercion, but in relation to the professional prostitute, they were conferred personal motives other than economic necessity or slavery. Yet, the discourse denied agency to women by constituting them as sexually compromised and lacking the autonomy and coherence of the normative masculine subject. Julie Tisdale argues that the designation 'amateur' functioned to reduce complex, heterogeneous situations and social relations to a manageable uniformity, and to contain and control inexplicable behaviour. Lesley Hall has also argued that 'amateur prostitution' may have

405 Angela Woolacott, "Khaki Fever" p. 332, 328.
been the perception of an older generation or a different social class of what a woman herself may have deemed a reasonable exercise of sexual agency for courtship purposes. The term described what would currently be understood as simply the wide variety of negotiated relationships in which women were sexually active. The association of the amateur with venereal disease also served to censure any notion that women's promiscuity could constitute legitimate desire, and saw desire recast as a betrayal of respectability, womanhood, and innocence. This betrayal related also to the perceived role of the amateur as an importer of disease from degenerate to fit classes.

The imperative to distinguish between the amateur and professional, evident in the 'List of Female "Contacts"', was central to most wartime discussions of venereal disease. Venereal statistics were compiled with a view to identifying the type of 'source', and men were asked 'did you buy it, or was it a gift?' The attempt to track down the woman was based on the assumption that one infected prostitute was much more of a danger than one infected man. It was hoped that more would be achieved by the documentation of the amateur than by any other method of treatment, as her infiltration into the fit population could be charted along with the spread of venereal disease. Categories such as lay/prostitute, love/prostitute characterised male venereal records from this period. One British study of syphilis in the army classified its source in terms of the various guises of clandestine prostitutes, such as laundresses/ waitresses/ publicans/ legitimate mistresses/ legitimate wives. At the Victorian Health Department Clinic, it was revealed that out of 995 cases in 1917, 44.82% of men had 'paid' and 55.17% had 'not paid'. Noticeably, the same categories were not evident in female records. Clearly, men did not constitute a 'source', and there appears to be little interest in documenting classes of infectious men. Indeed, the male prerogative to pay or not pay remained unquestioned, rather, it simply reflected the state of female

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410 Lesley Hall, *Hidden Anxieties*, p. 54.
412 E. H. Molesworth, *The Incidence of Venereal Disease and Method of Prevention*, p. 244.
413 This idea had underpinned the CD Acts, Diane Tibbits, *The Medical, Social and Political Response to Venereal Diseases*, p. 47.
414 Report of Committee - Venereal Disease AIF, Camps' (AAMC units in Australia) 18th May 1916 *Administrative Measures for Dealing with Special Cases of Venereal Diseases*, Department of Defence; AWM 25, Written Records, 1914-18 War, 1913-1920; 267/52; also see Julie Tisdale, 'The Future Mothers of Our Race', p. 16.
415 Meredith Temple-Smith, *The Melbourne Sexual Health Centre*, p. 43; Diane Tibbits, *The Medical, Social and Political Response to Venereal Diseases*, p. 2948 (table); *Progress Report from the Select Committee on Intoxicating Liquor*, p. 156
As Roger Davidson suggests, constructions of delinquency rarely addressed male sexuality. As Roger Davidson suggests, constructions of delinquency rarely addressed male sexuality. Australian state venereal diseases legislation during 1915-20 responded to the wartime transformation of concepts of prostitution. Some wartime commentators attributed the failure of the nineteenth-century Contagious Diseases Acts to clandestine purveyors, and the idea that VD was restricted to professional prostitutes was significantly rejected. The Contagious Diseases Acts had been based on a qualitative difference between the legal infection of male clients and the punishable contagion of women prostitutes who were subject to state examination. At that time, germ theory or transmission by microbes had not been fully accepted, subsequently, VD was understood by many as a constitutional disease confined to the 'lower orders', particularly prostitutes, soldiers and sailors. By 1914, however, advances in bacteriology and VD treatments opened up the potential to address the problem in all classes. Australia's wartime legislation required 'every person' to place themselves under treatment. It was also hoped that clandestine spreaders of disease, like the amateur, could be more easily tracked down.

Although the external sameness of amateur prostitutes was a consideration in introduction of legislation affecting 'every person', no prosecution had been recorded in any state for the knowing infection another person by September 1919. In the 1918 Western Australia Select Committee, it was revealed that men would refuse to sign declarations of infection that would allow amateur

419 Roger Davidson, 'Venereal Disease, Sexual Morality, and Public Health', p. 294.
421 See Woman Voter, 1 February, 1917, p. 3; Burnett Ham, 'The Prevention of Venereal Disease', Australasian Medical Congress, vol. 1, 1911, pp. 691-709.
422 There were still some minor clauses in the state legislation pertaining only to professional prostitutes.
prostitutes to be detained. In 1917, the Victorian Minister for Health noted, that a law that dealt evenly with 'every person' could not be effective against amateur prostitution. He called for a tightening of the 1916 Bill arguing that '... [in Melbourne] there are 4,000 different sources of contagion in the shape of women'. The perceived failings of the legislation highlight what it was hoped to achieve. Amateur prostitution itself was not illegal, and clearly, it was expected that the 'army of amateurs' could be tracked down within the 'enlightened' prostitute-neutral terms of the legislation. The Western Australian Select Committee resolved that the reign of the amateur 'necessitates the extension of the powers of the authorities asked for in this bill'.

Meg Arnot has suggested that the desire to control and the desire to retain access to professional prostitutes explains the peculiar ambivalence of the state to prostitution. To some, professional prostitution was 'a safety valve for collective desire', which in war was 'an absolute necessity', but clearly only under tight regulation. The regulation of amateur prostitutes was almost impossible. Effectively, it was the women who controlled the informal trade, and this control was arguably part of the threat they posed. Responses to the amateur reflected the fear of women's social and sexual independence. The discursive containment and mapping of the amateur, then, constituted a powerful form of regulation, given the practical problems associated with her policing.

Julie Tisdale has pointed to the difficulty of defining who amateurs were. While Parliamentary debates 'generally pictured them as young women from the working class, who worked for a living before marriage, others saw them as those young women on the city streets late at night who congregated around soldiers'. Amateurs were often adolescents who were thought to be subject to erratic and 

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424 Judith Smart has suggested to me the reluctance of men to dob their partners in indicates that the relationship between amateur prostitutes and their partners had an aspect of loyalty or friendship about it.


irresponsible behaviour. They were usually described within an urban environment, which itself was thought to encourage immorality. The women labelled 'amateur' did not represent a homogenous group that were visible, rather, the significance of the term lay in its recognition of prostitutes as 'less distinguishable as a definitely separable class', as promiscuous women from disparate backgrounds who could often pass as respectable. The transitory nature of amateur prostitution, coupled with the ordinary yet diverse appearance of the women and the perceived increase in their numbers, meant that this new 'source' of infection was difficult to trace or prove.

The amateur was not apparent to the public eye. Soldiers were advised that unlike the visible professional, the amateur was almost indistinguishable from her respectable sisters:

You will find the amateur prostitute everywhere. In the chorus at the Pantheon Theatre, behind the counter at Messrs. Snip and Scissors, hastening to fetch you your bun and cup of tea at that little tea-room in What-not-street. When you go abroad you will surely find her in a hundred disguises discreetly veiling the amateur.

The concern about the 'sameness' of the amateur and her imputed ignorance about health matters is reminiscent of the image of 'Typhoid Mary', who figured in nineteenth-century popular fancy. Typhoid Mary was a woman who was asymptomatically infected with the typhoid bacillus, but continued to work as a food handler, even after her infectious state was made known to her. Both figures represented the illusiveness of diseased women who, either wilfully or unknowingly infected others, and raised the problems inherent in their detection. Indeed, a Sydney Police Inspector pointed to the problems in policing amateur

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432 Sabine Willis, 'Made to be Moral', p. 178.


434 Although men were encouraged to reveal the true 'source of their infection', some men may have preferred to attribute it to an amateur than a professional, further obscuring the documentation of the amateur. See Official History, 1914-18 War; AWM 32, Australian Army Medical Corps Files (Tait Collection), 1906-20; 55, AAMC Units in Australia, Special Hospitals, Venereal Camp Compound, Lytton, Queensland, July 1916.


436 Melbourne Church of England Social Questions Committee, Open Letter to the Australian Soldiers who have joined the Forces of the Empire, Melbourne, December, 1915, p. 15.

437 Jan Zita Grover, 'AIDS: Keywords', p. 22.
prostitution because of its clandestine nature, stating that 'it is very rare that such a thing does come under the notice of the police'. Rather, it was in the clinic, that the true signifier of the amateur was made visible, a latent and hidden venereal infection discovered in the bodies of her partners.

During the late nineteenth century, prostitution was commonly understood as the conduit whereby contagion was transmitted from the lower to the higher classes. These discourses of class contamination continued to inform early twentieth century perceptions, but the rise of the amateur prostitute of the Great War saw a reshaping of contamination discourse. The early twentieth century was a time of the blurring of boundaries between the working and middle-classes, but 'respectability' emerged as an important principal which separated classes in terms of morality, sobriety and other markers which indicated eugenic fitness. Some amateur prostitutes were reported to come from the respectable classes: they were both members of and conduits of contamination into the same class. These were women who spread disease but...

... are in no sense prostitutes, who are looked upon to some extent as respectable girls, who live in their own homes, and lead respectable lives.

The amateur upset existing models of venereal importation in which the 'racial poison' only flowed in one direction. She represented not only a channel which jeopardised the containment of VD within unrespectable classes, but carried infection both ways, and was sometimes a member of the respectable classes she infected.

Within fin de siècle eugenics discourse, an identity 'prostitute' found some legitimacy, and it was possible to confer an essential eugenic unfitness on prostitute women. Yet, by 1911, Burnett Ham challenged this correlation by asking how he could determine the 'exact point at which a woman begins to be a prostitute'. This shift reflected the early twentieth century recognition that VD was spread by 'square girls', who were to all intents and purposes, not...

438 Evidence of Thomas Kelly, Sydney Police Inspector, Progress Report from the Select Committee on the Prevalence of Venereal Diseases, p. 328
440 Evidence of Frederick Flowers, Former Minister for Health NSW, Progress Report from the Select Committee on the Prevalence of Venereal Diseases, p. 319; see also Lucy Bland, In the Name of Protection" p. 28; Angela Woollacott,"Khaki Fever", p. 329; Lesley Hall, Hidden Anxieties, pp. 49-50.
441 Amanda Anderson, Tainted Souls, p. 49.
442 Burnett Ham, 'The Prevention of Venereal Disease', p. 697.
eugenically unfit nor full-time prostitutes. It also points to a broadening of categories of sexuality, categories which now mapped sexuality in its many species and perversions.\textsuperscript{443} The category 'amateur' provided a space to talk of widespread transitory female promiscuity which could not be convincingly explained in terms of an essential 'professional prostitute' identity. A similar distinction was evident in the early twentieth-century differentiation between 'true' homosexuals and homosexual acts, but that discourse saw a consolidation of identity over practice at this time.\textsuperscript{444} The rise of the amateur broadened discursive possibilities; female sexuality could now be discussed in terms of practice and passing illicitness. It opened up a space between the two poles of chaste wife and professional prostitute. This meant that amateurs were not necessarily seen as eugenically unfit, but as pursuing a temporary lifestyle from which they could be redeemed.\textsuperscript{445} Meredith Temple-Smith, however, argues that the slow development of treatment facilities for women points to a certain fatalism about the role of prostitutes in the spread of VD, and a lingering sense that fallen women could not be wholly redeemed.\textsuperscript{446} Indeed, Angela Booth's comment on the girls held at Coode Island, a number of whom were amateurs, suggests a persistence of links between venereal disease, mental deficiency, squalor and 'prostitution':

The girls segregated on Coode Island for venereal treatment are of so poor a type that mental tests are unnecessary to convince an experienced observer that they are unfitted to take care of themselves.\textsuperscript{447}

References to the eugenic unfitness of 'prostitutes' of this nature are often difficult to read, because of the ambiguity of the term.\textsuperscript{448} It seems, however, that amateurs were on the fitter end of a continuum with more chance of redemption, unlike their professional sisters, who were thought by D.A. Welsh to be impossible to cure of

\textsuperscript{445}Julie Tisdale, 'The Future Mothers of Our Race', p. 43; Sabine Willis 'Made to be Moral', p. 179.
\textsuperscript{446}Meredith Temple-Smith, The Melbourne Sexual Health Centre, p. 84; also see Lesley Hall, \textit{Hidden Anxieties}, p. 47.
\textsuperscript{447}Letter reprinted in \textit{MJA}, 1919, vol. 2, p. 123. Coode Island operated as a hospital/aszylum for a variety of 'unfortunates' ranging from lepers to imbeciles. A number of vagrant women with venereal disease were held there at this time. It was established in 1886, and used chiefly as a quarantine station for stock, but sheds were also erected for use as sanatorium for bubonic plague patients. A twenty bed treatment and detention facility for women was proclaimed at Coode Island in August 1917. The facility closed in 1922. No comparable facility for venereal patients existed for men. See Meredith Temple-Smith, \textit{The Melbourne Sexual Health Centre}, pp. 51, 53; Julie Tisdale, 'The Future Mothers of Our Race', p. 41; \textit{The Argus}, August 4, 1922, p. 6; James W. Keays, \textit{The Curse of Venus}, p. 55.
gonorrhoea if they had been practicing a long time. Amateur and professional prostitutes both constituted a 'sore upon the social body'. Yet the amateur was a less predictable, less containable lesion. The danger of amateurs was that they were 'out of control', incapable or unwilling to regulate their own activities in line with the interests of the nation as a whole, particularly with regard to matters of sexuality.

Feminist voices in the venereal disease debates of the Great War were quick to dispute claims that state legislation afforded 'every person' the same treatment. Feminists were well aware that existing legislation could be informally used to detain women alleged to be diseased, as the Former Minister for Health in New South Wales put it 'a whisper is given by the police, and a term of imprisonment is imposed instead of a fine'. The Melbourne Women's Political Association conference of 1916 condemned state action that could potentially be used along 'class and sex lines'. Indeed, it was feminist pressure that had secured the redrafting of the New South Wales Prisoner's Detention Bill in 1908, which had originally only provided for the detainment and cure of women with VD longer than their original sentence. A central feature of feminist politics around venereal disease was that it challenged the prevailing one-way flow model. Christabel Pankhurst's book, *The Great Scourge and How to end it* (1913) provided feminists with a useful and cogent framework to challenge dominant views which blamed women for venereal infection, arguing that 'men are constantly infecting and re-infecting the race with vile disease'.

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451 Marilyn Lake, 'The Desire for a Yank', p. 120; Julie Tisdale, 'The Future Mothers of Our Race', p. 25.
452 Evidence of Frederick Flowers, Former Minister for Health, NSW, *Progress Report from the Select Committee on the Prevalence of Venereal Diseases*, p. 320. It was not uncommon for 'morally rotten' women, who were identified as 'immoral' or 'dangerous' to be sentenced to jail, often for six to twelve months, under general vagrancy acts before the venereal disease legislation was introduced. Raelene Davidson has examined how a variety of Western Australian laws were used against prostitutes at police discretion, see "As good a bloody woman as any other...", p. 173
454 Judith Allen, *Sex and Secrets*, pp. 74-75.
455 Christabel Pankhurst, *The Great Scourge*, pp. x-xi. Lucy Bland argues that ironically, the transfer of blame to the amateur during the Great War, drew attention away from emerging feminist critiques of male sexuality in mainstream discourses. It saw the role of men in the transmission of venereal disease effectively lost, see Lucy Bland, 'Cleansing the Portals', p. 206.
feminist challenges were underpinned by a long tradition of critiques of the double standard, demanding a reassessment of dominant constructions of masculinity which many believed to be the 'true' source of VD.\textsuperscript{456} The Women's Political Association held very strongly that the cause of venereal disease was a 'wrong way of life', and its 1916 convention resolved:

\ldots that education, showing the physical, moral and spiritual value of purity of thought, word, and deed, should be the chief agent in combating venereal disease.\textsuperscript{457}

An equal moral standard was understood to be the chief solution to the venereal crisis.\textsuperscript{458} Within this analysis, however, it was understood that 'prostitution and promiscuity are not in accordance with the true nature or man or woman'.\textsuperscript{459} Feminist groups such as the WPA sought to secure an equal standard of chastity for men and women, rather than the right for women to be equally promiscuous. The family remained central to their model, resulting in an ambivalence about the status of the prostitute. While \textit{Woman Voter} condemned legislation targeting the prostitute, it spoke of 'the poisons of the brothel [which] have got into the homes, injuring the wives and children'.\textsuperscript{460} Lucy Bland has examined how feminists had misgivings when faced with such 'unnatural' behaviour in women, given that women were ideally sexually passive and innocent.\textsuperscript{461} Amateur prostitutes presented a particular dilemma, as they were not necessarily economically destitute, and could not be explained as 'coerced' within models of white slavery.\textsuperscript{462} The privileging of the family within much feminist discourse effectively meant that (amateur) prostitutes often, albeit unintentionally, represented the threat of the contamination of 'innocent' women by 'guilty' women. There is a sense that some feminist objections to the extension of state detention and examination rights were bound up with a concern that 'innocent' women would be unfairly caught up in the policing process. Feminist visions of universal chastity and the integrity of the family coupled with the immediacy of the venereal problem, effectively precluded a nuanced discussion of amateurs, one sensitive to the specificities and incongruities in their lives. There was little space within existing feminist discourse for the agency of the 'so-called non-

\textsuperscript{456}Judith Smart, 'Feminists, Labour Women and venereal Disease', p. 30.
\textsuperscript{457}\textit{Woman Voter}, 13 April, 1916, p. 2.
\textsuperscript{458}\textit{Woman Voter}, 28 March, 1918, p. 33.
\textsuperscript{459}\textit{Woman Voter}, 21 December, 1916, p. 2.
\textsuperscript{460}\textit{Woman Voter}, 29 June, 1916, p. 2.
\textsuperscript{461}Lucy Bland, 'In the Name of Protection', p. 42; Judith Walkowitz, 'Male Vice and Feminist Virtue: Feminism and the Politics of Prostitution in Nineteenth-Century Britain', \textit{History Workshop}, issue 13, (Spring), 1982, pp. 80, 83.
\textsuperscript{462}Lucy Bland, 'In the Name of Protection', p. 42.
professional' to be explained, and hence the issues specific to her remained uncomfortably meshed between the fight for 'women' and the fight for the 'family'.

In mainstream forums, amateurs were commonly represented as a violent threat to men, as 'unfortunate women who are instrumental in assisting the downfall of men by their vicious practices'. This has been described as a 'recasting of the Victorian sexual drama, which saw women portrayed as predators and men as victims. Theila Fryers and Violet Lawrence, for example, were identified in 1915 by Melbourne's Truth as 'a terrible menace to our men', with police commenting that the military camp they frequented was 'at one time overrun with women of this class'. They were described in terms of their 'great cunning' in gaining access to the camp, and the soldiers who participated in 'promiscuous sexual orgies' were portrayed as guileless victims of the 'awful danger' of such 'peripatetic prostitutes'. Writing some twenty years later, of the prostitutes Australian soldiers encountered in Britain, A. G. Butler characterised soliciting as an extreme physical threat:

The public had become accustomed to the importunity, reaching almost to violence, of women equipped with every device that experience and the struggle for existence could suggest.

Such allegations of coercion authorized the view that the amateur required strict control. They also served to delegitimize women's individual agency, and denied the possibility of equal reciprocal interaction between them and the general community. Yet, there is evidence that some women did exercise responsibility and negotiation in their sexual encounters. Everitt Atkinson told the 1918 Select

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463 Mr. George, MLA Murray-Wellington, Western Australian Parliamentary Debates, 9 September, 1915, vol. 1, p. 722; The Anglo-American historiography of prostitution has identified contradictory representations of the prostitute as both threat and victim. See Amanda Anderson, Tainted Souls; Judith Walkowitz, Prostitution and Victorian Society; Lynda Nead, Myths of Sexuality; Linda Mahood, The Magdalenes. The space limitations of this chapter prevents a fuller exploration of the representations of the amateur prostitute as a 'victim', see Evidence of Thomas Kelly, Sydney Police Inspector, Progress Report from the Select Committee on the Prevalence of Venereal Diseases, p. 328; The Wardmaster, [T. J. Holmes], The First Book of Knowledge, The Veritas Library, Melbourne, 1922, p. 49.


465 Truth, 'Concupiscence at the Camp', 15 May, 1915, p. 5; see also The Age, 23 February 1915 p. 6; 1 March 1915 p. 10; Evidence of Sergeant Denis Coates, Liverpool Police, Progress Report from the Select Committee on the Prevalence of Venereal Diseases, p. 329; John William Ward, To the Alf, pp. 21-22; Lesley Hall, Hidden Anxieties, p. 47.


Committee of a young woman who infected six men with gonorrhoea after meeting them at an army camp:

When interviewed, she said, 'Well, I told them that I had something the matter with me and they said they would take the chance. When they came back and told me what had happened, I replied, 'I told you so'".\textsuperscript{468}

The boldness of 'harpies' who regarded 'sexual satisfaction as a right' was considered by most as inappropriate for their sex, but the danger of disease made it possible to condemn their forthrightness as almost criminal.\textsuperscript{469} The construction of amateurs as a threat related to their perception as a class of disease spreaders, as Ettie Rout commented:

A man has no more right to go into a venereal area without disinfectants than he had to go into a gas area without a box-respirator: that was the view we all took in Paris in 1918-19.\textsuperscript{470}

The comparison between prostitution and a deadly gas attack, suggests that it was difficult to legitimise female sexual agency because it was not easily disentangled from the spread of venereal disease. The amateur remained a conduit, a vector, an invisible channel of infection into the family. In short, an amateur's sexual agency represented the agency of venereal contagion, and it was difficult to conceive of one independently from the other.

Dominant images of the amateur conceptualised her sexual agency as a medium for the spread of disease. W.S.F. Bottomley's comment that 'as far as possible the prostitute must be made to occupy the position of the "sought" rather than of a "seeker"', suggests that the potential to regulate venereal disease was inextricably tied to the containment of woman's sexual agency.\textsuperscript{471} The role of women police in the later war years, Phillipa Levine argues, was authorised by the widespread perception of a need to control female sexuality, and hence stem the spread of venereal disease.\textsuperscript{472} Women police were introduced in Melbourne during 1917, to 'arrest those who decoyed the soldiers' on their leave.\textsuperscript{473} They carried warrant-cards permitting them 'to extract information from all possible sources with the

\textsuperscript{468}Report of the Select Committee of the Legislative Council on the 'Health Act Amendment Bill', p. 4
\textsuperscript{469}\textit{Truth}, 4 November, 1916, p. 5.
\textsuperscript{470}Ettie Rout, \textit{Two Years in Paris}, p. 45.
\textsuperscript{471}W.S.F. Bottomley, \textit{An Old Plague and a New Remedy}, p. 26.
\textsuperscript{473}\textit{The Argus}, 5 September, 1917, p. 9.
object of saving young girls from ruin'.474 Clearly, as Lucy Bland has suggested, it was the protection of men from venereal disease that was to be secured, in the name of the 'protection' of women.475

As Judith Allen has noted, the pariah status of prostitutes is more readily described than explained.476 The rise of the amateur of the Great War adds a new layer of complexity to these issues. It is evident that while discourses of prostitution may appear expressed in the language of morality, they were organised in relation to much wider social anxieties.477 The 'prostitute' targeted by nineteenth-century Contagious Diseases Acts had been clearly positioned as the 'other outside', a status reinforced by legal examination, or 'instrumental rape', which marked her body as that of an 'outsider'. The amateur, however was the 'other within', who lived on the boundaries between respectable and degenerate populations. Monetary payment no longer defined prostitution, rather a woman's potential as a spreader of venereal disease did. In the war context, amateurs posed a more insidious threat of infection than the professional because many appeared respectable, and often did not bear the external signifiers of eugenic degeneracy. The danger of these 'walking pestilences' lay in their potential to pass as 'just the same', but spread infection from degenerate into respectable classes. The amateur embodied eugenic concerns about slow and undetectable social degeneration and silent decay from within. 'Amateur prostitute' was a category that homogenised individual women's sexual agency, and reduced them to an infectious class. As a Medical Officer at Sydney's Prince Alfred Hospital noted, the rationale for treating amateurs was not to secure their health as individuals, but 'so as to prevent them from spreading infection'.478 The danger of the amateur lay in the disparate and invisible nature of the class and their autonomous sexual agency. Arguably women were given the identity 'amateur prostitute' as a means of making risk visible, and hence more easy to manage.

474Diane Tibbits, The Medical, Social and Political Response to Venereal Diseases p. 130; see also 'Women as Police', The Age, 12 March, 1915, p. 9.
475Lucy Bland, 'In the Name of Protection'.
477Lynda Nead, Myths of Sexuality, p. 110.
478Dr. Gordon Bray, Medical Officer, VD Clinic, Prince Alfred Hospital Sydney, Progress Report from the Select Committee on the Prevalence of Venereal Diseases, p. 266.
Chapter Five.

Prophylactics and 'Fierce Hounds':
Venereal Disease and Venal Husbands.

PREVENTION OF
VENEREAL DISEASE

In view of the frequency and far-reaching results of Venereal Diseases on the Commonwealth Military Forces, it has been found necessary to establish Tents for the prevention of same in the various Camps. The Tent for this Camp is situated.

By the use of the above Tents soon after exposure to infection, Venereal Disease can very often be prevented. To obtain the best results soldiers should therefore make use of same as soon as possible after exposure to infection. The safe margin is 8 hours, although their efficiency has often been demonstrated for a longer period.

Beneficial results have resulted in other Armies by the adoption of these Tents. In some Armies Venereal Disease has been almost abolished, whilst in others it has been greatly reduced, e.g.—At Jefferson Barracks, where new recruits are stationed and the number of Venereal cases was very high, on the above system being established, the rate of Infection was reduced 80%. In 3,800 cases treated only 34 became infected.

By the above figures it can be seen that it is to the advantage of—firstly, the soldier himself; secondly, the army as a whole; and thirdly, the Nation at large, that every use is made of preventative measures provided, when infection has been risked. More so is this emphasized when records show that during the year 1914 7,689 deaths in Australia were directly or indirectly attributable to Syphilis, and probably nearly as many due indirectly to Gonorrhea and its secondary effects.

The use of the above Tents is confidential, and no names are recorded of any one using same.
GEORGE [groaning]. I'm not a rake doctor. My life might be held up as an example to all young men. I assure you, no one could possibly have been more prudent, no one. See here; supposing I told you that in all my life I have only had two mistresses, what would you say to that?

DOCTOR. That one would have been enough to bring you here.479

The 'venal husband' was a key figure in the iconography of suffering of the Great War.480 George, the central character of Brieux's *Damaged Goods* represented this type of man; the prostitute's 'partner in immorality - the man who is the real danger to public health, and who is responsible for the infection of the innocent and the unborn'.481 The category 'venal' has been developed in this study to make sense of the representation of men who were said to spread VD. A repertoire of categories equivalent to those available to describe classes of women, such as 'amateur prostitute', was not apparent for men. Instead, men were predominantly described in terms of the context of their behaviour within individualising discourses. Indeed the above quote, which identifies the man as the prostitute's 'partner' offers him a relational identity rather than a discreet identity of his own. As Lesley Hall suggests, historians face some difficulties in unravelling the 'apparently unitary and transhistorical figure' of 'normal' men, perhaps precisely because of the lack of visible categories to work with.482 The term 'venal husband' offers a way to conceptualise the disparate discourses that described men, and points to their construction as perpetually at risk from their diverse and individual desires. This chapter examines the status of the venal husband in relation to the perception that VD was spreading into classes.

480This icon represents a stereotype, and does not necessarily depict the experiences of men. Indeed we have very little sense of men's relationship to venereal disease, or how they situated themselves public discourses. Lesley Hall warns against homogenisation of a 'male' experience and characterising all men as having universal and undifferentiated power over women. Lesley A. Hall, *Hidden Anxieties*, pp. 5, 12.
482Lesley A. Hall, *Hidden Anxieties*, pp. 1, 2.
'hitherto unaffected'. The concept of venality allows for an analysis of representations of men's promiscuity and their mercenary travels between the worlds of rakishness and prudence. It refers to men whose desires were easily susceptible to corruption, and whose conscience could be bribed by short-term sexual gain.483

Venal husbands, like amateur prostitutes, were often visibly no different from the respectable members of their sex, they were soldiers, ex-soldiers and civilians. Their significance lay in their importation of venereal disease into family life as husband and fathers, their disruption to the eugenic integrity of the family. Heightened concern at the infection of wives and children necessarily focussed attention on the husband as polluter, yet, public discourses struggled to make sense of his guilt. Public commentary was characterised by a tension between the eugenic expectations of men as chaste husbands, and an assumption that the male sexual urge was difficult to regulate. Even some accounts that promoted a social purity agenda were ambivalent about each man's ability to control his desires. This chapter suggests that male promiscuity was represented as 'venal', rather than guilty because of the husband's status as the head of the lineage and assumptions about male sexuality. Effectively, venal husbands could not be publicly ostracised from their families even when they had imported VD into the home. This was because of their role as preserver and protector of the family unit and the meanings of male promiscuity. This chapter uses the debates around the provision of chemical prophylaxis to investigate the processes by which the guilt of the husband was continually deferred.

483A contemporary definition of 'venal' is 'that which may be sold or got for a price: held for sale: mercenary', see Webster's Reliable Dictionary for Home, School, and Office, Thomas H. Russell (ed), E.W. Cole, Melbourne, 1911. This is not to be confused with the term 'venial'.
guilty because of the husband's status as the head of the lineage and assumptions about male sexuality. Effectively, venal husbands could not be publicly ostracised from their families even when they had imported VD into the home. This was because of their role as preserver and protector of the family unit and the meanings of male promiscuity. This chapter uses the debates around the provision of chemical prophylaxis to investigate the processes by which the guilt of the husband was continually deferred.

Chemical prophylaxis was popularised during the war by the provision of 'self-disinfection' kits to Australian soldiers. In Britain, AIF soldiers received free packets, dubbed 'dreadnoughts' containing potassium permanganate solution, to irrigate the urethra, and calomel ointment to smear on the genital area after 'connection' with a woman. They could also purchase condoms, and some medics recommended that calomel could be applied beforehand as a barrier to infection. This was part of a broader 'prophylactic' program which included monthly lectures on continence. The alternative to self-disinfection was 'early treatment' at military medical stations, or 'blue light depots' within a matter of hours after exposure, where soldiers were 'welcomed and treated'. After the Armistice, it was proposed that prophylactic measures should be generally available in Australia, chiefly by returning medical officers, such as James Barrett. Yet, there were some vocal opponents of prophylactics who argued

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484 I use the term 'prophylactics' to refer the self-application of treatments directly before or after exposure to prevent venereal infection. There is some evidence that chemical prophylaxis was advanced in Australia prior to the war, see Diane Tibbits, The Medical, Social and Political Response to Venereal Diseases, p. 169. In Australia and elsewhere, people also consulted 'quacks', rather admit their condition to a doctor, receiving treatments of varying success. There were state government moves to prohibit the sale of treatments by 'quacks' at this time, with the 1915-20 venereal diseases legislation banning anyone but a registered doctor dispensing medication for VD. The role of 'quacks' falls outside this thesis. For a discussion of their role see Lesley Hall, Hidden Anxieties, pp. 54-62.

485 Diane Tibbits notes that condoms were not generally promoted as part of VD prevention because of their association with contraception, see Diane Tibbits, The Medical, Social and Political Response to Venereal Diseases, pp. 94-95.


487 A.G. Butler, The Official History of the Australian Army Medical Services, vol. 3, p. 158. The provision of prophylactics to soldiers throughout the war was by no means standard, and depended on the availability of supplies and appropriate conditions for their distribution. See W.N. Willis, The Grip of the Venereal Microbe, chapter 4, 'Early Treatment Centres: The Australians' Splendid Example'. Early treatment did not offer the freedom of the 'packet', and was not generally perceived as encouraging sex. See Jane Toleron, Ettie, p. 125; Mrs. James Booth, The Prophylaxis of Venereal Disease, p. 11.

488 The extent to which these measures were actually effective was argued by contemporary commentators. For a contemporary discussion of these issues see G. R. Hamilton, Prophylaxis: An Investigation into its use, non-use and mis-use (Australian Army Medical Corps), n.p., c. 1917, unpublished manuscript in 'Various Papers on Venereal Disease', from the J.H.L. Cumpston Collection, Australian National Library, Canberra; B.T. Zwar 'The Army
against 'making vice safe', asserting that men must avoid VD through exercising 'self-regulation'. Prophylaxis presented a eugenic paradox. It promised a reduction in the spread of 'race-slaughtering diseases', but increased the opportunities for expression of the 'baser' sexual instincts: it offered men disease-free transgression between the brothel and the home. A deeper implication lay behind these concerns: if degenerate sexual encounters no longer necessarily carried a stigmata, then how could the polarity between the unfit and the respectable remain meaningful?

Historians have examined the British and American disputes over prophylaxis most commonly by plotting the 'moral' and 'medical' arguments on either side.489 Recently Lucy Bland has looked at aspects of gender in the debates.490 Yet, most existing studies offer only a cursory questioning of the assumptions about sexuality embedded in contemporary accounts, or what the (assumed male) 'sexual impulse' meant in 1914. Patsy Adam-Smith, for example, has offered an apology for promiscuous soldiers by asserting that their 'sordid task begets sordid passions'.491 Similarly, Milton Lewis, drawing on notions of repression, concluded that the military prescription for the VD problem was 'self-control of sexual impulses' and that 'public discussion of human sexuality was suppressed'.492 This chapter examines the provision of prophylactics in terms other than moral repression or medical rationality, and recasts it as a question about the nature of the 'self-regulation' and the meaning of transgression that

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490 Lucy Bland, 'Guardians of the Race': From a public health perspective they have been interpreted as an example of the role of lobby groups in the creation of health policy, see Bridget Towers, 'Health Education Policy 1916-1926: Venereal Disease and the Prophylaxis Dilemma', Medical History, vol. 24, 1980.

491 Patsy Adam-Smith, The Anzacs, p. 219. Adrian Howe has called her a 'male identified historian' presumably for comments such as this, see Adrian Howe, 'Anzac Mythology and the Feminist Challenge', Melbourne Journal of Politics, vol. 15, 1983-4, p. 20.

prophylactics offered to men as husbands and fathers. Prophylaxis threatened to separate out the dual meaning of 'clean' which social hygiene discourses had fused together; the moral and the corporeal. The transgression that prophylactics offered men disordered the very categories that organised the boundaries between degenerate and healthy populations. If pollution is 'any object or idea likely to confuse or contradict cherished classifications', then prophylactics were polluting to the sense of order and boundaries that venereal disease offered between the respectable and the unfit.493

Prophylactic knowledge was organised around a gendered view of transmission. VD prevention measures were firmly premised on the assumption that the family was the sole arena of sexual activity for respectable women, but that non-marital sex was almost unavoidable, even for respectable men. The message in contemporary VD prevention films was that all forms of sexuality were dangerous for women, but for men only promiscuity represented a danger.494 Unlike the promotion of the condom in the 1990s, in terms of universal protection of a range of sexual activities, prophylactics during the Great War were spoken of specifically in relation to the spread of VD into the family via the 'venal' husband. Although Ettie Rout and Marie Stopes promoted prophylactic knowledge for women, the general view was that 'prophylaxis in women, for anatomical reasons does not offer the same prospect of success as in men'.495 As Lucy Bland has noted, prevailing discourses of prophylactic provision deprived women of their sexual agency and the capacity to act responsibly.496 The 'unavoidable' nature of sex for men meant that prophylaxis was a necessary accessory to their eugenic role as husbands and fathers.

Prophylactic knowledge was framed in terms of 'protection' of the innocent. The archetypal narrative of infection at this time, dramatised in Brieux's play Damaged Goods, was:

493Mary Douglas, Purity and Danger, p. 36.
494Annette Kuhn, Cinema, Censorship and Sexuality, 1909-1925, p. 53.
The point of prophylactic intervention (*) was one at which 'venal' men protected 'innocent' women and babies, rather than allowing the innocent to seize power and knowledge about sexuality to 'protect themselves'. It was for the sake of the innocent, argued Alfred Taylor, that steps must be taken to teach the promiscuous how to avoid contagion. Such was the power of prophylactic knowledge, that it could not be given to wives. To offer the innocent the means with which to protect themselves would be handing them sexual agency. Ironically, by denying women full sexual agency, prophylaxis discourse implied that it was only 'venal' men who could act responsibly. It is curious that innocent women were constructed as the 'guardians of the race', but not responsible enough to be given prophylactics. The 'protection' of women, as Lucy Bland has noted, denoted a 'safety' that was to be achieved through surveillance of female sexuality, rather than its empowerment or agency. 'Protection' in prophylactic discourse, referred to the duty of (future) husbands and fathers to exercise their urges responsibly.

The terms of the public prophylactics debate recognised a male 'sex instinct' which was not easily curbed. Although there were strongly prevailing ideologies which promoted continence for men during the early twentieth century, war altered the context in which they could be advanced. During wartime, it has been suggested, public codes of legitimacy more readily excuse male lapses than female ones. The question of whether men's sexual desire was a drive or a choice, whether it was controllable or not became a central issue. Was the sex instinct amenable to 'self-regulation'? Or was it an inevitable and powerful instinct, which could justify prophylactics as a solution to the venereal problem? D.A Welsh

498 Lucy Bland explores this theme in "Guardians of the Race", p. 385.
referred to male sexuality using animal metaphors, and like many commentators, characterised it as a force which was difficult to tame:

Within our flesh are kennelled fierce hounds, ready to work havoc if we should slip the leash. There, too, in some mysterious way, is housed a being with spiritual aspirations and a spiritual destiny. How much we are to demand of the spirit of man, and how much we are to concede to his flesh, are questions each must answer. 

The image of 'fierce hounds' was a typical image of male sexuality in this era. It described the positioning of desire within the body, but offered little definite about its control by the individual. Dominant early twentieth-century models of male sexuality had understood man as 'an intelligent creature being mounted on a spirited horse' which he had to master. Yet the extent to which the 'spirited horse'/"fierce hound' could be mastered remained a point of contention.

Kereen Reiger has observed that the impact of Freud's psychological theories of innate sexual drives, saw less optimism in post-1914 literature about the ability of the individual 'to allay the sexual urge, even with cold baths, sports and other strategies of corporeal discipline'. Models of sexual behaviour, influenced by psychoanalysis and sexology, now understood the drives of humans through a new invisible force, sexuality, which replaced morality as the primary grid through which knowledge about society and behaviour was organised. One legacy of sexology was essentialism, the definition of sexuality as an innate 'inner force', or persistently recurring 'impulses', perceived to be common to all members of the species, which were heritable, and to which different behaviour patterns were a response. Regulation of the sex instinct was believed to lie within the body of the individual: 'the internal biochemistry of the individual became the site of focus,'

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503 Frank Mort, Dangerous Sexualities, p. 194.
504 Lesley Hall quoting Jane Hopkins' metaphor from True Manliness in Hidden Anxieties, p. 27, see also p. 3.
507 Jeffrey Weeks, Sexuality and its Discontents, p. 8 also p. 67, 78, 83. Weeks differentiates the twentieth-century 'sex instinct' by putting it in the context of sexology: 'where the sexual theorists differed from their canonical precursors was in their effort to put this model on a scientific basis by attempting to define the ultimate nature of this instinct.' pp. 80-81. For an example of the new understanding of the sex impulse, see Professor Wilson, 'Address to Undergraduates', University of Sydney Society for Combating Venereal Diseases, Proceedings of the University of Sydney Society for Combating Venereal Diseases II, p. 6.
not environmental factors'. The belief that sexual drives held such command over the body allowed the detailed discussion of the sexuality of the 'types' of people who spread venereal disease. In particular, it made possible the conceptualization of venal husbands in terms other than moral judgements, and authorised the view that a man's sex instinct was out of his control. The terms of the debate around prophylactics saw men's relationship with their sexuality cast as a 'struggle', and their guilt heavily contextualized or redefined as 'venality'.

Many commentators on male sexuality referred to sex as a 'natural' racial urge: 'it is ... a perfectly natural desire, and its gratification is entirely blameless, provided it be in a lawful manner.' Yet such discussion grappled with accounting for unlawful 'urges'. As D.A. Welsh noted, the apparent naturalness of the impulse was no guide to its actual appropriateness: 'It is not always right to gratify an appetite however natural that appetite may be.' Welsh's argument raises questions about contemporary references to nature as a guide and standard for determining the limits of sexuality. The essentialism evident in these accounts was beset by an enduring paradox. The sex instinct was promoted as natural, yet had to be attained, inevitable but constantly threatened, spontaneous yet in effect to be learnt. Instinct brought 'its own reward or punishment': it was a natural force, but also had destructive potential that required social constraints. This essentialist versus constructionist struggle runs through descriptions of self-regulation. For example, Willis in The Grip of the Venereal Microbe observed that 'the entirely natural impulses of manhood, may prove too strong for many men, yet only a few pages previously, he had chastised the 'weak and foolish' men who go with prostitutes. There was little consensus as to what degree the sex instinct actually could be controlled. While a colleague of Welsh's advanced that 'the capacity for self-control or conscious inhibition is one of the most distinctively human attributes,' it is unclear whether this self-control was itself a natural mechanism or learnt skill. One explanation for the wide variation in each man's

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508 Frank Mort, Dangerous Sexualities, p. 164 See also Peter Carl Botsman, The Sexual and the Social, p. 248, 250, 290.
509 T. A. Stuart (Dean of the Faculty of Medicine), Proceedings of the University of Sydney Society for Combating Venereal Diseases II, pp. 4-5. See also D.A. Welsh 'The Predisposing Causes of Disease and Disaster', Proceedings of the University of Sydney Society for Combating Venereal Diseases II, p. 10.
510 D.A. Welsh, 'The Predisposing Causes of Disease and Disaster', p. 10. Italics in the original. See also p. 15.
511 Jeffrey Weeks, Sexuality and its Discontents, pp. 84-85. Weeks makes the point that the sexological definition of a 'natural' sex instinct was heterosexual.
513 W.N. Willis, The Grip of the Venereal Microbe, p. 76.
514 Professor Wilson, 'Address to Undergraduates', p. 6.
capacity for self-regulation was that the sex instinct was only partly evolved. Some advocates of prophylactics maintained that medical preventives were a necessary short-term measure to stop the spread of venereal disease until promiscuity of some men could reach a higher level of evolution. Male promiscuity was generally understood as an urge 'deeply rooted in primitive instincts and habits.' Its control was also believed to be related to age, with less responsibility expected of men under 21. These variables made it difficult to definitively secure the regulation of the instinct. In effect, they produced complex definitions of what was 'natural' and what was respectable for men. Self-regulation relied on policing of the self; it meant that there could be no singular discourse which constituted a recommended physical and moral model of sexuality, and that it was impossible to give a general answer on how or where normality began for each individual.

Self-regulation required knowledge, yet its dissemination remained fundamentally problematic. The provision of prophylactics raised real concerns about the power of knowledge and its incitement to sexuality. As one commentator observed, 'If knowledge were enough, certain medical students and doctors would not, through immorality, have become victims.' There was some concern that prophylactic knowledge itself could act as a stimulus to sexual activity in young men, and claims that, like sex education, 'the actual knowledge of the danger is in itself the danger.' Prophylactic information was given to troops explicitly not in the spirit of 'encouraging' them. The dissemination of knowledge was accompanied by warnings about the power that new forms of self-regulation offered:

515This was a sexological concept, see Sander Gilman 'Sexology, Psychoanalysis and Degeneration: From a Theory of Race to a Race to Theory' in J. Edward Chamberlin, & Sander Gilman (eds), Degeneration: The Dark Side of Progress, Columbia University Press, New York, 1985, pp. 77-78; see also D.A. Welsh, The Prevention of Venereal Disease, p. 8.
516Professor J. T. Wilson, 'Our General Attitude Towards the Problem', University of Sydney Society for Combating Venereal Diseases, Proceedings of the University of Sydney Society for Combating Venereal Diseases I, p. 10.
517Professor J. T. Wilson, 'Our General Attitude Towards the Problem', p. 6.
518Deborah Tyler, 'The Case of Irene Tuckerman', pp. 56, 58.
521Reverend A. Deans, Venereal Disease from the Ethical Point of View, p. 25.
523Milton Lewis, 'From Blue Light Clinic to Nightingale Centre', p. 5.
... the sensual desires, the flesh, are what have to be kept in subjection, and to do this the wisest plan is to think about them and speak about them as little as possible.524

This concern about the control of knowledge was not simply about suppressing public discussion, but rather reflected the belief that the sex instinct was susceptible to incitement. Discussions about the venal husband were characterised by the danger of incitement inherent in prophylactic knowledge, and other factors which could increase the chances of a man's 'fierce hounds' slipping the leash.

Some commentators justified the provision of preventives to troops during wartime, on the grounds that primitive urges were released in the environment of war. War itself was understood to broaden men's exposure to new temptations and 'stimuli', as the restraints of home were temporarily cast off.525 'Temptation' was understood as one of the dangers that came to individuals 'through their body'.526 It was an essentialized response to external factors. Guy Thornton's With the Anzacs in Cairo was a careful rationalisation of the experiences of 'venal' soldiers in Egypt. Thornton argued that, given the 'abnormal' temptations of Egypt, 'the wonder is not that so many fell, but that so many stood'.527 The promiscuity of 'venal husbands', in Thornton's view then, was a normal response to the unfamiliar enticements of Egyptian women. On the homefront, the amateur prostitute provided more familiar, but apparently equally irresistible enticements. Thornton writes of rescuing 'scores of men' from themselves, yet much of his account is spent assuring the reader that only a 'minority' behaved in a disorderly manner.528 Thornton's comparison of 'normal' and 'abnormal' temptations suggests that even the strongest sense of self-regulation was undermined from the outset. His model implies that there was nothing essentially uncontrollable about the men, but that external influences caused them to be in a constant state of potential uncontrollability.

'Artificial stimuli' were held to undermine male potential for self-control. 'Venal husbands' were sometimes described as those whose adolescence or home environment had not been conducive to receiving the right knowledge about sexuality. The importance of parental guidance in helping young men restrain their

524Louise Creighton, The Social Disease and How to Fight it, p. 74.
525See Klaus Theweleit, Male Fantasies (vol. 2).
526Louise Creighton, The Social Disease and How to Fight it, p. 73.
527Thornton used a narrative of 'fallen' men, in Guy Thornton, Chaplain-Captain to the New Zealand Expeditionary Force, With the ANZACS in Cairo, pp. 78, 11.
528Guy Thornton, With the ANZACS in Cairo, compare p. 51 with pp. 101, 63.
sex urges was emphasised in one US venereal diseases film of the era, *The End of the Road*.529 The exposure of young men in the army to the coarse and crude talk of older men or 'undesirable characters' raised similar concerns about the susceptibility of men to sexual knowledge and suggestion. Both Angela Booth and D.A. Welsh offered 'the compulsion of companions' as a threat to self-restraint.530 There had been a panic about 'youth morals' since the turn of the century and this, coupled with the notion that sexuality was a 'drive' transformed adolescence into an almost pathological condition.531 Within broader debates about sex education, there was some concern that the 'right' information would be received, from the right sources, and that not too 'wide' a knowledge would develop.532 Advocates of prophylactics often advanced their case by pointing to the limited and accurate nature of their information.

The meaning of alcohol in discourses around the sex instinct also served to reinforce its unpredictability. Alcohol was discussed in terms of its power to unleash desires and render the sex instinct of the drinker less controllable:

...as soon as it finds its way into the brain, [it] attacks the moral susceptibilities, the highest attribute of man; the thing which distinguishes him from the brute beast, and in a few minutes transforms him from a highly civilised being into a ravening lunatic or a barbarous savage...533

Alcohol was constructed as an agent that stimulated 'the most primeval of instincts', the sexual impulse.534 Guy Thornton remarked that it caused normally moral men to become 'temporarily immoral'.535 Angela Booth argued that it was social forces like alcohol, that were responsible for 'promiscuous living', and not the sex impulse itself.536 The role of external stimuli in definitions of male sexualities was significant in contemporary sources. Indeed, male behaviour was rarely discussed in the absence of temptations or incitements. These were integral

530Mrs. James Booth, *The Prophylaxis of Venereal Disease*, p. 8; D.A. Welsh *The Predisposing Causes of Disease and Disaster*, pp. 11-12.
532A number of Headmasters gave evidence at the NSW Select Committee and discussed this concern, see *Second Progress Report. Minutes of Evidence taken before the Select Committee on the Prevalence of Venereal Diseases*, pp. 354-370.
536Mrs James Booth, *The Prophylaxis of Venereal Disease*, pp. 11, 8.
to definitions of the 'venal husband' as an individual susceptible to his own weaknesses.

The perception that the male sex instinct took an 'explosive form'\(^537\) was shared by advocates and opponents of prophylactics alike. Richard Arthur, recognised that the natural sexual impulse in young men 'surges up with tremendous force, calling for gratification', yet he promoted self-control rather than chemical prophylaxis against VD.\(^538\) James Barrett certainly promoted continence as the first line of defence against venereal disease, but was quite fatalistic about men's capacity for self-regulation, and promoted prophylactics understood that the urge could not always be controlled.\(^539\) Clearly, both acknowledged that the instinct was a powerful urge, and were disputing the efficacy of its self-regulation. Arguably, Ettie Rout, of the New Zealand Volunteer Sisterhood, was the most vocal advocate of prophylactics during the Great War. She all but completely denied the potential for control of the sex instinct:

\[
\text{I am putting no impossible ideal before you. I know there is no possibility of extinguishing or paralyzing the sexual instincts of living man, I am asking you only to Keep Clean.}\(^540\)
\]

Some historians have characterised Rout as a medical pragmatist, who adopted a pro-prophylaxis stance simply because it appeared to be the most direct way to stem the spread of venereal disease. While she certainly did argue that 'prevention of these diseases - not cure - should be our immediate aim', it was perhaps her model of male sexuality which made her pro-prophylaxis position so challenging.\(^541\) Rout championed male sexual impulses, and used their inevitability to legitimise prophylactic measures to reduce the risk of venereal disease. During the war, she argued, 'women were simply \textit{indispensable}' for some men. Rout fiercely challenged puritanical 'social-uplifters' who were, as she

\(^{537}\)Mrs James Booth, \textit{The Prophylaxis of Venereal Disease}, p. 9, Maybanke Anderson, \textit{The Root of the Matter}, p. 11.

\(^{538}\)Richard Arthur, \textit{Keep Yourself Fit}, p. 11.

\(^{539}\)See James Barrett, \textit{The Twin Ideals}, p. 49; See also George Black, \textit{The Red Plague Crusade}, p. 22.


\(^{541}\)Ettie Rout Letter to the YMCA in London, May 1917, Department of Defence; AWM 11, Australian Imperial Force Administrative Headquarters Registry, 'A' (Adjutant - General's Branch) Medical (Subject) Files, 1915-20; 1528/1/13, Control of Venereal Disease among Overseas Troops, 1917.
saw it, futile in their attempts to repress human sexuality.542 'A social order based on sex-repression', she argued, 'is necessarily unstable - and explosive'.543 Yet, Rout accepted the prevailing narrative of infection, which meant that men had to protect themselves from women. 'Continually I had to warn the men that ALL these girls were dangerous: it could never be otherwise.'544 She rejected purity arguments that prophylactics would lead to a 'spiritual death', arguing that 'generally speaking the world will be neither better nor worse morally by the elimination of venereal disease'.545 Her vision of sexuality was premised on the removal of and fear and ignorance about contraception and venereal disease, and a freeing up of relations between the sexes so that 'mutual love' would be the determining factor in sex:

The remedy lies partly in changed social conditions, and partly in the hands of the Woman Herself. She must cease giving when she is not in love, and cease withholding herself when she is in love.546 Rout’s understanding of sexuality was eclectic, and in some ways reminiscent of elements of contemporary free-love and utopian thought.547 Perhaps uniquely, she tried to encourage 'Joy-Girls' themselves in France to participate in anti-VD programs.548 Rout rejected the label 'feminist' because of the associated agenda of social purity.549 Part of the controversy about her position was that she offered women sexual agency beyond the identity of 'guardian of sexual virtue'. She challenged the civilising and 'taming' imperative given to women during the war by focussing 'on the needs of the men themselves'.550

Unlike Rout, prevailing feminist models of male sexuality significantly critiqued the idea that men's sexual impulses could not be controlled. Pre-war feminists had presented powerful challenges to male behaviour, 'in particular they set out to defeat the idea that male sexuality was a powerful and uncontrollable urge'.551 The war years saw groups such as the WPA continue this challenge, and reject the

542Ettie Rout, Two Years in Paris, p. 11.
543Ettie Rout, Two Years in Paris, p. 12.
544Ettie Rout, Two Years in Paris, p. 10. Capitals and underlining in the original.
545Ettie Rout, Two Years in Paris, p. 48.
546Ettie Rout, Two Years in Paris, p. 8.
547These movements discussed in Linda Gordon & Ellen Dubois, 'Seeking Ecstasy on the Battlefield: Danger and Pleasure in Nineteenth-Century Feminist Sexual Thought', p. 16. Rout's views did not sit well with the New Zealand military, see Memo by Burford Sampson O.C. AIF troops Paris Feb 1919, AWM 38, Official History, 1914-18 War: Records of CEW Bean, Official Historian, 1914-36; 3DRL 6673/149.
548Ettie Rout, Two Years in Paris, pp. 9, 11.
549Jane Tolerton, Ettie, p. 96.
double standard which condoned men's promiscuity. The feminist appeal to a 'higher instinct' was a powerful one with a solid grounding in mainstream temperance and social purity ideologies. The solutions to the VD problem outlined in Pankhurst's *The Great Scourge* were centred around the imperative that men control themselves. She offered a litany of medical proofs as to why this was possible: 'There are no organs so much under control as those of generation'.\textsuperscript{552} But again, it was unclear whether this imperative could be equally and surely achieved by every man. Venereal disease itself, she argued pages later, caused an inflammation which 'morbidly stimulates their passions'.\textsuperscript{553} Feminists posed a strong challenge to the inevitability of the sex instinct, although the uncertainty of each man's 'struggle for self-mastery' served to make the feminist vision of male continence less sure.\textsuperscript{554}

Most mainstream feminist commentators echoed assumptions about active male/passive female sexualities, but promoted greater self-control rather than prophylaxis, accepting women's sexual powerlessness with men as inevitable to some degree.\textsuperscript{555} Their agenda was to secure the protection of women from the worst consequences of the male 'sex instinct'. Angela Booth, like other feminists, argued that continence and education to improve sex-morality would secure better outcomes for women:

> You may stamp out venereal disease by prophylaxis, but, even if you do, what will you have gained? A generation of, perhaps, physically clean men and women, but over whom hangs the shadow of a spiritual death.\textsuperscript{556}

Feminists advanced male purity in a number of ways, but its attainment presented problems. Angela Booth, for example, asserted that it was women's responsibility to assist men with their self-regulation, claiming that the chief duty of women in combating venereal diseases was 'to insist that sexual intercourse is to be permitted

\textsuperscript{552}Cristabel Pankhurst (Quoting G.M. Humphrey, Professor of surgery at the University of Cambridge), *The Great Scourge and How to End it*, E. Pankhurst, London, 1913, p. 53.
\textsuperscript{553}Christabel Pankhurst, *The Great Scourge and How to End it*, p. 124.
\textsuperscript{554}Louise Creighton, *The Social Disease and How to Fight it*, pp. 64-5.
\textsuperscript{555}The feminist ideals of the WPA reflected contemporary radical feminism, which did not question most traditional gender roles but stood for a 'gentler modern state', see Judith Smart, *War and the Concept of a New Social Order*, p. 63; some historians argue that feminist politics became more conservative in the years leading up to the war also see Linda Gordon & Ellen Dubois 'Seeking Ecstasy on the Battlefield', p. 16; Frank Mort, *Dangerous Sexualities*, p. 183.
\textsuperscript{556}Mrs. James Booth 'Prostitution' in Worker's Educational Association of New South Wales, *The Teaching of Sex Hygiene: Report of a Conference*, Gullick Government Printer, Sydney, 1917, p. 36. As Judith Smart notes, however, not all feminist opposed the provision of preventive measures. Some concessions to regulatory legislation for prostitution and other short-term solutions like prophylaxis, were evident in labour women's approaches to venereal disease, see 'Feminists, Labour Women and Venereal Disease'.


for the purposes of procreation only'.\textsuperscript{557} Louise Creighton asked women to recognise that 'chastity is more difficult for men than for women, and indeed called on them to 'help men conquer it'.\textsuperscript{558} This belief that men required assistance to control themselves fitted well into contemporary feminist ideologies which held that women were custodians of a civilising power, 'a spirit of world motherhood'.\textsuperscript{559} But this claim to an essential female power was dependent on the continued inability of men to master self-control. Although much feminist discourse challenged the inevitability of male promiscuity, the models of continence and chivalry they advanced recognised a potential or inherent 'explosiveness' of the male sex instinct.

The notion of chivalry was evident in commentaries influenced by social purity ideologies. Richard Arthur's belief on prophylactics was that 'there existed but a thin barrier which divided them from sexual crimes'.\textsuperscript{560} Arthur lectured to Australian troops on the advantages of continence during the war, and argued against the provision of prophylactics and the regulation of prostitution, on the grounds that they were measures of 'negation and pure pessimism as regards human nature'.\textsuperscript{561} In such lectures, soldiers were assured that continence was neither dangerous nor necessary to manliness, and in fact necessary to military fitness.\textsuperscript{562} Arthur questioned the actual success rate of prophylactics, arguing that their alleged efficiency was subject to a number of factors.\textsuperscript{564} He placed store by the 'higher instincts' in man that could temper sexuality, challenging 'the assumption that the sex instinct cannot be controlled'.\textsuperscript{565} The model he established was one in which a man's 'higher instincts' and 'sex instincts' were struggling within the one body:

\begin{quote}
It is folly to ignore the existence of this natural [sex] impulse in every healthy, normally-constituted young man. But I am equally convinced
\end{quote}
that... the average man can, without insuperable difficulty, call his passions to heel.\footnote{Richard Arthur, *The Military Problem of Venereal Disease*, p. 9.}

Ultimately, Arthur had faith in the self-regulation of the 'average man', but by implication doubted its efficacy in other types of men. Even for the 'average man' though, self-regulation was again like controlling an inner animal.

An appeal to the 'higher instincts' of men was a common theme, but amongst commentators, there was divergent opinion as to whether it could override the sexual urges. D.A. Welsh argued that first line of appeal should be to continence and a 'higher morality', rather than a fear of venereal disease.\footnote{D.A. Welsh, *The Prevention of Venereal Disease*, pp. 5-6; see also T.A. Stuart (Dean of the Faculty of Medicine, Sydney University) *Proceedings of the Sydney Society for Combating Venereal Diseases*. II, p. 3.} Welsh's ambivalence about the effectiveness of these 'higher' instincts was revealed, however, as he admitted using fear to 'buttress his appeal' to continence.\footnote{D. A. Welsh, *The Prevention of Venereal Disease*, pp. 9-10.} Part of a man's 'higher instinct' was his sense of responsibility towards women. It was on these grounds that male continence was promoted by some.\footnote{John William Ward, *To the AIF: An address by the Venerable Archdeacon Ward, Chaplain to the Forces*, p. 22} In 1917, C.E.W. Bean suggested the establishment of an 'Australian League of Honour' which promoted 'chivalry, manliness and self-restraint', recognising that the troops had been removed from women's trust and influence. He promoted a masculinity which encouraged men to take responsibility for themselves, and overcome the influence of external stimuli. Men were encouraged to recognise their own potential for self-regulation. It appears, however, that this was integrally linked to the potential to regulate women. His appeals for male continence were premised on the 'protection of women from their lower selves.'\footnote{Bean was modelling this group on similar social purity groups for men in Britain such as 'The White Knights of Dartmoor' see Official History, 1914-18 War; AWM 38, Official History, 1914-18 War: Records of CEW Bean, Official Historian, 1914-36; 3DRL, 7447/22, Part 3, Papers, 1916-34; consist mainly of letters from Lucy Bean, Merton Alcon, Rev. Edward Bean, et al; subjects covered include home rule for India, war trophies, venereal disease, Bean's financial affairs etc., 1916-34.} Bean wrote that '... one weak woman can do little or nothing. Everything lies with you men'.\footnote{Official History, 1914-18 War; AWM 38, Official History, 1914-18 War: Records of CEW Bean, Official Historian, 1914-36; 3DRL, 7447/22, Part 3, Papers, 1916-34.} Self-regulation was a battle for the self, but chivalry offered a framework in which self-regulation could be promoted as a form of control over women as potent as sex.
Lesley Hall has suggested that by 1900, the husband was more often the figure negatively associated with VD than the professional prostitute. The turn of the century saw a new recognition of the role that men played in the spread of VD. Venal husbands of the nineteenth century, like George's father-in-law, Loches, in Damaged Goods did not figure with the same prominence or significance in public discourses, indeed, he escaped venereal disease in his illicit encounters. The dilemma that this new recognition brought with it was the problem of respectability. It was not possible to label husbands and fathers 'guilty' in the same manner as prostitutes. Instead, in the context of prevailing models of the male sex instinct, they were conferred a 'venality' which located them both as respectable and as travellers into the degenerate world. While for women, the boundary between innocent/guilty was comparatively clear, the venality ascribed to men meant that the boundaries that separated them were multiple and less inevitable, primarily because it was believed that the capacity for individual men to regulate their own sex instinct was uncertain. The prophylactics debates indicate that the boundaries that divided fit and unfit male populations were underpinned by assumptions about masculinity and male sexuality.

The availability of prophylaxis marks a historical point at which the social construction of venereal disease was changing. Clearly the potential severance of the connection between sexual activity and its concomitant diseases had a profound effect on the way sexuality and disease were to be conceptualised. The debates around prophylactics represented a struggle around the boundaries that divided fit and unfit populations. Although venereal disease was understood as both restricted to and seeping outside these boundaries, they remained a central to the organisation of the venereal world. Prophylaxis, in effect meant 'clean' disorder; it challenged the link between disorder and disease. It ultimately threatened to collapse of the taxonomies by which fitness, degeneracy, innocence and guilt were charted.

573 Lesley Hall, Hidden Anxieties, p. 36; see also Roger Davidson, 'Venereal Disease, Sexual Morality, and Public Health', p. 277.
574 Eugene Bricux, Damaged Goods, pp. 54-55.
Conclusion.
In 1916, the Melbourne Argus described the opening of the Night Clinic for venereal diseases at the Royal Prince Alfred Hospital at Camperdown, in terms that reflected popular concern at the perceived increase of the 'red plague':

... there was a tremendous rush of applicants. So great was the rush, in fact, that the vicinity of the hospital was like some parts of the city on race days, and the police had to be called in to regulate the traffic and keep order.575

This thesis has examined the ways the 'epistemic epidemic' around venereal disease during the Great War represented the perceived 'rifeness' of venereal disease. It has asked what engendered the production of the particular discourses around VD during the Great War, and examined how they actually kept order' at a time characterised by some historians as one of moral panic. The wartime debates around venereal disease saw a new generation of public discourses consolidate, and many commentators saw themselves as educating the public on issues formerly regarded as 'too unsavoury to warrant free discussion'.576 The period was marked by the emergence of redefined truths, narratives and categories. Importantly, wartime discussions reinforced the division between 'types' of sufferers and heightened the differences between the innocent and guilty. Ernest Scott's observation of the effect of war on the fortunes of political parties can be applied to the divisions that emerged in the venereal world:

The war ... recast them in fresh moulds, with a heat more intense than had been experienced at any previous period.577

A purpose of this thesis has been to lay bare the interpretative categories of contemporary discussions around venereal disease, by asking how statements, texts, signs, and practices constituted human experience. The thesis has been organised around the examination of popular constructions of the subjectivity of sufferers; the AIF soldier, innocent wives and babies, the amateur prostitute and the venal husband. The image 'Under the Searchlight' depicting 'types' of sufferer in the clutches of a venereal octopus, has been a starting point for analysis. The discursive unravelling of each class of sufferer has raised questions about their relationship to each other, and why their differentiation was so significant. Importantly it has prompted an interrogation of the taxonomies that organised the

577Ernest Scott, Official History of Australia in the War of 1914-18, vol. 11, Australia During the War, (1936), Angus & Robertson, Sydney, 1941, p. 860.
venereal world. The subjectivities built around the 'types' of sufferer represented an intersection of powerful boundaries of innocence, guilt, and assumptions about class, gender, race and sexuality.

This thesis has also raised questions about the particular discourses that described the 'rifeness' of VD, or what actually constituted its 'spread'. It has been suggested that the existence of VD within populations traditionally regarded as 'degenerate' was not itself a source of national concern. The 'panic' associated with wartime was related to the perceived flow of VD outside of the boundaries of degenerate populations. This spread was described as a one way flow, the 'insidious movement of a disease or infection outside its natural limits'.

The debates point to the perception of a leakage, which demanded containment. The central thesis of this study has been that the 'epistemic epidemic' of the Great War was engendered by public concern that VD was spreading from degenerate populations into 'fit' respectable classes. Accordingly, the description of 'rifeness' specifically to its movement into classes 'hitherto unaffected'.

This contention has thrown up an interesting problem: how could the boundaries between fit and degenerate classes remain meaningful if VD was believed to be spreading into classes traditionally unaffected? Surely the notion that venereal disease was an affliction of degenerate classes was meaningless given the perception that increasing numbers of innocents were affected. Yet, despite public appeals for the equal treatment of all sufferers of VD, the separation of classes still remained a powerful organising principal of the venereal world. Indeed, without these categories, the concept of a 'spread' would not be possible to describe. The one-way flow narrative would suggest that it was important to locate a 'source' of VD. It offered a sense of well-being and moral superiority to those who considered themselves part of the respectable population. The externalising of a 'source' also displaced the blame of transmission within families, preserving the integrity of the unit by pointing to an outside cause of degeneracy. This study has suggested that the conceptualization of VD as a 'foul undercurrent' became a dominant metaphor for the disease during the war years. This allowed venereal disease to be represented as both restricted to certain classes yet also seeping outside them. This conceptualization made it possible for the symbolic boundaries that organized the venereal world to remain meaningful, it also allowed VD to be spoken of as both controllable and uncontrollable.

578 Jan Zita Grover, 'AIDS: Keywords', p. 28.
The wartime 'epistemic epidemic' around VD was largely a project of classification: who got VD and who gave it to whom. Each 'type' in the iconography represented a point in the narrative of 'rifeness', a specific body onto which blame, responsibility, guilt or innocence was mapped. Arguably, it was the 'inner disposition' signified by the disease which saw the project of classification emerge as both significant and contested. Venereal disease was represented in two main configurations. It was believed to be a visible stigmata signifying eugenic unfitness, and also an invisible taint often not apparent on the bodies of sufferers. It was the significance of VD beneath the skin, which the iconography 'Under the Searchlight' was seeking to fix in a visual form. This goes some of the way to explaining why meanings of the same disease were mapped onto the bodies of sufferers so differently. The inner pathology of venereal disease in the AIF soldier was a constant process of the deferral of guilt and responsibility, whereas VD in the amateur prostitute was viewed often as a surer sign of depravity and premeditated licentiousness. Without the different valences of each sufferer which facilitated relations of guilt and innocence, the notion of 'rifeness' would have been meaningless.

The fragility of the discourse describing each 'type' of sufferer indicates that boundaries and taxonomies that organised the venereal world were in a constant state of negotiation and more difficult to fix than commentators publicly acknowledged. The amateur prostitute was perhaps the most elusive character because she frustrated the imperative to distinguish between respectable and degenerate populations, and represented decay from within. She personified the aspect of threat because of her insidiousness and the absence of any markers of unfitness or unrespectability. Similarly, the diseased AIF soldier occupied a problematic position, because of his location as a husband and father within respectable families. The stigma of the diseased soldier, however, was resolved in line with powerful contemporary discourses around the masculinity and nation-building of Anzacs. Like the soldier, the stigma of VD for innocent wives was modified because they were not perceived as wilful spreaders of infection but receptors. Their protection from stigma suggests strongly that the boundaries between fit and unfit classes functioned to protect the respectable family unit from the slur of degeneracy even when it was diseased. It remains to be examined why men as a class (who were unfairly or accidentally infected) were not spoken of as 'innocent', and why innocence had particularly gendered characteristics. The debates around the provision of prophylaxis to 'venal husbands' illustrates the diverse understandings of masculinity and male sexual urges. They also highlight the reluctance of commentators to fix both desire and responsibility in men.
The ongoing negotiation of these knowledges reflected the investments of a broad range of commentators. The authority to name the subjectivity of the sufferer was powerful and reinforced a whole spectrum of meanings and assumptions around sexuality and social order. The very definition of the amateur as 'a prostitute' and the overwhelming attribution of VD in 'innocent' children to fomites represent attempts to fix a subjectivity, and the foreclosure of alternative readings of agency and power. Wartime commentators noted that a dangerous potential lay in the frankness of the new 'enlightened' discourses they produced. I would argue that while debate itself may have been an incitement to sexual transgression, an accompanying danger lay in the gaps, slippages and anomalies around agency that increased public discussion was drawing attention to.

The Great War was a time of huge social and personal dislocation, which changed the way venereal disease could be talked about. The perceived 'spread' of VD required a specific series of categories and narratives to be described. 'Rifeness' was not a neutral term, but represented a whole set of assumptions about social order. This thesis has opened up public representations of 'rifeness' and provided a context in which 'real' suffering can be situated. It also offers a warning as to the transparent nature of the stereotypes that dominated popular representations. The wartime 'crisis' around VD shaped the way it was seen in the following decade. Lesley Hall has suggested that it 'may have contributed to the rise of the new monogamic ideal of the 1920s in which eroticism was incorporated into marriage rather than being something pursued outside it'. Similarly, David Armstrong has argued that the post war period saw venereal disease change from being used as a means of forbidding certain relationships to a mechanism for observing them'. Clearly, the repertoire of concepts which consolidated during the Great War opened up some new possibilities for the discussion of VD, but also reinforced some of the taxonomies which divided certain groups against each other: the degenerate and respectable, the moral and immoral, the innocent and the guilty.

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