'SHADOW OVER NEW ZEALAND': THE RESPONSE TO VENEREAL DISEASE IN NEW ZEALAND 1910 - 1945

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ABSTRACT

The period from 1910 to 1945 saw the topic of venereal disease become an increasingly public one as politicians, health administrators and other interested groups attempted to formulate an effective response to the menace which it was believed that these diseases posed to the national health.

This thesis sets out to explore how New Zealand responded to the 'threat' of venereal disease in this period and to examine the tensions which accompanied this. The major source of friction was the anxiety of some women's groups - and in particular the Women's Christian Temperance Union - that Government moves to 'toughen up' the existing venereal disease legislation threatened the civil liberties of the nation's women and signalled a return to the one-sided contagious diseases legislation of the previous century.

After charting this response it examines the anxieties, aspirations and assumptions which helped to shape initiatives on venereal disease and to define the boundaries within which debate on the issue took place and within which socially and morally acceptable solutions were formulated. It suggests that the high level of concern with the issue of venereal disease in this period was not due solely to medical factors but was a response to social change including changes in the relationship between the sexes, the behaviour of the young and new

developments in the field of popular culture. To protagonists, debate on the venereal disease issue offered a chance to articulate these anxieties and an opportunity to highlight the social cost of the alleged moral decline of the nation. Analysis of the episode also suggests that these concerns were heightened by aspirations about New Zealand society and the desire to avoid the ills of the 'old world'.

Analysis of the period also suggests that while the years from 1910 to 1945 witnessed change in the medical treatment of these diseases, there was considerable continuity in attitudes towards the issue. In particular there was a persistent nervousness about the promotion of prophylaxis and about public discussion on the subject. Explanations for this nervousness are examined in the second part of the thesis.

The thesis concludes by critically examining the theoretical apparatus which some commentators have used to analyse the topic abroad. It suggests that attempts to portray a clash between moral and medical viewpoints are not appropriate to the New Zealand experience and reflect, instead, the assumptions of modern observors. It also suggests that attempts by feminist historians to portray initiatives on venereal disease as a crude attempt to impose social control on women risk distorting contemporary reality and ignoring the complexities of the contemporary context.

CONTENTS

	Page
INTRODUCTION	1
POLITICAL INITIATIVES 1910-22	18
PROTAGONISTS	42
INQUIRY AND ACTION 1922-39	62
WAR PRESSURES 1939-45	83
ANXIETIES	102
BOUNDARIES	130
CONTROL	165
CONCLUSION	201
BIBLIOGRAPHY	218

LIST OF ILLUSTRATIONS

FIGURE 1.	Numbers of patients treated for the first time at an outpatient clinic and found to be suffering from syphilis and gonorrhea	facing p. 16
FIGURE 2.	Numbers of persons apprehended or summonsed for (i) soliciting prostitution; (ii) keeping disorderly houses and brothels	facing p. 94

ABBREVIATIONS

AI&M	Auckland Institute and Museum
A.J.H.R.	Appendices to the Journal of the House of Representatives
N.Z.P.D.	New Zealand Parliamentary Debates
N.Z.S.	New Zealand Statutes
WR	White Ribbon
WTu	Alexander Turnbull Library

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INTRODUCTION

We need to understand these diseases as social phenomena as much as we need to know more about them from a scientific standpoint. Only when we recognize that diseases have a history ... and that their causes are complex and varied, will we be able to address them effectively and humanely.

A.M. Brandt, No Magic Bullet.

According to some medical experts venereal disease dates back to paleolithic times.[1] If venereal disease stretches back into history so too do attempts to counter it. In 1497 the town council of Aberdeen ordered that:

> For protection from the disease which has come out of France and strange parts, all light women desist from their vice and sin of venery ... on pain, else, of being branded with a hot iron on their cheek and banished from the town.[2]

More sophisticated approaches were to follow. In 1788 Denmark attempted to introduce compulsory treatment of venereal diseases. In the face of violent opposition the attempt was quickly modified.[3] The episode was to illustrate the need for governments to tread warily when responding to these diseases. The lesson is one that will become readily apparent in the pages that follow.

In this thesis I intend to examine and analyse the response to venereal disease in New Zealand between 1910 and 1945. This was a period that saw the topic of venereal disease become an increasingly public one as politicians, health administrators and other interested groups attempted to formulate an effective response to the menace which it was believed that these diseases posed to

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1. See W.M. Platts, A Handbook of Venereal Diseases (Christchurch, 1974), pp. 6-7.

2. A. Andreski, "'The Syphilitic Shock'. Puritanism, Capitalism, and a Medical Factor", Encounter, Vol. LV, No. 4 (October 1980), pp. 76-81.

3. T. Rosebury, Microbes and Morals. The Strange Story of Venereal Disease (New York, 1971), p. 254.

the national health. The first part of my thesis sets out to examine how New Zealand responded to the 'threat' of venereal disease and to discuss the tensions which accompanied this. The second part of the thesis analyses the anxieties, aspirations and assumptions which helped to shape initiatives on venereal disease and to define the boundaries within which the search for socially and morally acceptable solutions took place.

The time frame was chosen because the year 1910 witnessed a resurgence of agitation on the issue of venereal disease which was occasioned by the belated repeal of the Contagious Diseases Act. At the other end of the time frame it seemed logical to incorporate the period of the Second World War not only because of the urgency which the issue of venereal disease assumes in wartime but also to offer a contrast to the experiences of the First World War. The topic itself was chosen because this was an area of study which was attracting research and analysis abroad and was throwing up many stimulating hypotheses. At the same time the area of sexuality was one which was attracting considerable attention in New Zealand and many commentators were keen to include a historical dimension.[4]

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4. This interest had been evident in the writings of a number of feminist historians for some time. See A. Levesque, "Prescribers and Rebels: Attitudes to European Women's Sexuality in New Zealand 1860-1916", Women's Studies International Quarterly, Vol. 4, No. 2 (1981), pp. 133-43 and P. Fenwick, "Fertility, Sexuality and Social

It is only in the last decade that the history of venereal disease and of official and unofficial attempts to counter it has attracted the intensive attention of historians. Up to that time the topic had attracted merely cursory attention. Its history had been treated as an amusing introduction to works predominantly concerned with contemporary social issues. Other writers, like Theodor Rosebury, have treated the history of venereal disease as a curiosity, an opportunity to catalogue the peccadilloes of past generations and to exalt the advances made by modern medicine.

The increased interest in topics like venereal disease is part of a wider interest in the history of sexuality. Writing in the 1970s Vern Bullough referred to the study of sex in history as constituting "a virgin field".[5] Since that comment was penned, however, developments in the field of medical history, women's history and the new social history have seen a new and widespread interest in the topic. This activity has reflected new developments in the approach to sexuality.[6]

Control", in P. Bunkle and B. Hughes (eds.), Women in New Zealand Society (Auckland, 1980), pp. 77-98. It was also evident in the publicity accorded the publication in 1984 of Stevan Eldred-Grigg's Pleasures of the Flesh. Sex and Drugs in Colonial New Zealand 1840-1915 (Wellington, 1984).

5. V.L. Bullough, Sex, Society and History (New York, 1976), p. 1.

6. For the following discussion I am indebted to J. Weeks,

Earlier writers had tended to view sex as a natural given, an autonomous biological force. Against this 'sexual essentialism' a number of scholars have posited the view that sex, rather than reflecting biological urges, is a creation of the contemporary society and its culture.

The concern with exploring the historical bases of sexuality has led to a variety of specialised studies, many of which reflect the burgeoning interest in women's history. Judith Walkowitz's examination of nineteenth-century prostitution is one of several studies to probe an era whose sexual double standard was to be enshrined in legislation.[7] All acknowledge the potency of social forces. Walkowitz, for example, observes that the treatment of venereal diseases was "governed by the dominant sexual and social ideology."[8] Other significant histories of prostitution include those by Mark Connelly, Ruth Rosen and, nearer to home, that edited by Kay Daniels.[9] Because of the link which previous generations

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Sex, Politics and Society. The regulation of sexuality since 1800 (London, 1981), pp. 2-6. See also M. Vicinus, "Sexuality and Power: A Review of Current Work in the History of Sexuality", Feminist Studies, Vol. 8, No. 1 (Spring 1982), pp. 137-39.

7. J.R. Walkowitz, Prostitution and Victorian Society. Women, class and the state (New York, 1980). See also P. McHugh, Prostitution and Victorian Social Reform (London, 1980) for an assessment of the repeal campaign's connections with non-feminist agitations.

8. Walkowitz, p. 48.

9. M. Connelly, The Response to Prostitution in the

were keen to draw between prostitution and venereal disease such studies have much of relevance to offer the historian interested in venereal disease.

New approaches to the history of sexuality have been accompanied by a burgeoning interest in the study of deviance. Increasingly, the focus of this study has shifted from the 'deviant' to those who create and enforce societal norms. Consequently, there has been increasing acknowledgement of the role of such labels in affirming social beliefs and preserving social stability at times of tension or change.[10]

While the topic of venereal disease has featured in some of these studies, it has also increasingly emerged as a subject for study in its own right. Historians like Edward Beardsley and Suzann Buckley have examined the tensions and anxieties which proscribed legislative initiatives against venereal disease in England during the First World War.[11] Lucy Bland has examined the images of

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Progressive Era (North Carolina, 1980); R. Rosen, The Lost Sisterhood. Prostitution in America, 1900-1918 (Baltimore, 1982); K. Daniels (ed.), So Much Hard Work. Women and Prostitution in Australian History (Sydney, 1984).

10. See, for example, K.T. Erikson, Wayward Puritans. A Study in the Sociology of Deviance (New York, 1966).

11. E.H. Beardsley, "Allied Against Sin: American and British Responses to Venereal Disease in World War I", Medical History, 20 (April 1976), pp. 189-202; S. Buckley, "The Failure to Resolve the Problem of Venereal Disease Among the Troops in Britain During World War 1", in B. Bond and I. Roy (eds.), War and Society. A Yearbook of Military History. Vol.2 (London, 1977), pp. 65-85.

women which were implicit (and frequently explicit) in the debate over venereal disease in twentieth-century England[12] and Ruth Pierson has explored the implications of venereal disease for Canadian military authorities during the Second World War.[13]

Venereal disease has also emerged as a topic for full-length study in Allan Brandt's No Magic Bullet. A Social History of Venereal Disease in the United States Since 1880, published in 1985. If historians are now willing to see sexuality as a social construct, Brandt goes a step further and suggests that disease itself is a social construct. In his preface he suggests that:

> We need to understand these diseases as social phenomena as much as we need to know more about them from a scientific standpoint. Only when we recognize that diseases have a history - that they are more than discrete biological entities - and that their causes are complex and varied, will we be able to address them effectively and humanely.[14]

Brandt is fascinated by the fact that despite medical advances the sexually transmitted diseases continue to exact a steady toll on human health. The roots of this

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12. L. Bland, "'Guardians of the race' or 'Vampires upon the nation's health'? Female sexuality and its regulation in early twentieth-century Britain", in E. Whitelegg et al (eds.), The Changing Experience of Women (London, 1982), pp. 373-88.

13. R.R. Pierson, "The Double Bind of the Double Standard: VD Control and the CWAC in World War II", Canadian Historical Review, Vol. LXII, No. 1 (1981), pp. 31-58.

14. A.M. Brandt, No Magic Bullet. A Social History of Venereal Disease in the United States Since 1880 (New York, 1985), p. vii.

failure to formulate an effective response to venereal disease, he suggests, can be seen in the history of attempts to curb the disease. To understand these attempts, he argues, "we must examine venereal disease not only as a biological entity, but as a disease that has engaged certain attitudes and values; beliefs about its causes and consequences that in turn affect responses to the problem".[15] In this impressive work Brandt analyses the symbols and imagery which have surrounded venereal disease and the social and sexual anxieties which have hindered attempts to control it.

Inspired by such studies, I was keen to examine a number of issues. How did New Zealand authorities respond to the 'threat' of venereal disease? Was the extent and nature of this response more related to social shifts and anxieties than it was to the 'reality' or medical dimensions of the issue? How was the form which this response took shaped by contemporary attitudes and values and, in particular, what does it reveal of prevailing attitudes towards sexuality and disease? How, if at all, did this response and the attitudes implicit in it change over time?

First, however, we must examine the medical background to these diseases and place the period within the wider context of New Zealand history and international

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15. Ibid., p. 3.

developments. In the interests of brevity and since most contemporaries used the terms interchangeably, for the purposes of this study venereal disease shall be taken to refer to both syphilis and gonorrhea. Syphilis and gonorrhea are the most significant of the venereal diseases.[16] Gonorrhea, an infection of the genito-urinary tract, is the oldest and most common of the venereal diseases. It is also one of the most pervasive diseases in history and can be recognised in the earliest Egyptian, Chinese and vedic sources. The disease is especially significant for women, who appear more susceptible to it than men. Ninety per cent. of women who contract gonorrhea show no symptoms and may consequently act as unwary carriers. The disease is also particularly serious for women in whom it may spread to the cervix or fallopian tubes causing sterility. In both sexes the untreated disease can enter the bloodstream and attack the joints, the eyes or the lining of the heart. Until 1937, when sulphonamides became available, there was no effective cure for the infection.

Gonorrhea has frequently been confused with the second major venereal disease, syphilis. This disease, which can be both communicated by sexual contact and inherited, first came to attention in the great syphilis

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16. For the following discussion I am indebted to R.E. McGrew, Encyclopedia of Medical History (London, 1985).

outbreak of the late fifteenth century. By the early sixteenth century the disease had reached epidemic proportions. Ever since, the disease has been viewed with fear and alarm. Such fear is not difficult to comprehend for syphilis is a particularly insidious and destructive degenerative disease. Essentially a vascular disease, venereal syphilis can attack the heart, the nervous system and the brain leading to both mental and physical disability and, in extreme cases, death. Understanding of the disease was slow to eventuate and the basic diagnostic test, the Wasserman reaction, was developed in 1906. Treatment was equally unsatisfactory. The common treatment until the development of the arsenic-based '606' in 1904 was mercury, which frequently produced symptoms as horrific as the disease itself. Arsenic compounds continued to be used up to the 1940s when they were supplanted by penicillin, which has also become the favoured treatment for gonorrhea.

Venereal disease was amongst the first 'gifts' of European civilisation to be brought to New Zealand by the earliest settlers. The Maori people were soon to discover its virulence and ferocity. Despite the lessons of this period of settlement, concern about the toll of venereal disease was most frequently motivated by concern about its toll on the European population and accusations that the Maori were reservoirs of the disease were to continue throughout the period. It was the late 1930s before any attempt was made to target Maori communities using Maori

personnel.[17]

The topic of venereal disease first came to attention in nineteenth century New Zealand in association with concern about prostitution. At the same time as an increasing number of English men and women were realising the iniquities of the Contagious Diseases Acts a group of prominent Christchurch men were agitating to introduce similar legislation in the city. The primary justification for the English Acts - the need to protect the health of the military in designated garrison towns - was conspicuous by its absence. Instead it appears that the endeavour was primarily aimed at suppressing prostitution.[18] Whatever the motivation, contagious diseases legislation was introduced in 1869 and for a short time enforced in both Christchurch and Auckland.[19] The most important implication for our study is the legacy of suspicion and ill-feeling which the episode left amongst the country's women's organisations and the nervousness about the subject which was engendered amongst

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17. See p. 86.

18. See C. Macdonald, "The 'Social Evil': Prostitution and the Passage of the Contagious Diseases Act (1869)" in B. Brookes, C. Macdonald and M. Tennant (eds.), Women in History. Essays on European Women in New Zealand (Wellington, 1986).

19. In Canterbury the Act was invoked in 1872 and revoked 13 years later. In Auckland the Act was introduced in 1882 but was only enforced for four years. In all, 125 women were apprehended under the Act and of these 116 were convicted, Macdonald, p. 23.

politicians and health administrators. This legacy was to be an important factor in shaping the response to venereal disease in New Zealand between the two world wars.

Throughout the Western world the period under study saw a great deal of interest and action on the issue of venereal disease. Medical and legislative initiatives were frequently intertwined and concentrated on preventive, educative and curative measures. Concern with education on the alleged menace of these diseases was to spawn a new discipline and, for some, a new religion: the creed of social hygiene. This was a hotch-potch of contemporary scientific and social concerns which blended the call for sex education with eugenic concern about the quality of the race. It was most frequently witnessed in calls for a new standard of morality and the dissemination of 'purity' literature.

In the legislative sphere activism centred on the complex and controversial issues of compulsory notification, treatment and detention. The principle of compulsion in the notification and treatment of these diseases was an established principle in Scandinavian countries. Whilst compulsion had been incorporated in the contagious diseases legislation of England, Australia and New Zealand in the nineteenth century such provisions had only been applied to certain individuals in certain locations. The principle of compulsion for all sufferers was hence a revolutionary prospect. It was also one

hampered by continued ill-feeling about the iniquitous and unjust workings of the legislation of the previous century.

Pressure for further action to combat these diseases was motivated not only by medical concern. It also received a boost with the outbreak of war. The legislation of the previous century had been the result of concern at the toll of these diseases on the military forces. The First World War was to provoke similar concern amongst the fighting nations. Their reactions to this threat, however, differed widely. Despite considerable pressure from its allies the English authorities were unable to take far-reaching action against the spread of venereal disease in wartime due to opposition from women's groups.[20] No such barriers faced American authorities who in the period between the two world wars embraced the creed of social hygiene with an enthusiasm which, like their enthusiasm for eugenic sterilisation, was characteristic of the 'progressive' impulse.[21] Nearer to home the issue of venereal disease also attracted the attention of Australian authorities in this period. Throughout the states varying degrees of compulsory notification and treatment were introduced. They frequently went hand in hand with police action

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20. For further details see Beardsley and Buckley.

21. The enthusiasm and excesses of the period are eloquently described in Brandt.

against suspected prostitutes. The Australian experience was to be an important model for New Zealand Health Department officials.

The response to venereal disease consisted of initiatives at several levels: medical, legislative and educative and involved both government and non-governmental agencies. These initiatives will be the subject of the first half of this thesis. I shall analyse a number of central events: the debate surrounding the repeal of the Contagious Diseases Act in 1910; the Social Hygiene Bill of 1917; the Committee of Inquiry into Venereal Diseases in 1922 and wartime initiatives. I shall also analyse the tensions which became apparent in these episodes and which helped to shape the official response to venereal disease. Of these tensions it was the vocal and well-organised opposition of some women's groups, and in particular the Women's Christian Temperance Union which made a significant contribution to the response in this period.[22] It also revealed the nervousness of some women about the implications of

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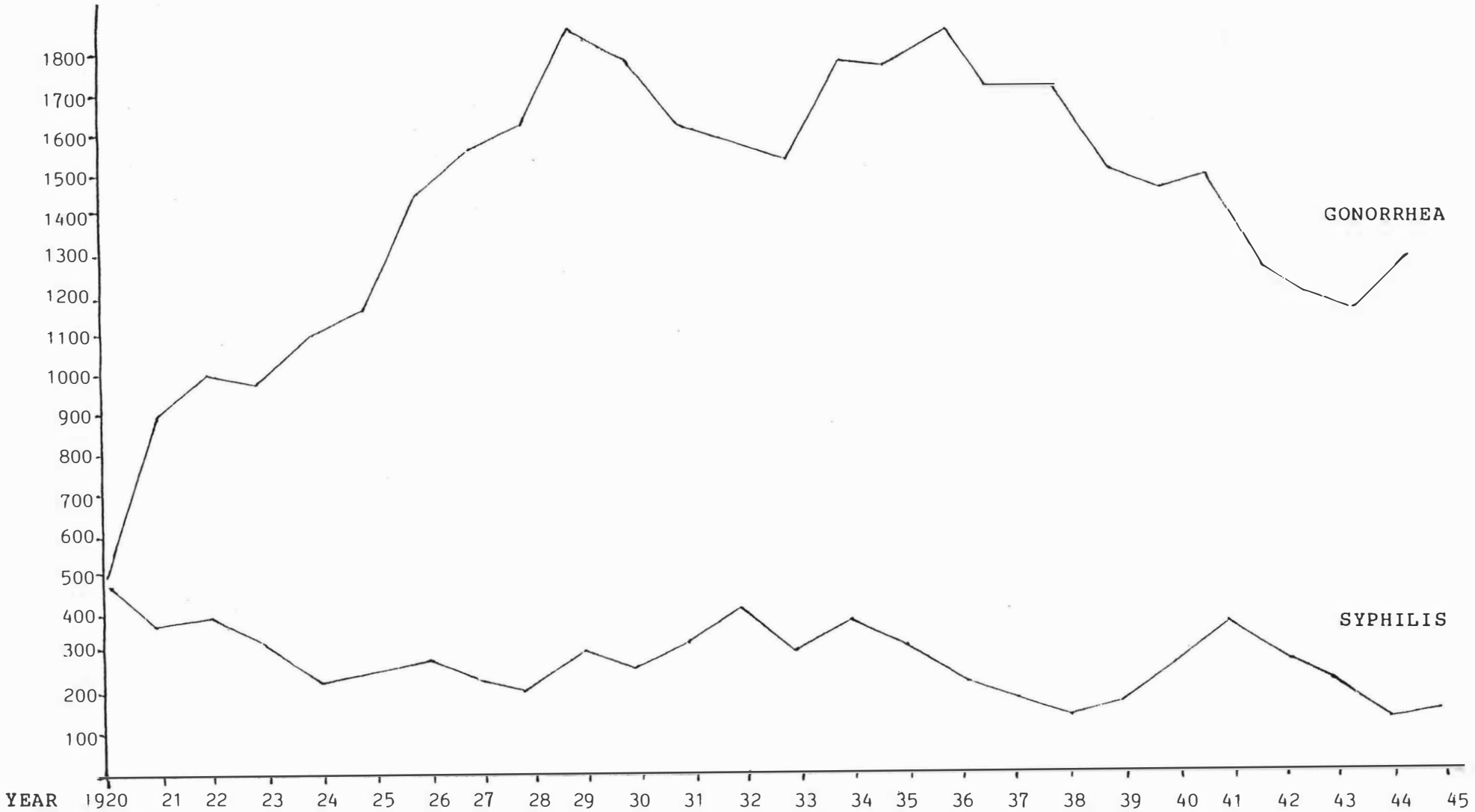
22. The Union occupied a central role within the wider women's movement throughout the first half of our period, a role forged in the feminist - prohibition alliance of the 1890s. It was to lose this primacy, however, with the re-emergence of the National Council of Women in 1917. The implications of this will be analysed in the following chapters. A detailed examination of the ideological shifts within the women's movement during this period is contained in S. Griffiths, "Feminism and the Ideology of Motherhood in New Zealand, 1896-1930", M.A. thesis, Otago University, 1984.

venereal disease legislation for their sex.

In analysing the reaction to venereal disease in New Zealand between 1910 and 1945 it becomes obvious that the concern with these diseases cannot be solely explained by medical factors. Indeed, at a number of important points medical personnel were outspoken in their criticism of the alarm about the venereal 'menace' which was prevalent and of the measures which politicians were keen to adopt. If the concern with venereal disease cannot be attributed to medical factors alone, one must look to other explanations for the alarm and activism which the issue occasioned.

In Part Two of the thesis these social factors will be the subject of closer analysis. I suggest that this concern reflected contemporary anxieties about racial fitness, sexuality and social change. It also seems likely that as well as articulating such anxieties, activism on the issue was an attempt to respond to these changes and to reaffirm values that appeared to be threatened. Any attempt to understand contemporary approaches to the issue must, then, analyse the wider social anxieties of the period. Many of these anxieties were not unique to New Zealand and those who agitated for action on the issue frequently based their arguments on foreign literature and experience. At the same time, however, peculiarly New Zealand factors helped to shape the extent and nature of this concern. Indeed, I suggest that national anxieties and aspirations helped to heighten

FIGURE 1



NUMBERS OF PATIENTS TREATED FOR THE FIRST TIME AT AN OUTPATIENT CLINIC AND FOUND TO BE SUFFERING FROM SYPHILIS AND GONORRHEA [SOURCE: A.J.H.R. (H.31), 1921-46.]

alarm about the urgency of combating the venereal 'menace'.

The limitations of such a survey must, however, not be overlooked. First, the taboo nature of the topic meant that despite the level of publicity which the issue attracted, informed discussion on the topic generally represented a relatively narrow range of opinion - medical experts, politicians and other protagonists. The second barrier is the lack of accurate statistics on the prevalence of venereal disease in this period, which makes it difficult to conclude how significant a health problem these diseases represented. The only official statistics available are those charting the number of sufferers attending the hospital clinics in the four main centres which were established in 1919. These figures do not include those who sought treatment from general practitioners, from unqualified persons or who lived outside the main centres.[23] The statistics are not even a reliable guide to trends since, as contemporaries observed, the numbers attending the clinics also reflected changes in modes of treatment and in the economic situation. As a consequence one is largely reliant on analysing contemporary <u>perceptions</u> of the magnitude of the 'problem' without an accurate guide to the <u>reality</u> of the situation.

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23. See Figure 1.

If the study has not been without its hurdles, it has also not been without rewards. The topic may appear a curious one but its study requires no apology. Venereal disease is a major medical issue and one that, as an increasing number of historians are coming to realise, offers a valuable insight into attitudes towards sexuality, morality and disease.

PART ONE

1

POLITICIAL INITIATIVES 1910 - 1922

There are at the present moment not hundreds but thousands of innocent women in New Zealand suffering from the effects of these loathsome maladies; lives innumerable have been lost, and desperate operations are performed almost daily in the Dominion to relieve some unfortunate sufferer; wives are rendered childless, lifelong sufferers and invalids. Every medical man of experience is cognisant of these facts.

Dr F.C. Batchelor, speaking in 1909.

The period between 1910 and 1922 was dominated by widespread alarm and activism on the issue of venereal disease. This alarm was to find legislative expression in the Social Hygiene Bill of 1917. This, however, was only one of several pieces of legislation in the period to reflect official concern about the threat allegedly posed to the race and the nation by these diseases. As the debate surrounding the Bill's introduction was to reveal, Government initiatives on the issue were not supported by all New Zealanders. Even its opponents, however, shared the Government's conviction that the incidence of venereal disease posed a major threat to the well-being of the nation.

The period, then, witnessed the emergence of venereal disease as a political issue which attracted considerable debate both within and outside Parliament. In this debate motives, tensions, anxieties and assumptions were articulated: anxieties about race and social change; tensions between the rights of the individual and those of the community; and assumptions and beliefs about sexuality and sex roles. These beliefs were to shape the response to venereal disease in New Zealand and to define the boundaries within which the search for socially and morally acceptable solutions took place.

Government intervention in the issue began with the repeal of the infamous Contagious Diseases Act in 1910 and was to continue throughout the following decades. Initially, this activism was the product of the initiative

and interest of a small number of individuals like the Attorney-General, J.G. Findlay, and Dr W.E. Collins, a prominent surgeon and member of the Legislative Council.[1] The outbreak of the First World War and increasing international interest in the topic meant, however, that the need for Government action was soon acknowledged. The role of Government in such intervention was not challenged. Politicians and health administrators were, however, to be subject to criticism from those who believed that the Government was moving too slow on the issue and, on the other side, from those who argued that it was moving too fast. The interplay between these opposing viewpoints, which we shall examine in the following chapters, was to shape the official response and, in the final analysis, to influence the effectiveness of this response.

The extent of official concern about venereal disease in this period reflected international interest in the

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1. As the only Cabinet member in the Legislative Council, Findlay was leader of the Government in the Council and so was responsible for introducing (as well as framing) much of the legislation in this period. On top of this his intellectual bent and wide reading led him to take an active interest in social issues. He was active in promoting the cause of eugenics and racial fitness in these years. Born in India and English educated, Collins was for 30 years an honorary surgeon at Wellington Hospital and sat on the Legislative Council for over 20 years. He was prominent in the British Medical Association (serving as both its President and Chairman) and served on a hospital ship during the First World War.

issue. Ironically, in New Zealand the topic first came to public notice in tandem with moves to repeal the Contagious Diseases Act. The Act, passed in 1869, was modelled on the English Act of 1864 and its subsequent amendments of 1866 and 1869. Under it any women whom the police deemed to be a 'common prostitute' or to be behaving like one was subject to forcible medical examination and detention. Opposition from women's and religious organisations and increasing reservations about its efficacy meant that the Act was last enforced in New Zealand in 1886. It remained on the statute books, however, a thorn in the side of many women's groups and a constant reminder of the need for vigilance on the issue of venereal disease legislation. The period from 1895 to 1903 had witnessed seven attempts to repeal the Act which were stymied by opposition in the Legislative Council. In 1910 it appeared that the time was ripe for another attempt to repeal this redundant piece of legislation.

The Attorney-General, J.G. Findlay, saw the repeal of the Act as an opportunity to promote public debate on the issue of venereal disease, an issue which he believed to be a pressing one. In 1910 Findlay attracted headlines as he traversed the country addressing meetings on the need to face up to the ravages of venereal disease. In September members of the Wellington Men's Brotherhood, for example, were informed that 60 per cent. of males contracted sexual disorders - a claim that provoked cries

of "Shame" and "Don't believe it" from his audience.[2] Such startling statistics were used to support Findlay's case for "more direct and stricter remedies".[3]

Findlay had further opportunity to argue his case when the Contagious Diseases Act Repeal Bill came before Parliament in late October. The Parliamentary debate on the Bill revealed politicians' concern about venereal disease and the images of women which were associated with the disease. Almost all who spoke on the Bill acknowledged the desirability of removing the Act from the statute book. At the same time there was an anxiety to ensure that the Act's place was taken by a similar measure, albeit one more politically acceptable to the women of New Zealand. From the debate in both houses it is obvious that most politicians failed to fully comprehend the basis of women's opposition to the Act which they were repealing. What really damned the Act in their eyes was the fact that it was a failure. Consequently its repeal was seen as an opportunity to urge the case for more effective venereal disease legislation.

Previous attempts to repeal the Act had elicited expressions of support for its efficacy in clearing the

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2. Dominion, 5 September 1910. In November Findlay repeated to members of the Legislative Council a claim in an American physical culture magazine that 80 per cent. of males contracted sexual disease before age 30, N.Z.P.D., 153 (1910), pp. 405-6.

3. Dominion, 5 September 1910.

streets of young women.[4] The current debate was also to bear witness to such attitudes. The Hon. Sir George McLean urged fellow Councillors to contemplate the Act's effects in the two cities where it was enforced.

> Did you ever find in Christchurch young girls out after nine o'clock at night? No; they all cleared off the streets. Now you find them in numbers parading the streets till ten o'clock on Saturday nights. What was the effect of it in Auckland? Evidence showed that they all cleared off the street by nine o'clock, and there was no trouble. And now, as the result of not keeping this Act in force, you have all these young girls parading the streets at night, liable to great temptations.[5]

The alleged abuses in the administration of the Act were, he claimed, imaginary and instead of repealing it he suggested that his colleagues should be calling for its enforcement throughout the whole country.

McLean's outburst was an isolated one which articulated fears and prejudices which his fellow Councillors were more reluctant to voice and following speakers were eager to dissociate themselves from it. All who spoke on the issue, however, shared his conviction that venereal disease was a major health problem. There was a reluctance to remove the Contagious Diseases Act from the statutes without having something with which to replace it. There was a shared sense of urgency, a conviction that "the subject is so imperative that not a

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4. See, for example, N.Z.P.D., 88 (1895), p. 275.

5. N.Z.P.D., 153 (1910), p. 412. The Act had only been enforced in two provinces: Auckland and Canterbury. See Macdonald.

week should pass without something being done to enable us to face this terrible situation."[6]

An integral part of Findlay's strategy was the stimulation of public interest and debate on the topic. This tactic had been evidenced in his widespread speech-making on the issue. It also lay behind another facet of his strategy - the call for a select committee of inquiry into venereal diseases. Within the formalised structure of such a body Findlay declared his willingness to "disclose much material which it is not fitting to disclose even before an audience like this [Parliament]".[7] This evidence, he was confident, would persuade the nation of the wisdom of amending the Public Health Act to provide for the compulsory notification and isolation of persons suffering from venereal disease and the introduction of heavy fines for those who 'wilfully' communicated the disease.

Findlay and others who spoke on the issue were keen to reassure the populace that the promiscuous male as much as the promiscuous female was the intended target of such legislation and that the proposed amendments would apply equally to both sexes. The language used in the debate makes it clear, however, that the female prostitute remained the primary focus of their anger and concern.

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6. N.Z.P.D., 153 (1910), p. 411.

7. Ibid., p. 405.

Such women were portrayed as evil vultures who preyed upon innocent young males ignorant of the ways of the world. The Legislative Council, for example, were informed that "these old hags are over every town in the country, decoying young lads, and sowing the seeds of disease everywhere".[8]

Another category to be singled out for vilification were the feeble-minded. One speaker urged that "we might do something to protect the feeble-minded - girls, and youths too, of weak mind, who are the first victims. They are the great propagators of this disease".[9] Activism on the issue was to culminate in the passage of the Mental Defectives Act in the following year. In the debate on the bill it was made clear that the prime motivation for this concern with the feeble-minded was anxiety about the lack of sexual control which these individuals (especially those of the female sex) were believed to manifest.[10]

Findlay's call for venereal disease legislation and a committee of inquiry was not heeded, the first of several

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8. Ibid., p. 412.

9. Ibid., p. 414.

10. See P. Fleming, "Eugenics in New Zealand 1900-1940", M.A. thesis, Massey University, 1981. The major object of the Act was to make provision for the detention of inmates of industrial schools who were over 21 years of age - a provision motivated by anxiety about the alleged proclivities of the unrestrained female 'degenerate'. For the articulation of similar anxieties at the time of the passage of the Industrial Schools Amendment Act see N.Z.P.D., 148 (1909), p. 1036.

setbacks which those who agitated for legislative intervention in this period were to encounter. Venereal disease, however, was an issue which failed to go away.

In 1913 the British Government appointed a Royal Commission to inquire into the prevalence of venereal disease in the United Kingdom. In the same year the need for detention provisions to counter infectious and contagious disease received the attention of the New Zealand Parliament. Section 19 of the Hospitals and Charitable Institutions Amendment Act 1913 gave the Government power to issue regulations for the detention of persons suffering from any infectious or contagious disease until they ceased to threaten public health. The Act was not aimed solely at venereal disease but also reflected anxiety about typhoid, diptheria and, in particular, tuberculosis.[11] In a statement to the British Royal Commission New Zealand officials expressed their optimism that the provision would constitute "a great advance towards ... the prevention of great social evils".[12] While the statement looked forward to the smooth administration of the legislation, regulations under the Act were never issued due to opposition from women's groups which focussed on its application to

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11. Royal Commission on Venereal Diseases, Final Report of the Commissioners (London, 1916), p. 179.

12. Ibid., p. 179.

venereal cases.[13]

Further legislation was to follow. In 1913 Dr W.E. Collins, speaking in the Legislative Council, urged the Government to investigate the workings of New South Wales' Prisoners Detention Act of 1908 and, if warranted, introduce similar legislation in New Zealand.[14] In the following year a committee of New Zealand doctors investigating syphilis, which was chaired by Collins, lauded the effectiveness of the Act in combating venereal disease.[15] By 1915 the Government was under pressure from medical groups to act upon the committee's recommendations and the Prisoners Detention Act 1915 gave a magistrate the power to detain any convicted prisoner suffering from venereal disease in a prison hospital until they were no longer infective.[16] Moving the bill's second reading in the Legislative Council Francis Bell expressed the hope that "with surveillance of the class that goes to prison, and which is the most dangerous class, the country will be largely ... freed from very considerable danger".[17]

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13. See "Report of the Committee of the Board of Health to Inquire into Venereal Diseases in New Zealand", A.J.H.R., 1922 (H.31A), p. 8.

14. N.Z.P.D., 162 (1913), p. 667.

15. Australasian Medical Congress. Tenth Session, Auckland, February 1914. Report of Special Committee on Syphilis, p. 13.

16. N.Z.S., 1915 (No. 52), p. 323.

17. N.Z.P.D., 174 (1915), p. 443. The Report of the Committee of Inquiry into Venereal Diseases revealed that

Attempts to excite widespread support for action on venereal disease came to naught in 1910. With the outbreak of the First World War, however, venereal disease became a pressing public issue. The war provided contemporaries with disturbing evidence of the consequences of venereal disease for the race and for national efficiency. As a consequence the period saw initiatives on the issue throughout the Western world as politicians attempted to balance the demands of military and health authorities against political and social considerations.[18]

In particular the outbreak of war made obvious two areas of concern: the need to safeguard the fighting manhood of the Dominion from infection and the need to safeguard the Dominion from those members of her armed forces who were infected. The first concern was to lead to a variety of measures: lectures and pamphlets on 'sex purity', repressive moves against prostitutes and the reluctant promulgation of prophylactic techniques. The response to the second area of concern, one prone to arouse the anxiety of the civilian populace, was conducted under a cloud of official circumspection. At the same time as politicians sought to reassure the public,

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19 male and 9 female prisoners were detained under the Act between 1916 and 1922.

18. For similar tensions (and the British Government's failure to resolve them) see Beardsley and Buckley.

military and health authorities established a nationwide system for clinic - based treatment which was to form the basis of venereal disease treatment in New Zealand for the following decades.

One commentator has suggested that during the war venereal diseases "became a fashionable topic of conversation"[19] and while doctors and politicians continued to bemoan the veil of prudery which surrounded the topic, the veil was increasingly being swept aside. Indeed, one politician was to suggest that

> if this war, this inhuman Hun war, directs the attention of civilization to these most brutal diseases, and does anything for their prevention or cure, the beautiful men who have died in battle will not have died in vain.[20]

Evidence of the increased willingness to talk about venereal disease could be seen in the variety of pamphlets and lectures on the subject which were published by Government, religious and philanthropic bodies in this period. This literature reflected prevailing attitudes towards venereal disease: its use as an incentive to morality and a punishment for wrong-doing and the rejection of medical prophylaxis.[21]

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19. E. Olssen, "Towards A New Society", in W.H. Oliver with B.R. Williams (eds.), The Oxford History of New Zealand (Wellington, 1981), p. 272.

20. N.Z.P.D., 177 (1916), p. 226.

21. Surviving examples include J.H. Neil, "The Veiled Plague. Lecture by Lt-Col. J. Hardie Neil, N.Z.M.C. (n.p., 1918); New Zealand Government. Defence Department, The

The author of one of these pamphlets, Dr Daisy Platts-Mills, observed that "The greatest danger to the State lies not in public prostitutes ... but in private or clandestine prostitutes - young girls of the 'respectable' section of society, to whom we look as the future mothers of the race".[22] The threat apparently posed by these individuals was, alas, a difficult one to fight and educational means appeared to be the only available weapon. There was, however, one group which was more amenable to observation and control - the 'professional' prostitute. Consequently, in New Zealand, as abroad, the period evidenced a preoccupation with prostitutes as a source of venereal disease and the introduction of repressive measures against them. The demands of war and the urgent need to preserve the country's fighting strength were used to justify such measures and to overcome nervousness about alienating the nation's women.

Among the first to draw attention to the need for action was James Allen, the Minister of Defence, who alleged that the country's capital was populated by "fruit

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Dangers of Venereal Disease. Advice to Soldiers of the New Zealand Expeditionary Forces (Wellington, 1916); Dr D.E. Platts-Mills, Social Diseases. What Women should know about them - and why (Wellington, 1917); Social Hygiene Society (Christchurch), Keeping Fit (For Boys) (Christchurch, n.d.) and, from the same source, the pejorative A Message from 'Our Boys'. "Sister, will you tell them?" (Christchurch, n.d.).

22. Dr D.E. Platts-Mills, p. 7.

shops and other shops ... which are simply dens of iniquity where the young men of these [Armed] forces are induced to go".[23] His observations were confirmed by the Superintendant of the Wellington Police District. While earlier concern with prostitution had been motivated largely by the nuisance it constituted, public health issues now came to the fore. Detailing the threat allegedly posed by these "diseased women" the Superintendant observed:

> One need not wonder at the number of young people wearing glasses, artificial teeth, and other evidences of constitutional weakness when female vultures are able to fatten and become wealthy while they disseminate disease in a wholesale manner.[24]

Concern about prostitution as a source of contagion in the community expressed itself in calls to remedy what were seen as inadequacies in the law. The Police Offences Act 1908 and the Justices of the Peace Act of the same year outlawed public importuning and brothel-keeping.[25] The interpretation placed on this legislation by the courts, however, meant that a dwelling in which only one woman received 'clients' was not a brothel. As a consequence the Police were powerless to take action against 'one woman' brothels, many of which were organised along business-like lines. Frustration at this loophole

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23. Minutes of deputation, 10 August 1915, AD 24/83/-.

24. A.J.H.R., 1915 (H.16), p. 9.

25. N.Z.S., 1908 (No. 91), p. 156, (No. 146), p. 584.

led some cities - such as Auckland - to pass bylaws outlawing 'one woman' brothels.[26]

A more permanent remedy for this situation came in the form of the War Regulations Amendment Act 1916. The Act gave the Governor in Council power to issue regulations "For the suppression of prostitution, or for the prevention of venereal disease". The bill's introduction sparked debate on the urgency of facing up to the threat of venereal disease and, among women's groups, expressions of concern about the implications of such legislation for women. The bill's architect, the Minister of Public Health, G.W. Russell, was anxious to allay these fears and his speech in support of its second reading was printed and distributed to women's groups.[27] Speaking to a House whose gallery had, ironically, been cleared of women, Russell claimed that in revealing the incidence of venereal infection in the Dominion's military camps he had "merely lifted one corner of the veil which covers the hideous cancer which is eating into the body politic of this country".[28] Accordingly, he argued, there was

> a duty cast upon Parliament to take some steps by which the evils arising from these diseases may be combated and by which those who for commerce place themselves

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26. Concern at this loophole in the law pre-dated the war's outbreak. It took the war, however, to provoke any action on remedying the situation. See P 1915/1032.

27. See N.Z.P.D., 177 (1916), p. 255, 180 (1917), p. 633. The speech is reprinted in A.J.H.R., 1916 (H.38).

28. A.J.H.R., 1916 (H.38), p. 1.

> beyond the pale of pure and virtuous womanhood will, if found suffering from these diseases, be held by the State until they are free from danger to the community.[29]

The bill was passed and regulations under it gazetted on 21 August 1916. The proposals outlined by Russell in the House had envisaged a wide ranging attempt to grapple with venereal disease in which repressive measures were balanced by educational measures. Such balance had helped to assuage the anxiety expressed by women's groups. The regulations as passed, however, dealt solely with repressive measures against prostitutes. Whilst proposals to provide for the detention and examination of convicted (female) vagrants were dropped, the regulations banned women from loitering around licensed premises at night and gave the Police wide powers to deal with prostitutes and those who lived off them. There was now no legal loophole for the 'one woman' brothel. The repressive approach had triumphed.

The efficacy of the measures was soon applauded by senior police, military and health personnel. In his report for the year 1917 the Commissioner of Police, J. O'Donovan, noted with satisfaction that thanks to the operation of the new regulations, houses of ill-fame "are now reported to be non-existent in the Dominion".[30] Military and medical authorities shared this enthusiastic

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29. Ibid., p. 2.

30. A.J.H.R., 1917 (H.16), p. 7. Also see Figure 2.

appraisal. The action against one woman brothels, it was claimed, was responsible for a 35 per cent. reduction in the number of venereal cases at Trentham camp.[31]

These measures constituted only a partial response to venereal disease and ignored infection spread by non-commercial intercourse. Possible action to curb such infection had been discussed by the Australasian Medical Congress in 1914 and had been incorporated in a proposed Public Health Amendment Bill. The suggested legislation - which referred only to syphilis cases - was intensively discussed in medical circles but was never introduced due to the absence of its main promoter, Dr Collins, with the troops abroad.[32]

Concern at the apparent incidence of venereal disease in the community and with the threat posed by the return of infected soldiers meant, however, that the issue remained a pressing one. This concern was further heightened with the release in 1916 of the Report of the British Royal Commission on Venereal Diseases. There was also an increasingly widespread conviction in some sectors of the community that while military personnel suffering from venereal disease were subject to inspection and

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31. N.Z.P.D., 180 (1917), p. 634.

32. Report of B.M.A.(New Zealand Branch) Council meeting, 15 June 1915, New Zealand Medical Journal, Vol. 14, No. 62 (August 1915), p. 196 and of Annual Meeting, 2 March 1916, ibid., Vol. 15, No. 66 (April 1916), p. 79.

detention it was anomalous, if not unjust, that there was no similar provision for civilian sufferers.[33]

Three issues were central to the discussion of legislative initiatives on venereal disease: provision for medical inspection; for the detention of sufferers; and for the notification of venereal cases. Differences of opinion over each became apparent with the introduction in October 1917 of the Social Hygiene Bill. Entitled "An Act to make Provision for Preventing the Spread of Venereal Diseases, and for effecting the Cure of Persons suffering from any such Disease" the Bill and the debate which it occasioned stand as the central events of this period.

The Bill was a lengthy document which proposed a complex framework of prison hospitals, legal obligations, fines and penalties to combat the disease. This structure was to be administered by a centralised Board of Social Hygiene comprising the Chief Health Officer and his deputy, a medical practitioner of each sex and a layperson of each sex appointed by the Governor-General. The day-to-day running of the legislation was to be carried out by four local advisory boards, comprised of the District Health Officer and three other persons of each sex, who were not medical practitioners. These predominantly lay boards were to be given the power to investigate "any

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33. The Returned Services Association, for example, was active in lobbying the Government to introduce a system of compulsory treatment for civilian sufferers, similar to that which infected soldiers were subject to.

person, being a prostitute or reputed prostitute, or a person habitually consorting with prostitutes" who was believed to be suffering from venereal disease. Such persons were, at the direction of the Board, to be subject to a medical examination and if they constituted "a source of danger to the public health" could be detained in specially designated prison hospitals upon a Magistrate's order.

The Bill also set out the obligations of persons suffering from venereal disease. Infected persons were obliged to place themselves under regular medical treatment by a registered medical practitioner on pain of a fine. Heavy penalties were also provided for those who knowingly infected other persons or partook in activity likely to infect them. Other important provisions of the Bill declared it an offence for any person other than a registered medical practitioner to receive remuneration for treating venereal infection and gave the Minister of Public Health power to appoint 'Health Patrols' of either sex "to protect the health and morality of young persons". These Patrols would have the same protection and privileges as police constables.

While supporters of the Bill believed that it represented a balance between the rights of the individual and the interests of the community, its introduction caused a flurry of protest both inside and outside Parliament which shall be examined in the following

chapter. In response to this agitation a meeting was held between Russell and those Members of Parliament who had voiced reservations about the Bill and a compromise was reached.

This compromise saw the first nineteen clauses of the original Bill struck out and a much truncated Bill passed with urgency through the House. The Act as passed omitted any mention of Social Hygiene Boards and their powers of investigation, examination and detention. It also abandoned the financial penalties imposed on sufferers who failed to continue treatment. At the same time, however, persons who knowingly infected others with venereal disease or acted in a way likely to spread infection were liable to a fine of £100, twelve months imprisonment or both. The clause concerning Health Patrols was amended to allay the fears of those who feared a revival of the old Contagious Diseases Act. In the amended clause Patrols were forbidden to address members of the opposite sex in the execution of their duties.[34]

The moving of urgency on the amended Bill betrayed a fact that was to become increasingly obvious in the years to follow. In their anxiety to place a piece of social

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34. While the Bill's architects had made it clear that only female patrols were envisaged, fears were expressed about the potential for abuse if male patrols were appointed. See N.Z.P.D., 180 (1917), p. 646. Two patrols were appointed to each of the four main centres in 1919. All but one were dismissed in 1922 as a result of Government economies. For more details see Chapter Seven.

hygiene legislation on the statute book and perhaps more importantly, to be seen to be taking action on the issue, no matter the compromise necessary, the country's politicians had given little thought to the practical administration of the Act. As a consequence the next eight years were to witness a succession of attempts to remedy the shortcomings of the Act. Within a year of its passage the Director-General of Health was to observe that "Little progress has been made by the Department in the administration of the ... Act owing to the fact that the Act is deficient in its machinery clauses".[35] In 1919 the Solicitor-General admitted that the Act was "very badly drafted".[36]

The major shortcomings of the legislation were that it omitted to provide any penalty for infected persons who failed to seek medical treatment and that in the absence of any system of notification and compulsory treatment it was exceedingly difficult to prove that a person had 'knowingly' infected others with the disease.[37] It was the question of notification that the debate over social hygiene legislation was to focus on in the following

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35. A.J.H.R., 1918 (S.2) (H.31), p. 7.

36. Salmond to Director-General of Medical Services, 25 September 1919, AD 24/46/22.

37. For criticism of the Act see A.J.H.R., 1922 (H.31A), p. 8 and A. Martyn, "Venereal Disease in New Zealand", Progressive Publishing Co., Venereal Disease. The Shadow Over New Zealand (Wellington, 1942), p. 24.

years.

Increasing awareness of the practical difficulties of administering venereal disease legislation meant that many who had earlier expressed reservations about the effects of notification soon came to support the introduction of some system of notification. One of the first to urge the need for further initiatives was the Board of Health. Meeting on 18 June 1920 they approved in principle compulsory notification, compulsory treatment and the compulsory examination of suspected sufferers.[38] These innovations were embodied in a draft Social Hygiene Bill which was circulated amongst interested groups. Moves to strengthen existing social hygiene legislation were to be hampered, however, by vociferous opposition from women's groups, by delays in drafting suitable legislation and by differences of opinion over whether such measures could best be introduced by statute or by regulation. These delays led to a sense of exasperation amongst many health professionals who saw the need for more stringent venereal disease legislation as an urgent priority.

In March 1919 the authorities were informed that

> The incidence of VD among NZEF has been extremely high. It is estimated that there was always a battalion out of the line suffering from VD. There have been approximately 4000 cases of syphilis and 12000 cases of gonorrhea.[39]

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38. Minutes of meeting, 18 June 1920, H series 6/1.

39. Chief Health Officer to Director-General of Medical Services, 24 March 1919, AD 24/46/13.

The impending return of these soldiers, many of them still undergoing treatment, forced a reappraisal of the machinery for treating venereal cases. Medical authorities were well aware of the problems which faced them. During the war only severe cases were returned to New Zealand but alarmist stories about inadequate medical supervision and of diseased soldiers roaming the country revealed how emotions could easily overpower reason.[40]

To avert this danger in early 1919 the Contagious Diseases Branch of the Health Department was established. Headed by Dr T.T. Thompson, who had extensive experience in English military hospitals, the Branch's main object was to facilitate the 'carry-on' treatment of men who had contracted venereal disease whilst on active service. Venereal disease clinics were established in the four main centres while hospitals carried out a similar function outside the main centres. Where there was no hospital, treatment was administered by general practitioners. While the system was primarily designed to treat soldier syphilitics, civilians were also encouraged to seek treatment. Posters in public lavatories advertised the clinics' existence and civilian cases were to form an increasingly significant part of their workload.

The period ended, then, with a firm commitment to the

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40. See, for example, clippings in AD 24/46/-, AD 24/46/5 and AD 24/46/6.

effective medical treatment of venereal disease. It also ended with the Health Department enmeshed in attempts to introduce venereal disease legislation that was socially and politically acceptable. In this task it had to balance the demands of those who agitated for a punitive approach to the problem against the orchestrated protests of those who feared that such moves heralded a return to the one-sided legislation of the previous century.

2

PROTAGONISTS

The abolition of the traffic in alcohol, and the enforcement of public and domestic hygienic conditions, the provision of facilities for personal cleanliness, and the training of the young people in the physical, mental, and moral ideals of purity and self-control will do more to eradicate Venereal disease than the imposition of penalties, which can only be applied to the most helpless and friendless of the community.

Anti-Syphilophobia [pseud.],
Notification. Its Trial and Failure.

I: MEDICAL VIEWPOINTS

Calls for 'tougher' legislation on venereal disease were based on the threat allegedly posed to the nation's health by these diseases. The medical perspective hence formed an important component in shaping the response to venereal disease. As we shall see, however, not all health personnel concurred with these alarmist fears or with the initiatives which some politicians were keen to adopt. This lack of unanimity amongst the medical fraternity is a notable feature of the period and led Francis Bell, speaking in 1917, to lament that doctors were "even worse than the lawyers in the habit of internal disagreement".[1]

To note disunity amongst medical personnel is not, however, to deny that support for greater compulsion in the treatment of venereal cases generally came from doctors, health administrators and hospital boards. Indeed, doctors played an important part in initiating public debate on the issue. Contemporary doctors felt that they occupied a unique place in society - one which enabled them, even obliged them, to comment on society's ills and offer remedies for them. Speaking in 1909 Dr F.C. Batchelor, Lecturer in Midwifery and Women's Diseases at Otago Medical School, argued that:

> You cannot but realise there are subjects which are

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1. N.Z.P.D., 181 (1917), p. 506.

> necessarily viewed from a different aspect by the medical man and the general public; certain facts are daily brought home to the doctor of which the public have comparatively no experience and little personal knowledge.[2]

At the same time, however, this concern was generally balanced by a sense of caution. As a medical commentator observed:

> Few subjects are so wrapped up in morbid sentiment or have the scent of the political red herring drawn across their trail as the venereal and sex conduct questions .... It is more intricate than any other health problem, because it is governed by that all-dominant factor, sex conduct, which in youth, middle age, or in full maturity may lead the individual into all sorts of quagmires.[3]

Calls for tougher measures to combat venereal disease came to attention with the re-emergence of the issue into the political arena in 1910. The topic had, however, been attracting concern in medical circles for some time. Among those to involve itself in the issue was the Australasian Medical Congress. Meeting in Melbourne in October 1908 it determined that subsequent Congresses should direct their attention to the topic of syphilis. At the Ninth Session of the Congress, held in Sydney in 1911, the report of a committee established to consider the issue was received and a number of resolutions were

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2. F.C. Batchelor, Society for the Promotion of the Health of Women and Children. Addresses delivered by Drs F.C. Batchelor and Truby King (Dunedin, 1909), p. 3.

3. Letter to Editor by Dr W. Fox, The Press, 29 August 1921.

passed. These called for improved facilities for the treatment of syphilis, measures to combat treatment by unqualified persons and legislative action against those who 'wilfully' communicated the disease.

A similar committee was appointed to report to the Tenth Session which was held in Auckland in February 1914. Chaired by Dr W.E. Collins, the committee restricted itself to reporting on New Zealand and the South Seas Islands. While noting the deficiencies in the law surrounding prostitution, the committee observed that

> In New Zealand, the women known as prostitutes are repressed by the Police to such an extent, that they are becoming rare. However, Clandestine immorality, by far the greater source of infection, holds its usual sway, and seems to increase in amount the nearer the locality to the equator.[4]

In a somewhat ambiguous recommendation the committee urged "That Syphilis be declared a notifiable disease. That notification be encouraged, and discretionary but not compulsory".[5] The committee also recommended that better facilities be provided for detection and treatment of the disease and that treatment by unqualified persons be outlawed.

If a certain ambiguity could be detected in the committee's recommendations, differences of opinion about the gravity of the venereal problem and the urgency of

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4. Australasian Medical Congress, p. 11.

5. Ibid., p. 16. Ambiguity about the definition of 'notification' was common throughout the period.

confronting it became apparent in the discussion aroused by the committee's report. A number of areas of difference were apparent: whether the venereal menace was being exaggerated; whether notification would work; whether doctors had an educative role and how far they should go in advocating preventative measures. In particular, a clear division was obvious between the New Zealand doctors, who placed great faith in notification, and their Australian counterparts, who believed that such moves would drive venereal disease underground. This caution was also evident among some members of the New Zealand camp. One, Professor Colquhoun of the Otago Medical School, disputed claims that syphilis was a major threat to humanity and observed:

> As one who can remember well the enthusiasm shown by numbers of medical men throughout the world when the Contagious Diseases Act was passed, I would caution the members of Congress, and the younger men especially, against being in a hurry to adopt any patent methods for the abolition of an evil which has existed in all nations and at all times, and which I believe is not to be treated - or, at all events, only to a very slight extent - by legal or penal measures.[6]

Such reservations were apparently widespread and had been expressed by New Zealand doctors for several years. Responding to the call by the Attorney-General for "more direct and stricter remedies"[7] the New Zealand Medical Journal in 1911 expressed doubt over whether venereal

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6. Ibid., p. 37.

7. Dominion, 5 September 1910.

disease was on the increase and suggested that coercive measures would merely drive the disease underground. Before such measures were contemplated, it suggested, an accurate picture of the situation was necessary.[8] To gain such knowledge, however, many in the medical profession came to support the principle of some form of notification of venereal cases.

The lack of unanimity on the issue remained and became apparent with the introduction of the Social Hygiene Bill in 1917. There was general agreement over the need for some legislative action, if only against treatment by 'quacks'. The Quackery Prevention Act of 1908 was generally regarded as ineffectual and, as Belgrave observes, the medical profession was most susceptible to its competition in areas where orthodox treatment was largely ineffective.[9]

Doctors were, however, divided over how far to go. An editorial in the New Zealand Medical Journal expressed the view that the situation in New Zealand did not merit

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8. Report of Annual Meeting, New Zealand Medical Journal, Vol. 9, No. 37 (February 1911), pp. 51-52.

9. F.S. McLean, Challenge For Health. A History of Public Health in New Zealand (Wellington, 1964), p. 169; M.P. Belgrave, "'Medical Men' and 'Lady Doctors': the making of a New Zealand profession, 1867-1941", Ph.D. thesis, Victoria University, 1985, p. 328. The Committee of Inquiry into Venereal Diseases expressed concern at the number of venereal cases apparently being treated by chemists and other unqualified persons, A.J.H.R., 1922 (H.31A), p. 20.

"extreme measures"".[10] A committee of the Wellington Division of the British Medical Association expressed similar reservations. In a published leaflet the committee attacked the Bill for attempting to deal with venereal disease and prostitution together instead of concentrating on medical issues alone. It also criticised the provision for the detention and compulsory treatment of sufferers and the involvement of lay personnel in the administration of the proposed act.[11] Similar reservations were expressed by the Auckland Hospital and Charitable Aid Board.

Within the House, too, the most outspoken critic of the Bill was a medical man, the Member for Wellington East, Dr A.K. Newman. While the Minister of Public Health was keen to strip Newman of his medical credentials, Newman claimed to articulate the concerns of the Dominion's doctors.[12] In the House and at meetings organised to oppose the Bill Newman expressed an amazement, which he suggested many doctors shared, at the

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10. New Zealand Medical Journal, Vol. 15, No. 74 (August 1917), p. 145.

11. "Report of the Committee (October 1917) of the Wellington Division of the BMA upon the Social Hygiene Bill", AD 24/46/-. Professional jealousy was obviously behind the latter concern. For the medical profession's increasing stridency (and success) in defending its priviliges throughout this period see Belgrave.

12. The Minister, Russell, portrayed Newman as a wine and spirit merchant with little or no practical medical experience, N.Z.P.D., 180 (1917), p. 656.

alarmist claims being made about the prevalence of venereal disease. He also voiced fears that the proposed legislation was merely a re-incarnation of the old Contagious Diseases Act and would be equally one-sided in its application.[13]

Such reservations - along with concerted and vigorous opposition from women's groups - were responsible for the drastic re-writing of the Bill. These amendments, however, did little to assuage the growing demand for some form of notification from many doctors and hospital boards. While some of these had voiced disquiet at the invasive machinery proposed by the Social Hygiene Act, most remained convinced that some form of notification was urgently required, both as a means of ascertaining the gravity of the situation and as a means of enforcing the treatment of recalcitrant sufferers. Within months of the Act's passage the Council of the New Zealand Branch of the British Medical Association urged the Government to introduce compulsory notification and similar calls were voiced at the annual conferences of the Dominion's hospital boards in 1920 and 1922.[14]

In responding to these calls the Government was forced to balance the demand for a coercive approach to the treatment of venereal cases against an equally vocal

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13. Ibid., p. 646.

14. For this agitation see H 130/1/-.

viewpoint which suggested an alternative perspective to the issue.

II: WOMEN'S PERSPECTIVES

The process of formulating an official response to venereal disease was shaped by the interplay of disparate forces. While the Dominion's doctors were far from united regarding the urgency of the situation and the measures called for, there was another section of the community who were outspoken and determined in their criticism of Government initiatives on the issue.

This opposition came from a number of the country's women's groups, including the National Council of Women, the Society for the Protection of Women and Children and, in particular, the Women's Christian Temperance Union. The Council - a loose federation of women's organisations - had fallen into a state of dormancy in 1905 and the Union spoke as the 'de facto' voice of organised women in the period. [15] The Union was a sizable body - in 1911 it numbered 2,300 members - and it was able to attract considerable attention to its case.[16] The organisation's opposition to Government moves was expressed at public meetings and in resolutions, tracts and delegations to

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15. See Griffiths, p. 69. The Society for the Protection of Women and Children was established in the 1890s and combined political lobbying with practical social work. As with many contemporary philanthropic bodies there was considerable commonality of personnel with other groups (such as the Union).

16. Eldred-Grigg, Pleasures of the Flesh, p. 132.

ministers. Overseas visitors placed the battle against 'punitive' venereal disease legislation in an international context and throughout the period the organisation's journal, the White Ribbon, provided a detailed coverage of Government moves regarding venereal disease and the Union's response to these.[17]

Not content merely to oppose the moves which politicians and health officials were calling for, these groups presented an alternative strategy for combating venereal disease. Although activists like Lady Stout were to attack the use of alarmist claims to justify legislative intervention such as the Social Hygiene Bill, they did not deny that venereal disease was an important health issue.[18] Indeed women's groups, both in New Zealand and abroad, played an important role in raising awareness on the issue. Venereal disease was portrayed as a disease that blighted women, further evidence of how the consequences of men's sexual sins were visited upon women.[19] Now they saw the issue of venereal disease being

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17. Edited for the 32 years from 1913 to 1945 by Mrs Nellie Peryman, the White Ribbon was described by supporters as "the only registered newspaper owned, edited, managed and circulated by women, for women's work" (Minutes of Nelson Branch meeting, 10 July 1923, W.C.T.U. Papers [uncatalogued], Box 4, WTu).

18. See Anti-Syphilophobia [pseud.], Notification. Its Trial and Failure (Wellington, 1922) and A.P. Stout, Authoritative Statements against Compulsory Measures in the Treatment of Venereal Disease (n.p., n.d.).

19. For further analysis of this ideology see P. Bunkle,

used to justify the introduction of legislation which would, they argued, intrude into the lives of all women.

To understand the at times vociferous opposition to the principle of compulsion in the treatment of venereal disease it is crucial to acknowledge the legacy of the Contagious Diseases Act. Memories of the invidious workings of the legislation still rankled in the minds of many women who - along with men - had participated in the campaign to repeal the Act, a campaign which assumed the nature of a crusade and which transcended national boundaries. Many of these women were still prominent in organisations such as the National Council of Women and the Women's Christian Temperance Union. These individuals remembered well how long it had taken to eradicate the Act from the statute books and they were determined that similar legislation should never get its foot inside the legislative door.

One can distinguish three components of the opposition to Government initiatives on venereal disease in this

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"The Origins of the Women's Movement in New Zealand: The Women's Christian Temperance Union, 1885-1895", in P. Bunkle and B. Hughes (eds.), Women in New Zealand Society (Auckland, 1980), pp. 52-76. Symbolism and concepts of purity are central to Bunkle's interpretation. For further discussion of the symbolic nature of temperance goals see J.R. Gusfield, Symbolic Crusade. Status Politics and the American Temperance Movement (Urbana, 1963). Further discussion of attitudes to sexuality and their influence in this area is contained in Part Two of this thesis.

period. First, these opponents were motivated by concern about protecting civil rights, especially those of women. They were fearful that the proposed measures would lead to the imposition of controls on a particular class of women. Second, many of those who were critical of Government initiatives argued that education, rather than punitive legislation, offered the most effective solution to the venereal threat. They felt that too much of the blame was being placed upon women and that the only hope for a moral and healthy future lay in the introduction of a single standard of morality for all - male and female. The problem was seen as primarily a moral one which necessitated a moral solution. Third, it was argued that the compulsory approach would be self-defeating. The introduction of punitive measures such as compulsory examination, detention and notification, it was suggested, would drive these diseases underground and discourage sufferers from seeking treatment. Instead, these groups urged that treatment facilities for venereal disease be extended and made more accessible.

The Union's views were summarised in a "Manifesto" on venereal disease, adopted in 1918. The Manifesto restated the Union's opposition to all measures compelling notification, examination and detention, and to prophylaxis. Instead, it called for farm colonies for male and female 'sexual degenerates', women police, free clinics throughout the country, the abolition of the drink

traffic and education in sex hygiene.[20]

This opposition, then, was based on both philosophical as well as pragmatic grounds. Exasperated health officials were to suggest that political and pathological factors were also at work. Addressing the Minister of Health in October 1921 J.P. Frengley, the Deputy Director-General of Health, observed

> I cannot fathom the attitude of the WCTU and other women leaders. I recognize some of the opposition is anti-Government. Some is fostered by the American origin and sentiment of the Union. I suspect much of it, especially from the spinsters is that inexplicable sexual psychopathy - sex hatred towards men.[21]

The opposition to Government initiatives adopted, then, an air of sex war. These opponents were seen as irrational, uninformed or, as the above memorandum suggested, motivated by ulterior political and personal factors. On the other side of the debate women like Lady Stout, who was credited with masterminding the opposition to the Social Hygiene Bill[22], saw Government initiatives as an attack upon the rights of all women.[23]

The strength and determination of this opposition was

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20. WR, Vol. 23, No. 275 (May 1918), p. 3.

21. Frengley to Minister of Public Health, 17 December 1917, H 130/1/-.

22. Director-General of Health to Commissioner of Health (Perth), 22 March 1921, H 130/1/-.

23. Invoking the language of the previous century, Lady Stout claimed that the compulsory examination of suspected sufferers constituted "legalised indecent assault", New Zealand Times, 16 September 1922.

made clear at a number of points throughout the period: in 1913-14, when detention provisions were incorporated in the Hospitals and Charitable Institutions Amendment Act 1913; in 1916, when the War Regulations Amendment Bill was introduced; and in 1917 when the Social Hygiene Bill was drastically amended. In each instance a cohesive and effective pressure group succeeded in forcing the Government and its officials to modify (or abandon) their endeavours to control these diseases. By the 1920s - when the balance of power was actually shifting - the threat of such pressure was sufficient to exercise a restraining influence on officials as they attempted to introduce further social hygiene legislation.

There had been little response when the Hospitals and Charitable Institutions Amendment Act had been passed. When calls were made to issue regulations under it to detain sufferers from venereal disease, however, the opposition became obvious. An editorial in the White Ribbon expressed concern that the introduction of such regulations would tend to place women of a 'certain class' under police control and noted:

> We White Ribboners, who fought so long to get C.D. Acts repealed, can only view with indignation and alarm any attempt to regulate vice or to treat the sexes differently in this matter .... There is only one remedy for venereal disease; and that is chastity for men, the 'white life for two', and women should ever fight against anything that tends to lower this ideal.[24]

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24. WR, Vol. 20, No. 229 (July 1914), p. 9.

This viewpoint was articulated in a torrent of resolutions and correspondence directed at the country's politicians. The vigour of this opposition was to leave a lasting impression on Health Department administrators. Seven years later the Deputy Director-General of Health was still smarting from the lesson which had been made so apparent - that there was determined and concerted opposition to the prospect of detention regulations in general hospitals.[25]

The strength of this opposition was again made clear in the following year when local doctors agitated for an amendment to the Public Health Act which would have introduced compulsory notification, examination and detention. Such an amendment, the Christchurch Branch of the Women's Christian Temperance Union argued, constituted "a revival of an ancient menace to innocent women, and a danger to public health".[26] Not only, it was claimed, were such proposals a threat to the rights of women, they would also discourage sufferers from seeking treatment. Instead, a completely different approach to the issue was suggested: sex hygiene instruction for young people; improved facilities for the free treatment of venereal disease; and legal barriers to the marriage of infected

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25. Frengley to Minister of Health, 6 June 1921, H 130/1/-

26. WR, Vol. 21, No. 243 (September 1915), p. 3.

persons.[27]

The amendment was never introduced. The Union remained anxious, however, about the Government's preoccupation with prostitution, a preoccupation which was made apparent in both the War Regulations Amendment Act 1916 and in the abortive Social Hygiene Bill of the following year.

Despite attempts to allay their fears, the Women's Christian Temperance Union was nervous about the provision in the War Regulations Amendment Bill for the Government to issue regulations for the suppression of prostitution and the prevention of venereal disease. Their anxiety was aroused by concern that such measures should not be introduced by regulation and by reservations about how the proposed measures would be enforced. This anxiety expressed itself in resolutions of protest from the Union's branches which were sent to all Members of Parliament, in literature and in public meetings in Auckland, Wellington, Christchurch and Gisborne.

The Bill was passed but the Union claimed partial victory in that the Minister of Public Health had been forced to explain the measures which he proposed to

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27. The demand for marriage certificates reflected a dual anxiety - about the plight of 'innocent' women infected by their husbands and about the proliferation of 'degenerates'. During the reading of the Social Hygiene Bill (No. 2) the Minister of Public Health expressed surprise at the number of requests he had received from women's groups for certificates of health prior to marriage, N.Z.P.D., 181 (1917), p. 434.

introduce under it. As noted, there was considerable disparity between the Minister's proposals and the regulations as passed and the gazetting of regulations under the Act on 21 August 1916 heralded a short-lived crackdown on prostitution.[28] Such action was viewed with indignation by the Union for it seemed to acknowledge a double standard of morality. As the White Ribbon observed "If it is a crime for a girl to sell herself, it is an equal crime for a man to buy, and both should stand in the dock together".[29] The Union also called for tougher penalties for procurers. Fears about the one-sided operation of the law were seemingly confirmed by the notorious 'Upland Road case', an ill-judged (and unsuccessful) attempt to prosecute the inhabitants of an alleged Wellington brothel.[30]

Agitation over the regulations was to prove a forerunner to the activism occasioned by the introduction of the Social Hygiene Bill in 1917. The Bill's introduction sparked a number of hastily arranged but well attended protest meetings and several handbills were issued.[31] The grounds for this agitation had been

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28. For this increase see Figure 2.

29. WR, Vol. 23, No. 266 (August 1917), p. 1.

30. See Griffiths, pp. 48-50. She suggests that the furore over the case contributed to the revival of the National Council of Women in 1917.

31. These ranged from anonymous handbills to considered

articulated since the first talk of 'tightening up' venereal disease legislation in 1910. Now, however, the threat of such legislation was made strikingly plain. The Bill, with its complex apparatus of surveillance, examination and detention spelt out the 'threat' in a detail never before proffered.

The Bill was portrayed as both unjust and ineffectual. The provision for "inquisitorial inquiries" based on evidence not legally admissible in court would, it was argued, make every woman a likely prey to slander. The Bill was also seen as sex and class-based legislation. Its full rigours, it was feared, would fall upon "the most helpless class of the community" while immoral men would escape "scot free".[32] Instead of the compulsory principle which underlay the Bill, stress was placed on the need for education of the young in social hygiene and on the need to make treatment facilities more easily accessible. Opponents of the Bill also suggested alternative means of improving the health and morals of the community such as the appointment of women as magistrates, as justices of the peace and as police patrols.

This opposition, along with that of some doctors and

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reports. See, for example, Anon., Social Hygiene Bill. Objections (Wellington, n.d.); British Medical Association (Wellington Division), Report of the Committee of the Wellington Division of the B.M.A. upon the Social Hygiene Bill (Wellington, 1917).

32. WR, Vol. 23, No. 268 (October 1917), p. 9.

politicians, led, as we have seen, to a drastic rewriting of the Bill in which its controversial clauses - namely the machinery for the inquiry, examination and detention of reputed prostitutes and those who consorted with them - were struck out. Henceforth the debate over social hygiene legislation would revolve around the issue of notification. Consequently, groups like the Women's Christian Temperance Union found themselves opposing the increasing pressure upon health authorities to introduce notification. Their argument remained unchanged: that facilities for treatment should be extended and attempts made to educate the community in a higher standard of morality before compulsory measures were introduced.

What had altered, perhaps, was the relative strength of the opposing sides. The opposition occasioned by the introduction of the Social Hygiene Bill had made the Health Department aware of the formidable task it faced in attempting to introduce further social hygiene legislation. Henceforth it could not take the support of the community for granted - attempts would have to be made to woo it.[33]

The chief opponent of such measures, the Women's

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33. In 1922, when the Department dismissed its Health Patrols on the grounds of economy, one was retained to carry out "propaganda work calculated to prepare the way for the passing of the Department's Social Hygiene Amendment Bill", Director-General of Health to Medical Officer of Health (Dunedin), 12 January 1922, H 147/1/-.

Christian Temperance Union, also found itself handicapped by the fact that unlike the situation in 1917 they had no clear focus for their opposition throughout the 1920s. The debate over further legislation lingered for several years, dissipating their members' loyalty and enthusiasm. As the 'old guard' of its leadership - who had participated in the battle against the Contagious Diseases legislation of the previous century - waned in influence, members increasingly questioned the Union's uncompromising opposition to compulsory measures. Shifts were also to occur within the wider women's movement as the Union lost its position of primacy and individuals and organisations with a more pragmatic approach to the issue began to be heard.

Thus when venereal diseases were made subject to conditional notification in late 1924 and further regulations were issued in 1925 there was an element of inevitability in the move which gave the event an air of anti-climax. In having moved to this conclusion, however, we have leap-frogged a central event in the debate over venereal disease in New Zealand - the Committee of Inquiry into Venereal Diseases.

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INQUIRY AND ACTION 1922 - 1939

...it revealed a condition of things in this country of New Zealand which he supposed none of them credited, and which they could scarcely credit. It was not only the prevalence of disease that it revealed, but the general low tone of morality that existed among them. They had an idea of it; some of them knew a good deal about it; but few had any idea it was so far-reaching and widespread.

Archbishop Julius, commenting on the Report of the Committee of Inquiry into Venereal Diseases, 1922.

The historian keen to analyse the response to venereal disease in New Zealand is presented with a valuable resource in the hearings and report of the Committee of Inquiry into Venereal Diseases, a committee of the Board of Health which sat for 17 days in August and September 1922. The Committee's hearings offered an opportunity for a wide range of opinions on venereal disease, its causes and possible remedies to be heard and debated. These views were disseminated, via the press, to a wide audience. Indeed, the Committee was designed not only to help formulate the official response to venereal disease but it also explicitly set out to raise public awareness on the issue and win support for further legislative initiatives to combat these diseases.

In 1910 J.G. Findlay had argued that a select committee was urgently called for to examine the magnitude of the venereal disease situation, to suggest possible remedies and to educate the public on the topic. The proposal lapsed, however, and it was over a decade before the call for an official inquiry into the subject was revived.

This time the agitation was part of the attempt spearheaded by hospital boards to impress upon the Government, and upon the populace in general, the pressing need for urgent action on the issue. Among the Dominion's hospital boards one stood out in its activism on the issue: the North Canterbury Hospital Board. Throughout

this period the Board took an outspoken approach towards socio-medical topics and it was prominent in calls for a Government inquiry into venereal disease. Indeed, interest in the issue could be traced back to the previous century. It was in Christchurch that the agitation for a contagious diseases act had been centred in the 1860s.[1] Likewise, the Board had established the country's first outpatient venereal disease clinic in March 1914.

In March 1922 it forwarded a resolution to the Minister of Health criticizing Government inaction and calling for a commission of inquiry into the venereal disease situation. The Board's call was supported by a number of other hospital boards and welfare organisations.[2] The proposal was initially rejected on the grounds of economy but the Board remained undeterred. In June it sent a deputation to the Prime Minister to press the case for a Government inquiry into venereal disease. The move achieved wide publicity for their cause and Massey expressed shock at the claim that 2000 new cases of venereal disease occurred in the Dominion every year. The Prime Minister also made clear his support for the idea of an inquiry.

The Board's call was soon echoed by several other

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1. See Macdonald, pp. 46-48.

2. See North Canterbury Hospital Board to Minister of Health, 21 March 1922, 22 March 1922, H 130/1/-.

bodies, including the New Zealand Branch of the British Medical Association. Considering the Branch's request, the Board of Health decided at its meeting on 20 June to recommend to the Minister of Health that he "set up a committee for the purpose of gathering data regarding the prevalence of Venereal Disease in New Zealand and to make recommendations as to the best means of preventing and combating these diseases."[3]

The advice was taken and in July the Committee's terms of reference and its personnel were announced.[4] The Committee's terms of reference were:

> (1) To inquire into and report upon the prevalence of venereal disease in New Zealand.
> (2) To inquire into and report any special reasons or causes for the existence of venereal disease in New Zealand.
> (3) To advise as to the best means of combating and preventing venereal disease in New Zealand, and especially as to the necessity or otherwise of fresh legislation in the matter.

The membership of the Committee reflected the strong medical bias of the Board and included Dr J.S. Elliot; J.P. Frengley, the Deputy Director-General of Health; Sir Donald McGavin, Director-General of Medical Services for

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3. Minutes of meeting, 20 June 1922, H series 6/1. Whilst a number of organisations - including the Women's Christian Temperance Union - supported the call for a committee of inquiry, it is obvious that it was the endorsement of the Medical Association and the Board of Health that was most significant.

4. The desire to keep the cost of the inquiry to a minimum was apparent in the decision to appoint a Committee of Inquiry rather than a Commission. See N.Z.P.D., 195 (1922), p. 415.

the Defence Department and M. Fraser, representing the Hospital Boards. Male predominance on the Committee was only slightly balanced by the appointment to it of Lady Luke, the wife of the Mayor of Wellington, who was active in a variety of organisations and was the only female member of the Board of Health. The Committee was chaired by the Hon. W.H. Triggs, M.L.C., who was to chair the Committee of Inquiry into Mental Defectives and Sexual Offenders two years later.

The Committee met on 17 days and heard 74 witnesses in person. It travelled to the four main centres where medical personnel - both specialists and administrators - formed the majority of witnesses. Other witnesses included the Director of Education, the Commissioner of Police, the Government Statistician and representatives of various religious and welfare organisations. In comparison to the British Royal Commission, the Committee heard evidence from a wider range of witnesses. It was also more willing to confront and debate controversial issues such as legalised prostitution and prophylaxis and to explore the social dimensions of the issue.[5] The Committee's hearings were open to the press and the evidence given to it attracted wide coverage in the Dominion's newspapers. This publicity, which was also

5. New Zealand's Minister of Defence, James Allen, had criticised the Royal Commission for its timidity in dealing with the subject, Minister of Defence to Director-General of Medical Services, 4 March 1918, AD 24/46/-.

generated by the release of the Committee's Report in October, was perhaps one of its most significant achievements.

The Committee's brief was a wide one. It had first to establish the prevalence of venereal disease in the community - an objective question to which only subjective answers could be given.[6] Possible clues to the answer came from a survey distributed to doctors, from attendance figures at the four venereal disease clinics and from official statistics on deaths and mental hospital admissions.[7] Its second task was to examine the causes of these diseases. Every witness was keen to proffer an opinion on this question. Explanations for the alleged incidence of venereal disease ranged from a decline in female standards of morality to an aversion to cold baths. The third part of the Committee's brief was to ascertain the necessity or otherwise for further legislation. Here it found itself face-to-face with both sides of the debate over compulsory provisions and the Committee heard

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6. The Select Committee on the Social Evil, 53 years earlier, had also discovered the difficulty in gathering accurate statistics on venereal disease. See "Draft Report", Le 1869/12.

7. It was possible, using Fournier's estimate that 3 per cent. of syphilitics develop dementia paralytica, to compute the number of cases of syphilis in the community. Using such a formula the Inspector-General of Mental Defectives, Dr Frank Hay, calculated that 1 in every 32 of the population had syphilis, A.J.H.R., 1922 (H.31A), p. 10.

evidence from those who supported and those who opposed such measures.

The Committee's Report stands as an important testament to contemporary attitudes to venereal disease. It reveals the major role played by racial and national pride in motivating concern about these diseases and the moral and social boundaries within which the discussion of venereal disease and the formulation of strategies to combat it took place. The first part of its task - to report on the prevalence of venereal disease in New Zealand - proved a difficult one and in the absence of accurate statistics the Committee was unable to draw any conclusions on the situation in the Dominion or to ascertain whether the incidence of venereal disease was increasing or decreasing. Despite this it felt confident in concluding that venereal disease was "sufficiently prevalent to cause serious concern and to call for energetic action".[8]

A survey of the nation's doctors - 85 percent of whom replied - revealed that 1 in 428 of the population was being treated for venereal disease or its results.[9] The doctors were also surveyed for their attitude on the gravity of the situation. Asked to state whether they

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8. Ibid., p. 21.

9. Ibid., p. 9. The Report acknowledged that the figure was probably on the low side since not all doctors had replied and since it was likely that some cases of venereal diseases had not been diagnosed as such.

believed the incidence of venereal disease was increasing or decreasing, the majority of those who replied adjudged it to be decreasing.[10] The Report, however, made little of this (admittedly subjective) conclusion. Indeed, the alarmist view of the situation, which permeated the whole document, was based on the premise that venereal disease was a major and escalating health problem. This apparent disparity leads to an important question, which we shall consider in the second part of this thesis: if concern about venereal disease was not based on an observable increase in the incidence of these diseases, what was it based on?

The very difficulty in gathering accurate statistics on the incidence of venereal disease pointed to the desirability of notification as a means of monitoring the situation. It also highlighted the need for greater honesty by the medical profession, who were often keen to avoid offending the sensibilities of the community. It was, for example, a widely acknowledged fact that many medical practitioners faced with a death which could be traced back to syphilis would refrain from stating the primary cause of death on the victim's death certificate. To encourage the keeping of more accurate statistics some overseas authorities had suggested an amendment to

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10. Ibid., p. 9. Of those surveyed, 199 doctors replied that they felt the incidence of venereal disease was increasing and 203 that it was not.

existing systems of death registration. Whilst supporting such a move in theory, the Committee noted that:

> if New Zealand were to adopt the reform while the rest of the Empire retained the present system, the result would be to place the Dominion in an apparently unfavourable light in comparison with other parts of the Empire in regard to the mortality from these diseases.[11]

The pursuit of medical honesty, it appeared, must not be allowed to tarnish the nation's reputation.

In its attempt to determine the causes of venereal disease in New Zealand the Committee concurred with the evidence given to it that the real threat to the country's moral and physical well-being came from the 'amateur' prostitute. The Commissioner of Police, for example, had informed the Committee with apparently unshakable confidence that:

> there was not one known brothel in New Zealand at the present time, and the old type of prostitute as [sic] almost extinct. But he did not suggest that human nature had improved. For all that, in fact, to his mind it had gone the other way .... there would be more promiscuous sexual intercourse among young people than formerly.[12]

As a consequence the Committee declared that in order to understand the causes of venereal disease, inquiry into the conditions which produced 'amateur' prostitution was necessary. Its mission, then, broadened into a critique of the moral failings of contemporary society.

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11. Ibid., p. 11.

12. New Zealand Times, 15 September 1922.

The Report bemoaned a looseness of conduct which, it argued, was obvious not only in the venereal disease situation but also in the number of illegitimate births and extra-marital conceptions. Much was made of calculations presented to the Committee which suggested that over 50 per cent. of all first births occurring within 12 months of marriage were the result of extra-marital conception. Shocked clerics were quick to use the statistics - repeated in the Committee's Report - as a condemnation of the prevailing (im)morality. Others saw them as a slur on the nation's womanhood. As a result urgent consultations were held with the Government Statistician and a press statement issued. The statement noted that the figures was designed to 'rouse' the public conscience and criticised their interpretation as a reflection upon the country's womanhood. As the statement pointed out, the majority of first births occurred after the first year of marriage. Taking this into account, 25 percent of all first births were the result of extra-marital conception.[13]

The alleged prevalence of this promiscuity was attributed to a number of factors: changing social conditions, a lack of parental control, poor housing, and the delaying of marriage. Also singled out for blame were the effects of alcohol, a lack of education in sexual

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13. See A.J.H.R., 1922 (H.31A), p. 11 and minutes of meeting, 25 May 1923, H series 6/1.

matters and the influence of the cinema.

If the Report signaled an end to the preoccupation with the prostitute as a source of venereal infection, her place as an object of concern and control was taken by the 'amateur' prostitute and the feeble-minded female. While the Committee suggested that promiscuous behaviour was "not confined to any particular social strata"[14], one group was singled out for vilification - mentally defective women. In stressing the role of 'defectives' in spreading immorality and disease the Committee was reflecting the prevailing opinion of many scientific and educational authorities. In a statement to the Committee the Officer in Charge of the Industrial and Special Schools Branch of the Education Department, for example, had stated that feeble-minded girls were prone to become "irresponsible sources of corruption and debauchery in the communities where they live".[15] The female defective was stigmatised as a source of physical and moral contagion whose freedom threatened the health of the nation. This stigmatisation was reinforced in the Report's recommendations, where it was declared that "there is far too large a proportion of mental and physical defectives reproducing their kind".[16]

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14. A.J.H.R., 1922 (H.31A), p. 11.

15. Statement by J. Beck, H 130/1/2.

16. A.J.H.R., 1922 (H.31A), p. 22.

The Committee felt confident in recommending the registration and segregation of defectives. It also felt equally strongly on two other matters - legalised prostitution and prophylaxis prior to intercourse. Both were vehemently denounced on moral and health grounds. Legalised brothels, it was declared, would increase immorality and hence increase disease. The opposition to anticipatory prophylaxis was spelt out in detail. The Committee did, however, endorse 'early treatment', that is treatment applied after possible exposure to infection.[17] This was a method which had been used extensively during the war and it was suggested that a similar system, using trained orderlies, could prove effective in New Zealand. Yet even here there was a nervousness lest such innovation encouraged immorality. The Committee was anxious that the provision of prophylactic facilities was not to be seen "as in any way a substitute for continence and the high moral tone that repels any suggestion of promiscuous sexual intercourse".[18]

This proposal was but a small part of the Committee's suggested solution to the problem. Its primary stress was upon the need for greater moral self-control and education. The young, it was argued, should be educated

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17. The Report itself pointed out that the term was misleading since a disease cannot be treated before it exists, ibid., p. 17.

18. A.J.H.R., 1922 (H.31A), p. 17.

to a high moral standard on matters of sex hygiene and inter-personal behaviour. While it was acknowledged that this should ideally be given by parents, the reluctance of many to do so was admitted. Consequently, it was recommended that teachers be trained to answer questions on sex hygiene and that specialised talks be given by School Medical Officers.

The other weapon in the fight against venereal disease was medical. Here it was suggested that the hours of the venereal disease clinics be extended, a frequent call from women's groups. The medical solution was to be reinforced by legislation. Indeed it was argued that the two were mutually interdependent. The Committee asked:

> Of what use is it to provide free clinics if those who make use of them are permitted, as soon as the urgent symptoms are relieved, to disseminate disease broadcast, widening the circle of infection?[19]

The question of venereal disease legislation was a controversial one and the Committee was keen to allay the fears of those who opposed notification and the compulsory examination and detention of sufferers. It also set out to demonstrate that such opposition was based on ignorance of the gravity of the situation. It was observed, for

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19. Ibid., p. 19. Statistics presented in the Report revealed that at most venereal disease clinics over 50 per cent. of patients discontinued treatment before being cured. This was especially so among women sufferers. For difficulties in the diagnosis and treatment of venereal infection in women see ibid., p. 16 and Royal Commission on Venereal Diseases, p. 174.

example, that those witnesses whose work brought them into contact with the consequences of venereal infection were unanimous in their belief that some form of compulsory notification and treatment should be adopted. Also highlighted was the existence of division in the ranks of those groups who opposed compulsory measures.[20]

The precise mechanism which the Committee recommended was conditional notification, whereby cases of venereal disease would be notified by number or symbol only. Under this system a sufferer's identity would only be communicated to the Health Department if he or she discontinued treatment whilst still infective. This was the procedure set out in the Health Department's own proposals, which had been circulating for some time. It was also the procedure used by health authorities in Western Australia.[21]

With regard to calls for compulsory examination and treatment, the Committee once again endorsed Health Department proposals. Legislation should be enacted, it

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20. The Report noted differences between the National Council of Women and its Auckland branch (which was more sympathetic to notification) and the fact that the four women doctors who gave evidence to the Committee all supported the need for compulsory measures, ibid., pp. 17-18. For Agnes Bennett's support for compulsory measures see A.E. Bennett Papers, Folder 241, WTu.

21. The alleged effectiveness of the West Australian legislation was an important facet of its appeal and New Zealand health officials were in frequent contact with its Commissioner of Public Health, G. Atkinson, who was a New Zealander. See, for example, G. Atkinson to Chief Health Officer (Wellington), 11 April 1921, H 130/1/-.

urged, that would give the Director-General of Health the power to direct any person he believed to be suffering from venereal disease to consult a medical practitioner and produce a certificate that the suspect was or was not suffering from venereal disease. Other clauses would allow persons who failed to comply with such requests to be examined on a warrant from a magistrate and would allow a magistrate to order the detention until cured of any person likely to be a source of venereal infection. The Committee also recommended that provisions to prohibit treatment by unqualified personnel be strengthened.

Another legislative aspect, but one which was not a source of contention, was the question of marriage certificates. By 1921 20 States in America had enacted legislation prohibiting the marriage of persons suffering from venereal disease[22] and the call for a certificate of health prior to marriage was an oft-repeated part of the alternative strategy for combating venereal disease which was promoted by women's groups. The principle of such certificates also won the support of the Committee. Modesty, however, demanded that actual physical examination was ruled unthinkable. Instead, it was recommended that parties to marriage should make a sworn declaration as to the presence or absence of communicable

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22. Connelly, The Response to Prostitution in the Progressive Era, p. 79.

and mental disease before the Registrar. If the presence of disease was admitted this was to be conveyed by the Registrar to the other party. Failure to declare such infirmity, the Report suggested, should be grounds for annulment.[23]

The Report identified ignorance and prudery as the principal hurdles to a solution of the venereal disease 'problem' and it declared:

> If this inquiry should serve to remove some of the popular ignorance regarding venereal disease, and to quicken the public conscience so that appropriate steps may be taken to deal with this dreadful scourge, the Committee feel that their labours will not have been in vain.[24]

The Committee's hearings had attracted wide publicity. Its Report, released in October 1922, did likewise. The widespread dissemination of the document was seen as a means of improving public awareness and courting support for Health Department initiatives. Hence the Government took the unusual step of printing a second edition of the Committee's findings which included a six page supplement containing favourable comments on the Report from press and other sources. The tide of praise detailed in the supplement came from a wide range of individuals and organisations including philanthropic organisations,

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23. Whilst medical certificates before marriage were required in several American states, physical examination only applied to the male, preserving the image of the wife (to be) as the innocent sufferer. See Connelly (op cit), p. 80.

24. A.J.H.R., 1922 (H.31A), p. 23.

religious figures, medical bodies and newspapers, both in New Zealand and abroad.

The Committee's hearings and the release of its Report served to arouse interest in the issue and to spur calls for further Government action. In the atmosphere occasioned by the Report's release, the Women's Christian Temperance Union found itself in an awkward position. There was much in the Report, like the call for education in a higher standard of morality, with which it agreed. At the same time, however, it remained strongly opposed to the introduction of notification. The increasing support for compulsory measures which the Report elicited created tensions within the Union as branches wavered in their loyalty to its policy on notification.[25]

Tension within the Union was exacerbated by structural and ideological shifts within the wider women's movement. As a result of these shifts the Union found itself increasingly isolated in its doctrinaire opposition to all compulsory measures. Particularly noticable was the apparent gap between the Union's stand and that of the recently revived National Council of Women.

The Committee's findings had increased the pressure on the National Council of Women to modify its hostility to

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25. Evidence of these tensions could be seen in the White Ribbon of December 1923 where Kate Sheppard berated those members of the Union who questioned the body's opposition to notification.

notification. Changes in its composition and personnel meant that such pressure met a more receptive response. As memories of the ideological battles of the previous century grew more distant, the Council's leaders took a more pragmatic approach to the issue. Such pragmatism was especially noticable in the Council's Auckland branch, whose President, Dr Hilda Northcroft, had long argued that the organisation's stand on the issue was unrealistic. At the annual conference in 1923 the branch attempted to pass a strongly-worded remit calling for the compulsory notification and treatment of recalcitrant sufferers. After an intense debate on the issue, in which the Council's Dunedin branch remained steadfastly opposed to notification, the conference found a compromise, passing an amended resolution which omitted any reference to notification but expressed support for legislation along the lines of the Committee's Report.[26] The resolution signified the end of the united stand on social hygiene legislation which had characterised the previous decade.

As time passed without any sign of the Committee's recommendations being acted upon, the initial enthusiasm

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26. H. Northcroft to Drake, 30 October 1923, H 130/1/-. Mrs McHugh, a former Health Patrol who was retained by the Health Department to publicise the case for venereal disease legislation among women's groups, also noted the different stance of the Auckland branch, F. McHugh to Director-General of Health, 28 January 1924, H 130/6/-. See also Griffiths, pp. 70-71. She observes that the Women's Christian Temperance Union retained considerable influence within the Council's southern branches.

which medical groups expressed upon the Report's release was replaced by mounting criticism of the Government.[27] The criticism came from groups which had been vocal on the issue in the period leading up to the Committee's appointment. They were joined by many of the Committee's personnel, who feared that their travail had been to no effect.[28] The delay in introducing legislation was due to a number of bureaucratic setbacks. By 1924 the necessary legislation was ready for introduction but owing to the illness of the Prime Minister was not brought forward.[29] The Crown Law draftsman declared, however, that the proposed measures could be introduced by regulation rather than by statute.

This was the course to be followed. In December 1924 regulations were gazetted which declared gonorrhea, syphilis and soft chancre infectious diseases, giving the authorities power to order sufferers to hospital.[30] In July of the following year further regulations were gazetted which provided for conditional notification and

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27. This apparent inactivity led to expressions of cynicism about the worth of such inquiries when the Government announced, in November 1923, the appointment of a Committee of Inquiry into Mental Defectives and Sexual Offenders. See J Bundle 37.

28. The Committee's Chairman, W.H. Triggs, was outspoken in his criticism of the Government's inaction, W.H. Triggs to Secretary, Board of Health, 15 April 1924, H 130/1/4.

29. See N.Z.P.D., 206 (1925), p. 189.

30. New Zealand Gazette, 4 December 1924 (No. 80), p. 2868.

the compulsory examination and isolation of uncooperative sufferers.[31] By introducing these measures through regulation there was little debate on the move. Whilst there is no evidence to support the claim, opponents of notification and compulsory examination and detention were confident that the move was deliberate and an acknowledgement by politicians that the measures were not supported by the women of New Zealand.[32] The regulations soon became a fait accompli, however, and within four years of the introduction of the regulations the National Council of Women was debating the wisdom of going further and making all cases of venereal disease notifiable, as had been recommended by the Committee of Inquiry.[33]

Whilst concern would continue to be voiced over apparent inequities in the enforcement of venereal disease legislation, the previously contentious issue of notification was henceforth no longer a source of bitter debate. The case for a cohesive campaign against these diseases had won over its critics. In an ironic turn of the tables, by the 1930s the Health Department found

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31. Ibid., 9 July 1925 (No. 51), pp. 2036-41.

32. See WR, Vol. 30, No. 360 (June 1925), p. 1. The Health Department was certainly aware of the continuing opposition to its legislative plans. This is evident in the responses of Medical Officers of Health to the draft regulations, H 130/1/-.

33. Report of Proceedings of Conference 1929, p. 15, MS Papers 1371, Folder 108, WTu.

itself in the position of resisting calls for compulsory, rather than conditional, notification.[34]

The need for further action was not a priority at a time when the situation appeared to be under control. From the late 1930s, however, the venereal disease statistics were causing concern. This concern was to be aggravated by the outbreak of the Second World War.

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34. A.J.H.R., 1932 (H.31), p. 3.

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WAR PRESSURES 1939 - 1945

One of the great difficulties is the lack of this ultimate purpose in life, the pleasures of the present are so real, and the future so uncertain that it is sometimes necessary to remind ourselves of the importance of the fundamental values of life, lest at the end of the war we find that we have lost by decay from within all that our men are now fighting to protect from attack, and perhaps the most precious of all these things is a happy family life.

Dr Alice Bush, Personal Relationships, 1944.

As the previous chapter noted, attitudes to venereal disease legislation changed over time. By the 1940s there was an implicit acceptance even in the ranks of the Women's Christian Temperance Union, the most outspoken critic of compulsory measures, of the need to notify cases of venereal disease.[1] Analysis of the response to venereal disease in New Zealand during the Second World War suggests, however, that in other facets there were strong elements of continuity.

While slight changes could be detected, such as an unspoken acknowledgement among health personnel of the value of anticipatory prophylaxis, attitudes towards venereal disease appear to have changed little. There was a continued nervousness about prophylaxis and about publicity on the issue. The persistence of past attitudes towards venereal disease was also apparent in the variety of tracts and educational publications occasioned by war pressures: most continued to view venereal infection as the inevitable result of immoral behaviour and as a compelling argument for 'clean' living. The period also evidenced the passage of repressive legislation against prostitutes, which was justified on the basis of the alleged link between prostitution and venereal disease. The resulting police action revived concern among women's groups about the apparent onesidedness of the law.

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1. See minutes of meeting, 27 August 1942, Officers' Minute Book, W.C.T.U. Papers [uncatalogued], Box 10, WTu.

Inequality in the treatment of the sexes could also be detected in official attitudes towards venereal disease cases in the women's services.

The period after the introduction of regulations in 1925 had been characterised by a lull in activism on the issue of venereal disease control. This was to persist for barely a decade. By the late 1930s health officials were again contemplating the necessity of altering the legal mechanism for dealing with recalcitrant sufferers. There was also increasing concern about the statistics received from the four hospital venereal disease clinics. These anxieties were thrust into prominence with the outbreak of the Second World War.

The figures derived from attendance records at the venereal disease clinics had always been of limited utility as an indicator of health trends. Changes in the treatment of the disease - such as the development of sulphonamide drugs which meant that sufferers were increasingly treated by their own doctors - meant that their relevance became even more questionable.[2] From the late 1930s, however, these figures became a source of concern among medical authorities for they seemingly revealed an increase in the incidence of syphilis. This increase was particularly noticeable in Wellington and an

2. See A.J.H.R., 1942 (H.31), p. 3.

apparent rise in the incidence of syphilis was soon also observable in Auckland and Christchurch.[3]

Medical authorities were so alarmed at the situation that by 1941 they were contemplating testing those about to marry or give birth for infection.[4] There was a precedence for such testing in the Maori community, where concern about the incidence of syphilis amongst the community in Whakatane in 1939 led the Health Department to conduct Wasserman tests of all the local population over five years of age. When such tests revealed a disturbingly high incidence of syphilis the Department not only appointed a full-time Maori doctor as Medical Officer to the area but it also initiated nationwide testing of all Maoris over five who were admitted to hospital or who enrolled at ante-natal clinics. The program revealed that the Whakatane episode was an isolated experience although concern about venereal disease in the Maori community was to persist.[5]

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3. See Figure 1. With hindsight the rise in Wellington was blamed on the influx of 'undesirables' associated with the Centennial Exhibition held in that city, Martyn, p. 29; N.Z.P.D., 263 (1943), p. 191.

4. Director-General of Health to Minister of Health, 12 November 1941, H 45/-/-.

5. For further details on the episode see H 45/4/28 and A.J.H.R., 1940 (H.31), p. 4. The meeting of medical personnel called to discuss health problems arising from the war which met in October 1940 expressed concern at the incidence of venereal disease amongst Maoris and called for further Medical Officers to be appointed to selected areas, New Zealand Medical Journal, Vol. 39, No. 214

In his annual report for 1941 the Director-General of Health noted with concern that "the increased incidence of venereal disease, particularly syphilis, constitutes a grave public-health menace".[6] Within a year, however, the apparent threat had passed and both medical and military authorities were congratulating themselves on their handling of the situation. Comparisons were inevitably drawn with the experience of the First World War.[7] The authorities' success in dealing with the situation was reflected in the statistics. The rate for the army in New Zealand was 23 per 1000 in 1940, 31 per 1000 in 1941 and 15 per 1000 in 1942. This compared with an army rate of 34 per 1000 per annum in 1917.[8] Both civilian and military spheres had witnessed a determined effort to combat the disease which concentrated on effective medical treatment, public education and the tracing of suspected 'contacts'. Cooperation between the two spheres was promoted by the Health Department and in October 1940 a conference was called by the Director-General of Health to consider health problems occasioned

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(December 1940), p. 343.

6. A.J.H.R., 1942 (H.31), p. 3.

7. Dominion, 31 July 1942.

8. The overseas rate showed a similar improvement. In 2NZEF overseas the rate for the entire war was 47 per 1000 per annum compared to a rate of 60 per 1000 for 1NZEF. See T.D.M. Stout, Medical Services in New Zealand and the Pacific (Wellington, 1958), p. 261.

by the war.

Medically, great advances had been made in the treatment of venereal disease and, in particular, of gonorrhea. The process was now a much simpler and quicker one. The discovery of the sulphonamides greatly simplified the treatment of gonnorhea cases and the tedious regime of daily irrigations, prostatic massage and urethal instillations characteristic of the First World War became redundant, except for a minority of cases who failed to respond to the new drugs.[9] The authorities had also learnt the value of prophylaxis. Preventative ablution, or 'PA' facilities were widely available for the troops and were provided at all military camps, at most soldiers' clubs and aboard troopships.[10] In military circles at least the issue of venereal disease prevention had shed its moral and judgemental trappings. It was now seen as solely a medical issue. The Director-General of Medical Services, Colonel Bowerbank, saw his responsibilities quite clearly:

> My function is to keep the troops fit by the prevention of disease, and, should they become sick, to restore them to health as quickly as possible .... It is accepted that if a man takes suitable precautions before and after sexual intercourse the danger of

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9. The average stay in hospital for an infected soldier during the Second World War was only 14 days, less than a third of that endured by his counterpart in the First World War, T.D.M. Stout, War Surgery and Medicine (Wellington, 1954), pp. 610-16.

10. Stout, Medical Services, p. 260.

> infection is infinitesimal. It is therefore, in my opinion, our duty to encourage by every means in our power the use of such preventative measures.[11]

Military authorities acknowledged the value of the condom as an ally in the fight against venereal infection and some two decades after Ettie Rout had proclaimed their worth, condoms were openly issued to New Zealand troops overseas.

Their value for the civilian populace was also acknowledged. This acknowledgement was apparent in two areas: in the resistance to strident calls for controls on the availability of contraceptives and in a concern with the quality and continued supply of such articles. Whilst a falling birth rate suggested a growing acceptance and use of birth control techniques, the 1930s witnessed a succession of well organised campaigns to limit access to contraceptives. Based on alarmist claims of their alleged (mis)use by adolescents, these campaigns continued on into the 1940s.[12] Asked to comment on the implications of such moves to restrict access to contraceptives, the Director-General of Health argued the case for resisting such pressure:

> The increased incidence of venereal disease, particularly syphilis, is causing the Department considerable concern at the present time. The spread of venereal disease can be largely eliminated by the use of rubber contraceptives. For these reasons, and viewing the matter only on public health grounds, the

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11. Bowerbank to Adjutant-General, n.d., H 45/47/-.

12. See H 175/51/1, CW 40/2/26.

> Health Department is of opinion no action should be taken which would interfere with the importation and use of such articles.[13]

Despite such sentiments amongst medical and military personnel, concern about the moral issues raised by prophylaxis persisted. As a consequence prophylactics were only issued to the forces abroad. They were not issued to troops in New Zealand, despite the fact that infection contracted in New Zealand accounted for a considerable proportion of venereal cases.[14] Military sources make it clear that the policy was not of their own making but reflected social and political considerations.[15]

Such considerations were also obvious in the attitude towards venereal disease in the women's services. There was an exaggerated concern among military authorities to uphold the reputation of the women's forces and to allay any fears that parents might have about their daughters entering the ranks.[16] This concern was to have significant

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13. Director-General of Health to Minister of Health, 28 October 1941, H 140/16/-.

14. Stout, op. cit., p. 261.

15. Stout, who had been a consultant surgeon for 2NZEF, claimed that the discrepancy in policy was due to "Government decree", ibid., p. 260.

16. A restricted circular issued by Army Headquarters in 1943 noted
> In the minds of many people an impression exists that the conditions and circumstances of Army Life are such as to conduce to the lowering of moral standards. It is of the utmost importance that it should be able to be demonstrated that this impression is wrong and that

consequences for initiatives against venereal disease amongst female military personnel.

The first area of unease about how to treat the issue among women of the services was that of disease prevention. Medical talks on sex hygiene and the necessity of self-control, delivered by an aged medical practitioner, constituted the only form of prophylaxis permitted these women.[17] Regular medical inspection, as carried out among male recruits, was ruled unthinkable. So, too, was the prospect of medical prophylaxis. The conflict between purely medical and wider considerations was articulated by the Director-General of Medical Services, who asked

> Should provision be made in the W.A.A.C or W.A.A.F. camps for preventative ablution or treatment? Looking at it entirely from the medical point of view, and the health of the N.Z.A.N.S., W.A.A.C. and W.A.A.F. personnel such provision is desirable, but I realize that the lay point of view must be considered, and the reaction of the general public, especially the mothers, would be very severe and unpleasant.[18]

Differentiation between male and female recruits was

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in fact adequate measures are taken to maintain proper moral standards and to combat immorality. (Circular 376/1943, A.E. Bennett Papers, Folder 280, WTu.)

17. In 1943 it was decided that Dr Agnes Bennett, then aged 71, be retained to lecture servicewomen on matters of sex hygiene. For criticism of her inability to relate to the young women she was lecturing see AD 330/9/12. For her draft lectures see A.E. Bennett Papers, Folder 246a, WTu.

18. Director-General of Medical Services to Adjutant-General, 30 September 1942, AD 330/9/12.

also apparent in the attitude towards those who were discovered to have contracted venereal disease. While infection among male recruits was treated as bothersome but understandable, if a woman became infected it was seen as positive proof of her unfitness for service life. The continued presence in the ranks of these women, military authorities argued, threatened the moral welfare of their fellow recruits. Hence they were keen to discharge such women immediately on discovery of infection.[19]

In contrast, male recruits were treated by military doctors until non-infective. This was the approach which Health Department officials argued should also be applied to venereal cases in the women's services. Their stand was not, however, based on principles of justice or fair play but rather on the fact that retaining such cases under military discipline was the most effective means of ensuring effective and continued treatment. The two positions were debated at a number of meetings but differences of opinion over whether venereal infection alone was sufficient grounds to justify discharge remained irreconcilable.[20]

While military authorities confronted the problems

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19. For a similar situation in the Canadian forces see Pierson.

20. These anxieties are apparent in Minutes of Conference on Pregnancy and Venereal Disease in Women Personnel of the Three Services, 19 July 1943 and Minutes of Conference, 29 July 1943, AD 330/9/12.

attendant on the issue of venereal disease prevention, civilian authorities also reassessed their handling of the matter. In the first year of the war the organisational machinery for venereal treatment was strengthened. The medical officers in charge of the venereal disease clinics in the four main centres were appointed Assistant Inspectors of Hospitals in order to inspect and advise on treatment facilities in the country's smaller hospitals. At the same time the Health Amendment Act 1940 gave the Health Department increased powers to deal with sufferers.[21] The 1925 regulations were also re-evaluated and new regulations were gazetted in December 1941. The new regulations decentralised the powers of the Health Department by transferring to local Medical Officers of Health the powers that had formerly rested with the Director-General of Health. This change, it was hoped, would overcome delays in bringing recalcitrant sufferers under treatment. More stringent standards for the examination of suspected sufferers were also introduced.

These changes gave the Health Department considerable powers over suspected carriers of venereal disease. Such powers were augmented by the development of a close working relationship between the Department, the Police and the various branches of the armed services, including

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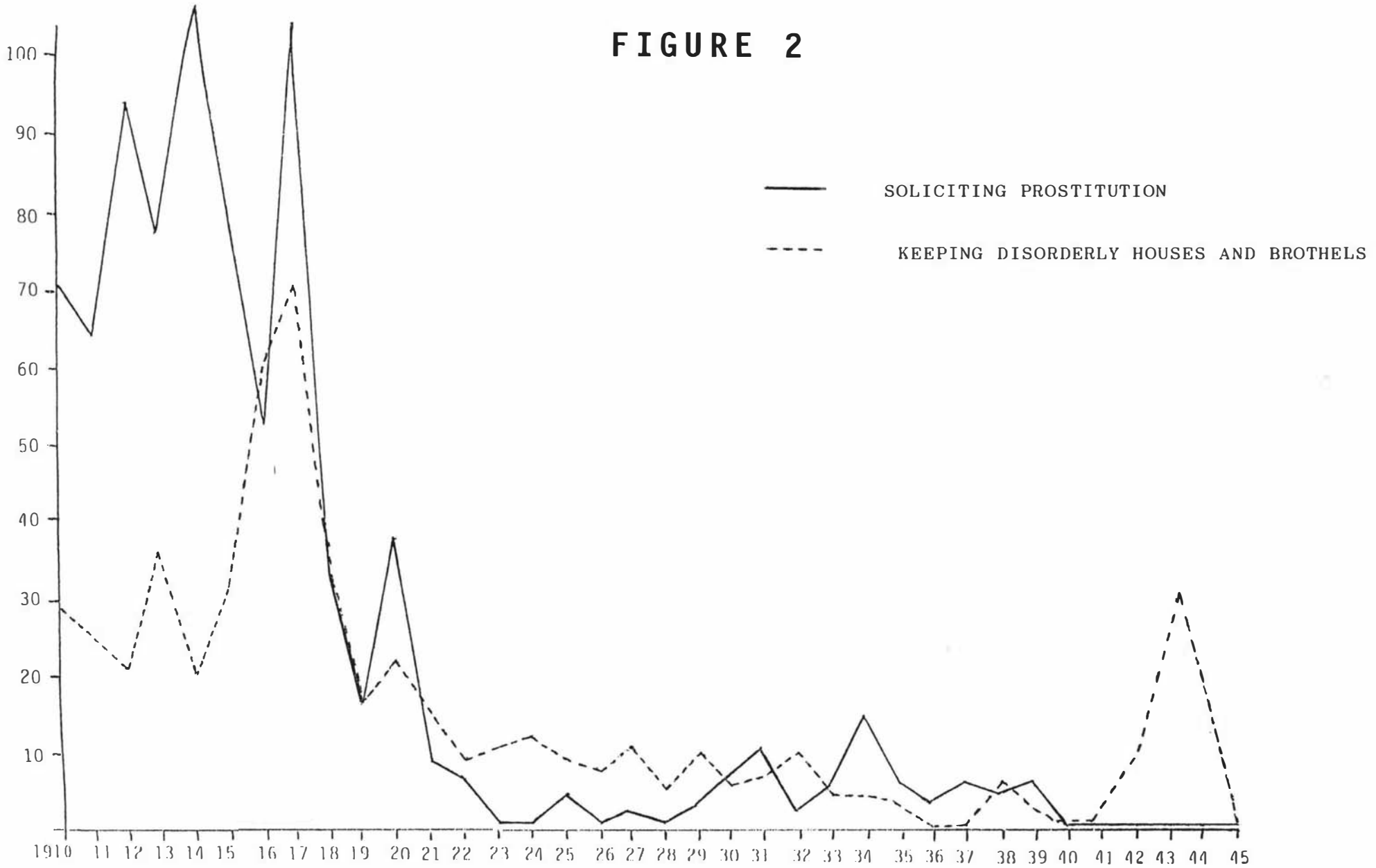
21. The Act declared venereal diseases statutory infectious diseases and gave Medical Officers of Health the same power over suspected sufferers as they had over actual sufferers, N.Z.S., 1940 (No. 17), p. 203.

FIGURE 2



NUMBER OF PERSONS APPREHENDED OR SUMMONSED FOR
(i) SOLICITING PROSTITUTION
(ii) KEEPING DISORDERLY HOUSES AND BROTHELS [SOURCE: A.J.H.R. (H.16), 1911-46.]

those of the United States, in order to trace sources of infection. To aid the detection and treatment of these female 'contacts', nurses were attached for this purpose to the District Health Offices in the main centres.[22]

In tandem with these moves came increased police concern with prostitution. In 1942 the Police Offences Emergency Regulations were gazetted under the Emergency Regulations Act of 1939. The regulations gave police wide powers of search and arrest in dealing with suspected brothels and made provision for the examination and detention of convicted persons who were suspected to be suffering from venereal disease. The passage of the regulations led to a sharp rise in the number of convictions for brothel-keeping.[23] Such actions, along with concern about apparent inequalities in the administration of the venereal disease regulations, led to protests from women's organisations.[24]

These measures were aimed at the 'professional' prostitute. It had been acknowledged for some time,

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22. See A.J.H.R., 1941 (H.31), p. 4.

23. See Figure 2.

24. A resolution passed by the Annual Convention of the Women's Christian Temperance Union in 1943 suggested that "in a subtle way the old C.D. Acts ... are being re-enacted", Minutes of Convention, W.C.T.U. Papers [uncatalogued], Box 9, WTu. Similar concern was also expressed by the National Council of Women, Monthly Bulletin, July 1942, p. 1. These anxieties are explored in Chapter 20 of N.M. Taylor, The New Zealand People at War: The Home Front [Vol. 2] (Wellington, 1986).

however, that venereal infection was chiefly spread by non-commercialised promiscuity. The war, and the presence of large numbers of American troops in several cities, led to a new 'problem': young girls, many of them under the age of consent, who consorted with the troops. Like their 'professional' counterparts, they, too, came under official surveillance and control. Alleged concern for the welfare of these young women lay behind police crackdowns on the nightclubs which had sprung up in Wellington and, more especially, Auckland. Such action was facilitated by the introduction in 1941 of women police. In his report for 1942 the Commissioner of Police noted that policewomen gave "special attention to young girls out late at night and apparently not under parental control".[25]

As a result of these activities an increasing number of young women found themselves referred to the Child Welfare Department and committed to its care. The number of cases was not large but they taxed existing facilities to their limit.[26] This crisis came to press attention in August 1942 when the Magistrate at a sitting of the Children's Court in Auckland observed that "the present

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25. A.J.H.R., 1942 (H.16), p. 3.

26. The number of young women committed to the care of the State or placed under supervision increased from 92 in 1942 to 124 in 1943. See E. Philipp, Juvenile Delinquency in New Zealand (Wellington, 1946), pp. 16, 35.

wave of juvenile prostitutes" necessitated the establishment of a separate institution for delinquent girls, "especially those suffering from venereal disease".[27] Such was the alleged depravity of these girls that a special institution was called for. One District Child Welfare Officer, for example, noted that "most of them have led such indulgent, sensuous lives that they are a menace when placed among ordinary delinquents".[28] In late 1942 Government approval was given for the construction of additional accommodation for approximately 12 girls at Burwood Girls' Home.

The issue was a highly emotive one and the gravity of the situation was prone to exaggeration. The Child Welfare Department was keen to allay alarm about the situation[29] but there were calls for extreme action. The Waikato Times, disturbed by "the present orgy of loose conduct", suggested "If it is not possible to control the moral conduct of men it certainly is possible to restrict the freedom of young girls and boys".[30] In Parliament,

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27. New Zealand Herald, 8 August 1942.

28. W.S. Cupit to Superintendant, Child Welfare Branch (Wellington), 18 August 1942, CW 40/55/1.

29. When Annie Tocker, a Wellington Child Welfare Officer, was quoted in the press expressing concern at the number of juvenile delinquents infected with venereal disease, her Superintendant tersely demanded that she substantiate the claim. For her claim see Dominion, 20 November 1942 and for her evidence, A. Tocker to Superintendant, Child Welfare Branch (Wellington), 26 February 1944, CW 40/55/1.

30. Waikato Times, 26 February 1944.

the Minister of Justice was urged to consider the desirability of imposing a curfew on girls under 16 years of age.[31] There were also calls to increase the number of policewomen and to provide them with a uniform.[32] Neither suggestion was acted upon.

In this atmosphere of panic and alarm there was a flurry of activity. Public meetings were held, deputations were made to Cabinet ministers, pamphlets were printed and volunteer patrols mooted, and in some cities inaugurated.[33] Such activism frequently belied other concerns. Singled out for especial vilification were drink, the easy availability of contraceptives and a general falling away from established Christian standards. In Christchurch a group comprising churchmen and laity established a Committee for Moral Reform with the grandiose intention of investigating the causes of the prevailing immorality amongst the nation's youth.[34]

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31. N.Z.P.D., 264 (1944), p. 507.

32. N.Z.P.D., 263 (1943), p. 403. Policewomen wore civilian clothes until the introduction of a uniform in 1952. The adoption of a uniform was seen as 'mannish' and contrary to the motherly image which was deemed crucial to the work of the policewomen.

33. In Auckland, for example, the Council of Christian Women involved themselves in "Night work in parks and streets to render assistance to girls and women under the influence of drink and in danger of molestation", Letter to Director-General of Education, [September?] 1942, CW 40/55/1.

34. Minutes of meeting, 1 October 1943, New Zealand Inter-Church Council on Public Affairs Papers [uncatalogued],

These anxieties were reflected in a number of pamphlets and tracts, which ranged from moral polemic to medical common-sense.[35] As in the First World War, there were earnest tracts written by religious gentlemen which warned of the dangers of alcohol, impure talk and sexual vice.[36] There was also a concerted effort to increase awareness of venereal disease amongst the nation's women. Some of this literature used the threat of venereal disease as an incitement to 'clean' living.[37] Not all of it was this crude, however. The Young Women's Christian Association was active in publishing tracts on sex hygiene and inter-personal relationships. One of these, written by Dr Alice Bush, found favour with the Health Department, which purchased 20,000 copies for distribution to young women.[38] Evidence of a more critical approach to the issue of venereal disease was also seen in the publication, in 1942, of Venereal Disease. The Shadow Over

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WTu.

35. The most significant of these are discussed in the text and/or listed in the Bibliography.

36. For example: Rev. R.L. Fursdon, On Guard. For Men of the Defence Forces (Wellington, 1939).

37. See Institute of Hygiene - Auckland, The Woman's Book (Auckland, 1944) and A New Zealand Girl [pseud.], The Case for Chastity (n.p., n.d.).

38. See A. Bush, Personal Relationships (Auckland, 1944) and H 35/14/-.

New Zealand.[39] Published by the Progressive Publishing Society, a partnership of three co-operative book societies, the 46 page pamphlet presented a variety of essays on the topic from medical, legal and social viewpoints. The pamphlet sold for one shilling and was one of the Society's most popular ventures, selling 5000 copies by June 1943. At the same time, however, the persistence of alarmist attitudes towards the issue was obvious in its title.[40]

There were changes in the official response to venereal disease in this period: an acknowledgement (largely unspoken) of the value of prophylactic measures, an increased awareness of the importance of public education and a concerted effort to combat the disease which utilised both medical, legislative and bureaucratic developments.

At the attitudinal level, however, strong elements of continuity were visible. The persistence of earlier assumptions can be seen in the major characteristics of the period: alarmist fears about the prevalence of immorality and venereal infection; the introduction of repressive measures against prostitutes and of more

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39. Progressive Publishing Co., Venereal Disease. The Shadow Over New Zealand (Wellington, 1942).

40. See R. Barrowman, "'Making New Zealand Articulate': The Progressive Publishing Society, 1941-45", New Zealand Journal of History, Vol. 22, No. 2 (October 1988), pp. 152-68.

stringent venereal disease legislation; political nervousness about the full-scale promotion of prophylactic techniques and the exploitation of the risk of infection in order to enforce concepts of 'moral' behaviour.

PART TWO

5

ANXIETIES

The influence of the Great War on women at the present time is generally bad .... We believe evil effects in many ways, excitement and restlessness, have followed immediately on all great wars, and the adorable sex is probably passing through this phase at the present time, but we trust that soon to most women a home will become more attractive than an office or a shop, and a baby the most desirable possession on earth.

New Zealand Medical Journal,
October 1919.

In the first part of this thesis we have charted the response to venereal disease in New Zealand between 1910 and 1945. This response reflected and articulated a variety of tensions, anxieties and assumptions about race, disease, sexuality and social change. These factors helped to shape initiatives on venereal disease and to define the boundaries within which debate over the issue took place and within which socially and morally acceptable solutions were formulated.

In analysing the reaction to venereal disease in New Zealand in this period it becomes obvious that the concern with these diseases cannot be solely explained by medical factors. Indeed, at a number of important points medical personnel were outspoken in their criticism of the prevailing mood of alarm about the venereal 'menace' and of the measures which politicians were keen to adopt. These reservations were articulated in 1910 when the Attorney-General attempted to introduce 'tougher' venereal disease legislation and again in 1917 when the Social Hygiene Bill was introduced. The gap between medical and social attitudes towards the gravity of the issue was also obvious in the response to the survey of doctors undertaken by the Committee of Inquiry into Venereal Diseases in 1922. The results of the survey made it clear that doctors were by no means convinced that venereal disease constituted the major threat which politicians and some other members of their profession portrayed it as.

If the concern with venereal disease cannot be

attributed to medical factors alone, one must look to other explanations for the alarm and activism which the issue occasioned. In this section we will examine the proposition that this concern reflected contemporary anxieties about racial fitness, sexuality and social change. We shall then examine the possibility that as well as articulating these anxieties activism on the issue was also, perhaps, for some an attempt to respond to these changes and to reaffirm values that appeared to be threatened.

The level of anxiety and activism which the issue of venereal disease provoked suggests that any attempt to understand contemporary approaches to the issue must analyse the wider social anxieties of the period. It is tempting to analyse the episode in terms of the "moral panic" theory first utilised by Stanley Cohen in his study of the 'mods' and 'rockers' of the 1950s.[1] Although this theory has been applied to a wide variety of contemporary and historical studies, I have decided to reject such analysis for the present discussion. First, as other historians have suggested[2], I believe that the application

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1. S. Cohen, Folk Devils and Moral Panics. The Creation of the Mods and Rockers (London, 1980).

2. See S. Jeffreys, "'Free from all uninvited touch of man': women's campaigns around sexuality, 1880-1914", in L. Coveney, M. Jackson, S. Jeffreys, L. Kay and P. Mahony, The Sexuality Papers. Male sexuality and the social

of such theories risks downplaying and overlooking the motives which guided participants in these episodes. My analysis concentrates on the importance of acknowledging contemporary beliefs and perceptions and the parameters which they imposed on action. Cohen's analysis also places considerable emphasis on the role of the mass media. The ambiguous attitude of contemporary media towards the issue of venereal disease suggests that Cohen's model may not be an appropriate one.

During the period under study concern with the quality and quantity of New Zealand's population was to inspire a variety of measures in the fields of health, education and child welfare. These measures ranged from initiatives like the introduction of the School Medical Service and of child and maternity benefits to more overtly eugenic endeavours like the Mental Defectives Amendment Bill of 1928.[3] These racial anxieties were also evident in the alarm occasioned by the alleged prevalence of venereal

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control of women (London, 1984), p. 25.

3. The Bill's eugenic inspiration was obvious in four clauses, which were the subject of considerable criticism and controversy. Clause 7 amended the definition of a mentally defective person by introducing a new class: the 'social defective'. Clause 15 made provision for schoolchildren three or more years 'backward' in their schooling to be reported to the proposed Eugenics Board. Clause 21 made marriage with a registered 'defective' illegal and clause 25 - the most contentious - provided for the sterilisation of 'defectives', conditional upon the consent of patient, parent or guardian. Of these clauses only clause 7 was to survive the Bill's first reading. See Fleming, pp. 50-58.

disease in the Dominion. In particular, these diseases were linked to physical and moral degeneration, including decline in the birth-rate.

This alarm was based on two premises: that venereal disease was rampant and that this state of affairs had far-reaching and dire significance for the individual, the nation and the race. Whilst the first premise was subject to varying opinions, there was no denying that venereal disease had dire effects for those unfortunate enough to contract it. This was especially so given the shortcomings of contemporary medical and pharmaceutical knowledge and treatment. In this pre-penicillin era the treatment of venereal infection was a lengthy process and one not without side-effects.[4] As a consequence many sufferers failed to seek medical treatment for venereal infection or to carry it through till the disease was completely cured.[5] Given the shortcomings of orthodox medicine in treating these diseases not surprisingly many sufferers hoped the ailment would go away or consulted vendors of 'quack' medicine.[6]

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4. One politician suggested that the arsenical compound salvarsan, or '606', had killed more than syphilis itself, N.Z.P.D., 180 (1917), p. 653.

5. At the Wellington venereal diseases clinic, for example, only 40 per cent. of cases continued treatment until non-infective. See A.J.H.R., 1922 (H.31A), p. 15.

6. The Committee of Inquiry into Venereal Diseases expressed concern at the apparent number of cases treated by chemists and other unqualified personnel. See

If untreated, syphilis and gonorrhea could lead to a multiplicity of complications, many of then fatal. These included insanity, deformity, blindness, deafness, deficient development, diseases of the nervous system leading to paralysis and locomotor ataxia, sterility, rheumatism and diseases of the bladder and kidney. Consequently, those who urged the necessity of facing up to the venereal 'menace' were quick to spell out its cost in terms of human illness and suffering. They were not above overstating their case. One politician, for example, suggested that 90 per cent. of all diseases which afflicted mankind could be traced back to venereal infection.[7] A similar message was proclaimed in characteristic fashion by that tireless campaigner for prophylaxis, Ettie Rout:

> Disease, Disablement, Mental Anguish and Physical Torture, National Deterioration - Death Itself: all these surround and penetrate the Venereal Disease Problem.[8]

Public ignorance regarding these diseases and their transmission combined with the shortcomings of contemporary medicine and the absence of an effective and easy cure to exacerbate alarm and create a fertile climate for exaggeration and misinformation. If venereal disease

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A.J.H.R., 1922 (H.31A), p. 20.

7. N.Z.P.D., 180 (1917), p. 654.

8. E. Rout, Two Years in Paris (London, 1923), p. 49.

was depicted as exacting a formidable toll in terms of human sickness and suffering, even more disturbing were contemporary perceptions of the apparent ease with which venereal infection could be spread and of its alleged persistence in the bloodstream of the generations. Tales of accidental infection due to shared cigarettes and utensils were common and such fears were reinforced by legislative prohibitions on sufferers which had little scientific justification.[9] Similarly, it was believed that syphilitic infection could wreak its horrible vengeance down to the third generation.[10] It was depicted as a 'living poison' whose fateful clutches it was impossible to escape.[11]

While venereal disease menaced individual well-being, it also posed a potent threat to the race. To contemporaries it was this racial aspect which excited most disquiet for by attacking individual health venereal disease also threatened the fitness and efficiency of the nation and the race as a whole. Moreover, these diseases not only posed a significant threat to individual health.

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9. The Committee of Inquiry into Venereal Diseases suggested that public fears of accidental infection were "greatly exaggerated", A.J.H.R., 1922 (H.31A), p. 5.

10. Medical authorities were divided on the truth of this. The British Royal Commission was sceptical but New Zealand's Committee of Inquiry accepted the possibility of third generation syphilis, ibid., p. 21. For a modern opinion see Platts, p. 44.

11. See, for example, Rout, p. 38.

They also threatened the fertility of the nation's women and the health of its infants. In its attempts to grapple with the problems of infertility modern society is rediscovering the role which the sexually transmitted diseases play in explaining infertility. Today the concern stems from a desire for personal happiness. In this period, however, the concern reflected anxiety about the necessity for a high birth rate to preserve national and racial integrity.

The prospect of sterility among the Dominion's women was especially disturbing given the currency of eugenic and neo-Darwinian thinking which portrayed the 'civilised' races of the world as engaged in a battle for racial supremacy with the allegedly more prolific races of the East. The period saw a variety of Government and voluntary initiatives to preserve infant life motivated by the conviction that, in the words of the President of the New Zealand Branch of the British Medical Association, "The best immigrants to New Zealand are strong and healthy children born in the dominion".[12]

To some observors the survival of the race was by no means a sure thing. The birth rate was falling as knowledge of birth control practices spread and to many contemporaries the threat of 'race suicide' appeared a

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12. New Zealand Medical Journal, Vol. 8, No. 33 (February 1910), p. 13.

frightening possibility.[13] Both abroad and in New Zealand, medical authorities identified venereal infection as a significant source of sterility and infant mortality.[14] With its association with sterility, abortion and still-births, venereal disease came to carry many of the anxieties of an age disturbed by apparently changing attitudes towards reproduction and the family. The potency of these anxieties, and the centrality of the concern with venereal disease to many of them, is evident in the hearings and report of the Committee of Inquiry into Venereal Diseases.

Cherished institutions like motherhood and the family appeared threatened by the venereal 'menace'. Commentators were quick to stress the consequences of venereal infection for members of the female sex.[15]

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13. Marital fertility fell from 243.8 per 1000 married women aged 15 to 44 in 1901 to 180.7 per 1000 in 1921, a fall of 25.9 per cent. The fall was to continue, albeit at a lower rate, throughout the inter-war period. See C.J. O'Neill, "Fertility: Past, Present, and Future" in R.J.W. Neville and C.J. O'Neill (eds.), The Population of New Zealand. Interdisciplinary Perspectives (Auckland, 1979), pp. 128-29.

14. Accurate figures are not available but Dr Hilda Northcroft claimed that 'thousands' of young lives were lost every year as a result of venereal diseases, extract from minutes of N.C.W. conference, in Northcroft to Drake, 30 October 1923, H 130/1/-.

15. It was a deliberate tactic to attract public sympathy for new initiatives against venereal disease. It also helped reinforce the dichotomy between the 'innocent' wife infected by an erring husband and the 'guilty' prostitute, who it was suggested was responsible for the infection in the first place. See Connelly, "Prostitution, Venereal Disease, and American Medicine", in J.W. Leavitt (ed.)

Speaking in 1909 Dr F.C. Batchelor suggested that "fully 50 per cent. of decent married women who enter the gynaecological ward of the Dunedin Hospital do so as the result of these [venereal] diseases."[16] To the speaker this was the most horrifying aspect of the issue - not only that women fell victim to "conditions that may cripple and damage their health" but that these same conditions "most effectually debar them from fulfilling their functions as wives and mothers".[17]

In attacking their reproductive organs venereal disease had not only denied these women of their chance to contribute to the Dominion's racial survival, it had also 'unsexed' them. Such were contemporary attitudes towards women's role that those who had lost their reproductive capacity were no longer seen as 'complete' women, they had been stripped of an essential part of their being and their social function. Perturbed by a society in which many women appeared to be forsaking their traditional role as breeders for the state, the prospect of 'innocent' women being involuntarily deprived of their reproductive role seemed doubly disturbing.

If venereal disease posed a threat to New Zealand's

Women and Health in America: Historical Readings (Wisconsin, 1984), pp. 200-202.

16. Batchelor, pp. 8-9.

17. Ibid., p. 9.

population in terms of quantity, it was also believed that it posed a threat to the quality of its population. To many observors physical and moral degeneracy was undoubtedly on the increase. Such fears were seemingly confirmed by the results of the medical examination of recruits for the New Zealand Expeditionary Forces. Of 135,282 men ballotted under the Military Service Act, only 57,382, or 42.5 per cent., were accepted as fit for training.[18] The war itself exacerbated this concern. It highlighted the capacity of these diseases to undermine the health of otherwise fit young men, those to whom the nation looked for protection and the continuance of the race. Moreover, the war's toll made the urgency of facing up to this racial menace even more pressing and gave a fillip to the eugenic impulse. In 1915 the Inspector-General of Mental Hospitals, bemoaning the incidence of mental illness due to venereal infection, observed:

> Now as perhaps never before these social questions, always deserving serious consideration, become clamant for action. We are plunged in a dysgenic war; the gaps in our voluntary army are being filled by the best of our sons, and it behoves us who are left behind to do what we can to make the nation of the future worthy of

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18. A.J.H.R., 1922 (H.31A), p. 22. Whilst the figures revealed a disturbing state of general unfitness, they did not substantiate claims that venereal disease was prevalent. Of the 88,805 men rejected from 'A' class in the period from November 1916 to November 1918 only 295, or 0.3 per cent., were rejected due to venereal disease. See L. Callon, "Fighting Fit? A Study of the Army's Medical Examinations, 1916 - 1918", B.A. (Hons) Research Essay, Otago University, 1980, p. 79.

the sacrifice.[19]

Concern about racial quality was to be embodied in contemporary eugenic ideology and the eugenic creed, with its conviction that the 'unfit' were threatening to swamp the more desirable members of society, was adhered to by a large number of politicians, doctors, educationalists and welfare workers.[20] Indeed, it appears that many elements of the eugenic creed were adopted by local decision-makers with an enthusiasm that was unique in comparison to other countries.[21]

Venereal disease was believed not only to be symptomatic of degeneracy, it was also believed to be a potent source of it. The physical and mental sequelae of syphilis and gonorrhea were adjudged responsible for "not a small proportion of that social drift-heap composed of incapables, degenerates, derelicts and criminals".[22] Many commentators linked venereal infection with mental traits, suggesting that diverse forms of abnormal behaviour could be explained as the consequences of a syphilitic heredity. A contemporary survey, for example,

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19. A.J.H.R., 1915 (H.7), p. 3. The incidence of male mental illness attributed to venereal infection was 9.6 per cent. (Alcohol was blamed for 21.7 per cent. of male admissions.)

20. See Fleming, pp. 73-76.

21. In Britain, for example, politicians kept their distance from the eugenics movement, G.R. Searle, Eugenics and Politics in Britain 1900-1914 (Leyden, 1976), p. 13.

22. Batchelor, p. 9.

claimed that "Apart from actual death and disease, syphilis is undoubtedly responsible for much of the 'queer mentality' which so many people display, for some of the cranks and and oddities amongst mankind'.[23]

The mentally and morally deficient were stigmatised as the victims of venereal disease and as its perpetrators, as cause and effect. Such anxieties were made plain in the Report of the Committee of Inquiry into Venereal Diseases which depicted New Zealand as menaced by an ever-increasing and self-perpetuating army of physical and mental defectives. These defectives - and especially those of the female sex - were portrayed as a major threat to the health and morals of the community and their segregation was deemed an urgent priority. Two years later, concern with the 'menace of the feeble-minded' prompted the Government to appoint a Committee of Inquiry into Mental Defectives and Sexual Offenders.

The social cost of venereal disease could be seen, contemporaries believed, in a rising tide of degeneracy. Such degeneracy could not only be measured in a host of moral and social ills. It could also, it was argued, be measured in purely fiscal terms. Urging women to support the Health Department's initiatives on venereal disease, Mrs F. McHugh invited her audience to

take into account the enormous cost to the country of

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23. A. Balfour and H.H. Scott, Health Problems of the Empire. Past, Present and Future (London, 1924), p. 308.

> handling this very increasing 'menace and burden'. Think of what it means to maintain our insane asylums and blind institutes, our hospitals and our gaols, to say nothing of our charitable concerns; the greater part of which has been brought about through V.D. - the dread cancer, which is eating out the very foundations of our Empire.[24]

Indeed contemporaries believed that the fiscal ramifications exacerbated the social issues. Eugenics orthodoxy argued that the tax burden of supporting a growing army of 'defectives' lay behind the shrinking family size of 'desirable' middle-class couples.

These anxieties are apparent in the imagery which surrounded venereal disease. Venereal disease was portrayed as an invidious evil that was sapping the nation's strength, as a "hideous cancer", a "monster of disease and degradation" which was attacking the purity and fitness of the Dominion's population.[25] Venereal disease became a metaphor for physical and moral decay, for the multifarious forces that appeared to threaten the institutions of social order and racial continuance.[26]

No less colourful was the imagery which came to surround initiatives against venereal disease. Attempts to lessen the toll of venereal infection frequently adopted martial imagery. They were depicted as a

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24. McHugh, p. 4.

25. See ibid. and N.Z.P.D., 177 (1916), p. 211.

26. The use of sickness as a metaphor is examined in S. Sontag, Illness As Metaphor (New York, 1978). Such an interpretation is central to Brandt's approach to the subject. See Brandt, p. 5.

'crusade', as a battle for racial survival.[27] Indeed, the battle metaphor was an important one for this was a generation who saw the martial virtues as everyday necessities, and was prone to see life in terms of a contest between good and evil, between health and degeneracy and between races. This imagery was obvious in much of the purity literature distributed in the 'war' against venereal diseases.[28] The fight against venereal disease, then, was perceived as a eugenic endeavour, as a necessary step on the road to a higher level of national efficiency. It took on the air of a utopian mission, a bold and brave battle against the forces of ignorance and sentimentality. The country's health administrators, for example, argued that with wise legislation a new age was imminent, one which would evidence "a diminuation of mortality; a diminuation of insanity; diminuation of the expenditure in hospitals and asylums; increased human efficiency; and better and healthier enjoyment of life".[29]

These concerns were not unique to New Zealand. They were common throughout the Western world and many of those

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27. The Committee of Inquiry, for example, depicted venereal disease as an "enemy" which should be fought with every available "weapon", A.J.H.R., 1922 (H.31A), p. 12.

28. See, for example, Social Hygiene Society (Christchurch), Keeping Fit (For Boys) (Christchurch , n.d.).

29. "The Social Hygiene Problem", Journal of the Department of Public Health, Hospitals and Charitable Aid, Vol. 3, No. 8 (August 1920), p. 214.

who articulated such anxieties were obviously indebted to the observations of overseas commentators. At the same time, however, there were factors particular to this country. These had the effect of heightening the concern about racial and national efficiency and hence of the anxieties which the venereal issue carried.

In the debate over how to combat venereal disease there is an obvious conviction that New Zealand occupied a special place in the world - one which enjoined it to grapple with and attempt to overcome this blight on humanity. Frequently appealed to was the belief that New Zealand presented its inhabitants with a unique opportunity to avoid the ills of the 'old' world and to forge a clean, healthy and vigorous society. Such aspirations were threatened by the state of affairs which was apparently revealed in the alleged prevalence of venereal disease in the Dominion. Dr F.C. Batchelor, Lecturer on Midwifery and Women's Diseases at the Otago Medical School, conjured up visions of a New Zealand plagued by the ills of the Old World:

> In this young country which Nature has so bountifully endowed the reproach is ours alone if our race fails to achieve the highest level of mental, physical, and moral efficiency. Our invigorating climate favours the production of a healthy and vigorous stock. Our isolation by 1200 miles of ocean protects us from dangers other lands find it so hard to guard against .... The masses of our workers live under conditions that for the most part allow of ample provision for all those essentials of life that conduce to health and happiness, and we have already shown that we refuse to be trammelled by the traditions and conditions of the Old World, and we do not fear exploiting fresh fields. Why not then make some effort to eradicate or mitigate

a disease that has been at the root of so much racial decadence in the Old World?[30]

The potency of these fears was an important factor in the determination to counter the venereal 'menace'. Also important was the image of New Zealand as a brave social pioneer in the fields of welfare and government intervention. There was an awareness that in confronting the issue New Zealand had an opportunity to set an example to the rest of the world. Failure to do so would tarnish the country's reputation as a land of brave social experiments.[31] These perceptions were held not only by local inhabitants. Overseas commentators saw in the Dominion's attempts to formulate an effective solution to the venereal threat further evidence of a progressive people, willing to tackle the ills of humanity.[32]

If New Zealand appeared beset by racial ills, to many contemporaries the Dominion was also threatened by a host of social ills. Indeed the two were related, for the changes which so alarmed many groups in the community seemed to indicate a society on the path to moral, social and racial extinction. To many, venereal disease

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30. Batchelor, p. 10.

31. See McHugh, p. 11; N.Z.P.D., 153 (1910), p. 410.

32. An editorial in London's Morning Post, for example, saw the recommendations of the Committee of Inquiry into Venereal Diseases as proof of New Zealand's daring and innovative approach to such issues, New Zealand Department of Health, Venereal Diseases in New Zealand... (Wellington, 1923), p. 31.

constituted a painful emblem of an inability to hold the passions in check. As a result, venereal disease came to stand as a metaphor for the ills of a generation whose health, culture and behaviour seemingly betokened a civilisation which had lost both the power and the will to control its baser instincts. The alleged prevalence of venereal disease in this period, then, was seen by some as proof of the moral decay of the community and of the urgency of halting this decline.

A new and threatening mood appeared to pervade society in the inter-war years. Old certainties and institutions appeared to be under threat. Art, literature and popular culture seemingly depicted an age which sat on the brink of social and moral chaos.[33] As the Anglican Bishop of Christchurch observed, the post-war world was "a world disjointed and unnerved".[34] The politicians, clergy and social workers who bemoaned this new spirit traced it back to the upheaval of the First World War. Writing in the 1940s, observers suggested that

> Reaction after concentration of effort, the craving for excitement after restraint, for glamour, the feverish desire to make up for lost opportunities and to forget old wounds and frustrations - all these things helped to produce in the twenties of this century an outbreak of licence, of reckless experimentation.[35]

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33. E. Olssen, A History of Otago (Dunedin, 1984), p. 164.

34. Address by Rt Rev Campbell West-Watson, Church of England in New Zealand. Diocese of Christchurch. Yearbook 1931-2, p. 15

35. J. and B. Cochran, Sex, Love and Marriage

To concerned contemporaries the incidence of venereal disease was but one sign of a society that appeared to have abandoned long-held standards of personal morality and behaviour. Alarm and agitation on the issue of venereal disease offered an opportunity to express concern about the moral direction of New Zealand society and appealed to a host of anxieties about social change and changing standards of behaviour and expression. Such changes reflected the wider changes occurring in New Zealand society: changes in education and employment, urbanisation, the introduction of the motorcar, the spread of new and challenging forms of popular culture and changes in family life.

Patterns of employment were changing as the primary sector shrank in size and employment in the secondary and tertiary sectors grew. This was accompanied by a rise in the number of women in paid employment. At the same time economic change and the introduction of the motorcar and new forms of public transport accelerated the process of urbanisation. As a result, by 1926 over a third of the population lived in the four main centres. In popular culture the introduction of the wireless radio and the 'talkie' picture revolutionised patterns of leisure and saw American fashions and norms broadcast to an

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(Christchurch, 1943), p. 5.

enthusiastic and receptive audience.[36]

Many found this process of change unsettling and disturbing. In particular, three areas of concern stood out: changing attitudes and behaviour among the Dominion's women; the behaviour of the young; and new forms of popular culture. Anxiety about developments in each can be detected in the debate over venereal disease in this period and in the initiatives which it spurred.

The inter-war period witnessed significant changes in attitudes towards the role and behaviour of women in New Zealand society. Assumptions about behaviour, dress, employment, marriage and relationships between the sexes were openly challenged by some and flouted by many more. The increased participation of women in the paid workforce[37] and the continuing decline of the Dominion's birth rate[38] fuelled concern that the nation's women were falling away from their traditional roles. There was talk of the 'new' women which the inter-war period had apparently spawned and the word 'flapper' came to embody

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36. This process of change is analysed in E. Olssen, "Towards a New Society", in W.H. Oliver with B.R. Williams (eds.), The Oxford History of New Zealand (Wellington, 1981), pp. 250-78.

37. The percentage of all women actively engaged in the wokforce rose from 17.2 per cent. in 1901 to 20.7 per cent. in 1921 (although it was to fall back to 17.8 per cent. in 1926). See E. Olssen and A. Levesque, "Towards a History of the European Family in New Zealand" in P.G. Koopman- Boyden (ed.), Families in New Zealand Society (Wellington, 1978), p. 17.

38. See Neville and O'Neill, pp. 128-29.

the fear and disquiet which many felt about such changes.

Much of this concern came to focus on alleged changes in female standards of behaviour. The ill effects of these changes, it was argued, could be evidenced in the increasing resort to contraception and abortion and in statistics for illegitimacy and venereal disease. Some women's groups suggested that in the pursuit of equality women were lowering their standards to those of men.[39] Others attributed such phenomena to an increasing pursuit of self-gratification. Women, it was suggested, were forsaking their traditional roles to pursue a thirst for excitement and 'pep'.

Such changes in female behaviour appeared to threaten institutions which were deemed as crucial to the preservation of order and morality. Chief among these were the home and the family - the cornerstones of stability and social order. Already, it was suggested, the failings of the family could be witnessed in the behaviour of the Dominion's young. The Committee of Inquiry, for example, noted with concern that "Girls stay less at home and assist less in the work of the home, preferring whenever opportunity offers, to go to the pictures or some other form of entertainment".[40] Deprived of strict parental discipline and guidance these young

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39. WR, Vol. 44, No. 523 (June 1939), p. 1.

40. A.J.H.R., 1922 (H.31A), p. 11.

women - and their male mates - were increasingly pursuing their own desires, of which sex, not unnaturally, was one.

As a consequence, the agitation against venereal disease offered an opportunity to bemoan the failings of the family. The home had hitherto offered a powerful and persuasive means of influencing and controlling the behaviour of the young. Now it had seemingly lost this control. The Committee of Inquiry into Venereal Diseases lamented that

> The evidence points to a good deal of laxity of conduct among young people of all social conditions, especially in the large towns. This is generally attributed by the witnesses to the weakening of home influence and the restlessness of the age.[41]

Young boys and girls were meeting unchaperoned in parks, cinemas and dance halls while their older brothers and sisters were succumbing to such 'evils' as motor rides.

It was parents, however, who were singled out for blame. Couples, it was suggested, were more keen to acquire the new consumer goods and otherwise pursue their own selfish goals than they were to exercise their parental responsibilities. W.H. Triggs, Chairman of the Committee of Inquiry into Venereal Diseases, traced the prevailing atmosphere of self-gratification to "the gradual disappearance of home life and home restraints".[42] His diagnosis was echoed in the Committee's Report which

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41. Ibid., p. 21.

42. Evening Post, 28 May 1923.

singled out the lack of parental control as contributing to increased moral laxity and promiscuity amongst the young. "With the changing social conditions, especially in the larger towns", it observed, "we are losing the home influence and home training which are the best safeguards to preserve the young against the temptations and dangers which beset their path in life."[43] The Committee was not alone in its diagnosis of the situation.[44]

This laxity of control was deemed more threatening due to developments in the field of popular culture. Popular music, dance, literature and the cinema all appeared to embody the lack of control which contemporaries believed was undermining society and morality. Whilst the new forms of popular culture were (by definition) popular, anxious observers saw changes in the behaviour of the young as part of a wider malaise. This new mood allegedly permeated society and, it was claimed, could be seen in its popular culture - in music, literature, art and the cinema. The Inspector-General of Mental Hospitals, Dr Frank Hay, adopting the role of social and cultural critic, observed:

> There are abundant signs of a sense of chafing under irksome restrictions ....; of a call for self-expression, good, bad, or indifferent; of a desire for self-gratification in the enjoyment of the present, and

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43. A.J.H.R., 1922 (H.31A), p. 23.

44. See, for example, Church of England in New Zealand. Proceedings of 23rd General Synod (Dunedin, 1925), p. 114.

> a discarding of precedents - all pointing to an iconoclastic attack on old conventions as such .... It is such straining for expression in the midst of revolt which gives us the cubist and the futurist essaying to replace the masterpieces of art; which impels the son of the composer of the 'Blue Danube' to startle our sense of harmony with 'Don Quixote'; which accounts for innocent young women joining recklessly in dances the meaning and source of which could hardly be referred to in a smoking-room; which draws inspiration for its literary romances from a pathological text-book.[45]

Politicians, educationalists and religious and women's groups were particularly outspoken in their concern about the moral consequences of the cinema and there were numerous calls for the stricter censorship of both films and their advertising posters. While some found the whole atmosphere of the cinema sordid and corrupting, it was the appeal to the senses which was most disturbing.[46] Such appeal threatened to unhinge the individual and unleash the anarchic force of sexuality upon society. The Committee of Inquiry into Mental Defectives and Sexual Offenders accused the cinema of constituting "forcing-houses of sexual precocity and criminal tendencies" and undermining the development of powers of inhibition and self-control.[47] Twelve years later the Committee of Inquiry into Abortion was to be informed that 'adult' pictures were awakening the sexual

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45. A.J.H.R., 1920 (H.7), pp. 3-4.

46. See Royal New Zealand Society for the Health of Women and Children, Picture Shows. Their Evil Effects on Children, and the need for Reform, Regulation, and Control (Dunedin, 1921).

47. A.J.H.R., 1925 (H.31A), p. 7.

life of the populace and causing young girls to experience 'sex impulses'.[48]

Films were not the only form of entertainment singled out for concern. In the field of literature, both fiction and non-fiction, traditional beliefs and values were being challenged. Non-fiction works, such as those of Marie Stopes, questioned age-old assumptions about marriage and sexuality. By the late 1920s works such as Stopes' Contraception, Married Love and Wise Parenthood were circulating in New Zealand.[49] In the area of fiction a new genre emerged: the 'problem' novel. Like its cousins the 'problem' play and the 'problem' film, this new growth tackled disturbing issues in the human condition. The writings of expatriate author Jean Devanny - writer of the controversial novel The Butcher Shop - were characteristic of the genre.[50] Developments in the area of mass literature were also causing concern. In the 1930s this concern took the form of official surveillance and

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48. Evidence of Dr G.J. Fisher, H 131/139/15.

49. By 1928 the Customs Department was releasing such previously banned works with the proviso that the Police reserved the right to take further action if they were displayed or sold in an indiscriminate manner. See C 24/43/48.

50. Another of her works, Lenore Divine, which set out to portray the 'jazz age', was characterised by H.C. South, Acting Chairman of the Censorship Appeal Board, as "crude and vulgar, inexpressibly so" but it circulated freely. See C 24/43/56.

restrictions on 'adult' humour and film magazines.[51]

Popular music and dances also seemed to trumpet the call of frivolity and escape and thus embody the lack of control which alarmed those of an earlier generation. To worried observers venereal disease was just one result of the evils of "sensuous music and suggestive improper dancing".[52] In 1938, for example, the Methodist Church devoted itself to the perplexing question as to whether dancing constituted an outlet for the senses or a stimulant to them.[53] Women's fashions, music and the increasingly popular medium of radio were also to excite similar anxieties.[54]

It is easy to view such expressions of concern as the last ditch attempts of a small minority to defend an increasingly outdated and unpopular vision of 'morality' and of 'proper' behaviour. It would be unwise, however, to underestimate the currency or potency of these concerns, which were shared by politicians, educationalists, religious groups and welfare workers.

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51. See C 24/43/216.

52. Evidence of J. Begg to Committee of Inquiry into Mental Defectives and Sexual Offenders, H 3/13/-, p. 770.

53. The Church decided that the question was one for each individual to resolve, Methodist Church of New Zealand. Minutes of Annual Conference, 1938, p. 54.

54. By the 1940s the "erotic, suggestive and ... 'slushy'" nature of the music broadcast by the National Broadcasting Service was causing concern, WR, Vol. 50, No. 11 (December 1944), p. 5.

The debate surrounding venereal disease, then, reflected and reinforced contemporary social concerns and was part of a wider anxiety about society and social change. From the debate surrounding the subject it is obvious that many contemporaries were responding to a variety of developments which they found disturbing and which they believed threatened important institutions like the race, the nation and the family.

The agitation surrounding venereal disease became a means of articulating these anxieties and attempting to draw public attention to the ills which apparently threatened New Zealand society. Such tactics were apparent in the response to the Report of the Committee of Inquiry into Venereal Diseases, a document which was used by religious groups in particular to attack the moral failings of contemporary society.

If the activism occasioned by the venereal 'threat' constituted a device for articulating such fears, it also offered a means of doing something about their cause. The alleged prevalence of venereal disease became a powerful justification for attempts to modify contemporary behaviour. These endeavours took a variety of forms: from lectures and tracts on the need for sex purity to punitive legislation and the introduction of female Health Patrols. The use of the venereal issue in this way will be examined in detail later. First, however, we must turn our attention to the way in which the anxieties and attitudes

which we have analysed in this chapter shaped the response to venereal disease.

6

BOUNDARIES

With regard to prophylaxis (prevention) anticipatory to immoral acts, the loathing felt when first told of this issue, the repulsion with which it is heard, are measures of the infamy of the thing. No special pleading can make a thing right which innate modesty tells one is wrong.

A Medical Man [pseud.], Lines for Suggested Legislation for Dealing with Venereal Disease, 1918.

The last chapter examined the wider social anxieties which were articulated in the debate over venereal disease in this period. In this chapter we shall analyse the debate more closely in an attempt to see what role contemporary attitudes towards disease, sexuality and sex roles played in shaping the response to venereal disease and prescribing the boundaries within which the issue and possible solutions were discussed and formulated.

In 1967 a report circulated by the National Council of Women suggested that "[a] change of attitude, from the view of venereal disease as the wages of sin to seeing it in its rational light as merely another preventable infection ... which has adapted itself to sexual transmission, is essential before the problem can be fully discussed and indeed properly tackled as a social and medical problem."[1] The suggestion that venereal disease should be treated as no different from any other contagious disease was not a new one. Throughout the period under study similar calls were frequently made by some politicians and representatives of the medical profession.[2] Despite such calls, the debate over venereal disease in this period made it clear, however, that

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1. "The Venereal Diseases in New Zealand", National Council of Women Papers, Folder 335, WTu.

2. See, for example, Dr A.D.G. Blanc, "What are the Venereal Diseases?", in Venereal Disease. The Shadow ..., p. 21. Such calls were often used as a rationale for 'tougher' venereal disease legislation.

venereal disease could not be treated as just another illness which afflicted humanity. Rather, due to the nature of its transmission it reflected all the complex anxieties and assumptions which surround the area of sexual behaviour. It is crucial to acknowledge the potency of these factors if one is to fully understand the forces which shaped the response to venereal disease in this period.

Looking at the debate over venereal disease in these years two persistent strands of thought stand out: the belief that venereal disease was the inevitable consequence of wrong-doing and, second, that it was wrong to attempt to disrupt this link between 'vice' and infection. Venereal disease was seen by many contemporaries as the inevitable result of immoral behaviour and hence as a form of punishment for those who transgressed norms of accepted conduct. The horrific consequences of venereal infection were held up as proof of the unnatural and unhealthy nature of promiscuous behaviour. Dr Daisy Platts-Mills, the author of a Health Department pamphlet on venereal disease, asserted that "it is proved that venereal diseases never originate in normal, healthy, human relationships".[3] The reality of venereal infection was hence seen as proving the necessity

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3. Platts-Mills, p. 6.

for, and validity of, moral restrictions on sexual behaviour.

Venereal disease was also, with varying degrees of subtlety, used as a threat, as a dire warning against the consequences of promiscuity. In The Dangers of Venereal Disease. Advice to Soldiers of the New Zealand Expeditionary Forces recruits were warned that:

> Terrible penalties follow the violation of those immutable and eternal moral laws upon which rest the individual, the family, and the social life of mankind. The moral corruption and the mental degradation of the sensualist are typified by the loathsome diseases which frequently follow sexual sin.[4]

The hand of divine justice could be seen, then, in the link between depravity and disease. Moral corruption was depicted as inevitably leading to physical contagion and the decay of the body. Not only was some moral force at work - there was a cruder, elemental force also at work. Nature was extracting its revenge for 'unnatural' behaviour. As we shall see, the prospect of being able to 'sin' without risking infection was to prove a disturbing one to many groups in contemporary society.

This link between vice and illness was obviously one which was difficult to sustain given the ease with which venereal disease could be transmitted to other parties, either through the conjugal act or through heredity. As a consequence, many of those who spoke out on the issue in

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4. New Zealand Government. Defence Department, The Dangers of Venereal Disease. Advice to Soldiers of the New Zealand Expeditionary Forces (Wellington, 1916), p. 2.

these years attacked the notion that venereal infection was a divinely sanctioned punishment for sexual transgression.[5] While these individuals were keen to point to their enlightened attitude on the issue, closer analysis suggests that they still retained elements of this moral framework in their approach to the topic. The persistence of the judgmental approach is revealed in the terminology and language they used in the debate over venereal disease. It can also be seen in the hostility to the promulgation of prophylactic techniques, which we will examine later.

Through the use of language, the moral pejorative persisted. In their very insistence that some sufferers were 'innocent', it was implied that the rest were 'guilty'. Indeed, the dichotomy between 'innocent' and 'guilty' parties is a striking feature of the debate which surrounded the issue of venereal disease in this period. Writing about venereal disease in 1917, the Minister of Public Health, Russell, suggested that "In many cases their contraction is innocent - in others it is caused by deliberate sin."[6] Such lack of differentiation was obviously one of the more regrettable features of venereal disease. A contemporary tract, for example, noted that "Here ... is a disease which turns happiness into misery,

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5. See A.J.H.R., 1916 (H.38), p. 2.

6. Platts-Mills, p. 1.

which attacks the innocent woman and unborn babe as violently as it does the guilty prostitute".[7] In one case infection and the consequent suffering was regrettable, in the other it was obviously less so. This example also reveals the other dichotomy frequently apparent in the debate over venereal disease: that between 'good' and 'bad' women. Throughout the period few people expressed concern about the health and other risks faced by women of the latter class - rather their diseased state was seen as symptomatic of their degraded morals.

The conviction that venereal disease was a just punishment for those who transgressed the moral laws and an effective incentive to 'clean' living could also be seen in contemporary attitudes towards prophylaxis. It was here that the moral boundaries which shaped and prescribed the response to venereal disease in this period were most sharply drawn. From the stormy debate surrounding the actions of Ettie Rout during the First World War to the equally pressing problems facing the authorities during the Second World War, it was made clear that certain solutions to the venereal disease 'problem' were socially, morally and politically unacceptable.

Such a viewpoint was expressed by women's groups, churches, politicians and doctors throughout the period.[8]

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7. Ibid., p. 3.

8. The Lambeth Conference of Anglican bishops in 1920, for

The actions and words of these individuals and groups reflected notions of 'correct' moral behaviour (which imposed different standards on men and women) and nervousness about the consequences of the promulgation of prophylactic techniques for these concepts. As a consequence, anxiety about the danger of encouraging immorality imposed strict restrictions on attempts to limit the spread of venereal disease in the community.

The First World War brought the issue of prophylaxis to the attention of doctors, politicians and the general public as they grappled with the question of how far they should go in attempting to curb an ill which seemingly posed a major threat to the welfare and effectiveness of their forces. While New Zealand was insulated from many of the war's pressures, the issue became a prominent one due to the writings and actions of the indefatigable Ettie Rout. In Parliament, in the column's of the New Zealand Medical Journal and in outraged women's groups up and down the country the topic was noisily debated.

As a result of Miss Rout's agitation New Zealand troops abroad were issued with prophylactic packets, comprising calomel ointment, permanganate wash and condoms.[9] The sensitivities of the New Zealand public,

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example, condemned the distribution or use of prophylactics before exposure to infection as an incitement to vice.

9. For further details of her activities see P.S. O'Connor,

however, meant that the move was conducted under a cloud of secrecy. Writing to Lord Liverpool in March 1918, the Minister of Defence, James Allen, noted "It is evident to me that there may be trouble in New Zealand over the question if the facts ... as to the use of prophylactics and french letters were made public".[10] Consequent events proved that Allen's fears were not exaggerated. As news of Miss Rout's activities spread the opposition soon made itself heard. Letters of protest were formulated, angry speeches delivered and deputations organised to demand the recall of Miss Rout. The resolution passed by the Annual Convention of the Women's Christian Temperance Union in 1918 was typical of this reaction. In their resolution the Convention noted its

> utter abhorrence of the effrontery of Miss Ettie Rout in implying that our New Zealand boys must be supplied with remedies to make wrong-doing safe, and sin easy. We contend that we send our sons to fight for purity and righteousness, and we utterly discountenance everything that slackens moral fibre and self-control, and place on record our emphatic repudiation of prophylactics and the woman who advocates them.[11]

The depth of such feeling meant that prophylactic packets were never distributed among the troops in New Zealand, despite the fact that a significant proportion of

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"Venus and the Lonely Kiwi: The War Effort of Miss Ettie A. Rout", New Zealand Journal of History, Vol. 1, No. 1 (April 1967), pp. 11-32.

10. Allen to Liverpool, 28 March 1918, AD 24/46/-.

11. WR, Vol. 23, No. 274 (April 1918), p. 3.

venereal cases were the result of infection whilst recruits were in training.[12] This reflected not only an awareness of the likely public reception to such action: the moral attitudes which inspired this hostility to anticipatory prophylaxis were also shared by many military personnel and their political masters. Dismissing the suggestion that troops on leave in New Zealand should be issued with prophylactics, the Surgeon-General, R. Henderson, argued that "issuing packets would tend to put the idea of fornication into the minds of men who would otherwise not have considered the matter".[13] Instead, efforts to combat venereal infection concentrated on the dissemination of literature on the evils of sexual vice and legislative moves against prostitutes.

The debate provoked by Rout's actions brought to the surface the anxieties which the issue of venereal disease prevention excited, and the boundaries which delimited 'acceptable' and 'unacceptable' solutions to the problem. These anxieties stemmed from the belief that venereal disease was a punishment for individual vice and that the risk of contracting infection was an effective means of

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12. For example from 1 January 1916 to 31 December 1916 2.3 per cent. of the camps' average strength were admitted to hospital due to venereal disease (admission rates differed markedly between camps), Surgeon General to Minister of Defence, (n.d.), AD 24/46/-. Also see A.J.H.R., 1916 (H.38), p. 1.

13. Henderson to Allen, undated memo (c. August 1917), AD 24/46/-.

discouraging 'immoral' behaviour.

The notion that persons should be provided with the means of indulging in such behaviour without risking infection was thus a disturbing one. Typical of such concern was the opposition of the Officer in Charge of Wellington's venereal disease clinic to the suggestion that literature on post-coital 'self-disinfection' should be distributed to the public. "Many a man", he feared, "would ... consider the measures advocated to give him free licence to indulge to any extent he fancied, while at present the fear of infection is an excellent preventitive [sic] in many cases".[14]

Whilst this example revealed hostility to post-coital measures, a division soon made itself visible between 'acceptable' and 'unacceptable' means of prophylaxis based on whether such protection was afforded before or after the sexual act. As with the creation of 'guilty' and 'innocent' categories through language, here also boundaries were created. War experience of preventive ablution facilities proved that rates of venereal infection could be significantly reduced if certain procedures were followed as soon as possible after intercourse with suspected carriers had taken place. Such 'early treatment' was upheld by medical personnel as constituting an 'acceptable' counter to the venereal

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14. Aldred to Chief Health Officer, 26 March 1920, H 45/1/-.

threat which could not be accused of encouraging immorality.

This division became the subject of debate in the columns of the New Zealand Medical Journal. Dr James Sands Elliott, the Journal's editor had attacked Rout's audacity in advocating that soldiers be supplied with "all the equipment necessary for a premeditated whoring expedition".[15] When a surgeon wrote in defending Rout's "valuable work", Elliott spelt out more fully the evils of anticipatory prophylaxis. "Propaganda of the Rout school" was damned for inciting immoral behaviour among the troops and hence increasing "the cause which produces the effects which it is sought to minimise". In contrast, the early treatment procedures adopted by the Army Medical Services were commended and, it was suggested, fell within "right and proper bounds".[16]

The thorny issue of how far to go in the fight against venereal disease was further explored by the Committee of Inquiry into Venereal Diseases. The Minister

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15. New Zealand Medical Journal, Vol. 17, No. 79 (June 1918), p. 93. A prominent Wellington general practitioner and surgeon, Elliott was the Ulster-born son of a Presbyterian minister and was renowned for his brusque manner. He sat on the Board of Health and was a member of the Committee of Inquiry into Venereal Diseases. He was for a period President of the New Zealand Branch of the British Medical Association and was Assistant Director of Medical Services during the First World War. He edited the New Zealand Medical Journal for nearly 25 years.

16. Ibid., Vol. 17, No. 80 (August 1918), p. 148.

of Defence had criticised the British Royal Commission for its reluctance to discuss the issue of prophylaxis. No such criticism could be levelled at its antipodean parallel, even if it too was to later be criticised for adopting an unrealistic attitude towards prophylaxis.[17] The Committee's Report spelt out in detail the difference between prophylaxis before possible exposure to infection (anticipatory prophylaxis) and prophylaxis applied after intercourse (commonly, though inaccurately, referred to as 'early treatment'). The former was condemned on moral and medical grounds while the latter was given guarded approval. Yet even here the Committee was anxious lest it be accused of sanctioning vice. Such treatment, it argued, "must not be supposed ... as in any way a substitute for continence and the cultivation of that high moral tone that repels any suggestion of promiscuous sexual relationships."[18] To further lessen the danger of this occurring, the Committee suggested reticence about publicising the availability of 'early treatment' facilities.[19]

The inter-war period has been seen by some historians as a period when attitudes towards sexual issues, including contraceptive use and venereal disease

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17. Balfour and Scott, p. 316.

18. A.J.H.R., 1922 (H.31A), p. 17.

19. Ibid., p. 17.

prevention, underwent a marked shift. It has been suggested, for example, that after having been established as an enemy of society in the war years, venereal disease could not be reinstated to its position as an 'ally' of morality.[20] The New Zealand experience, however, suggests that there was a strong element of continuity in attitudes towards venereal disease and its prevention. At the same time there was an observable change in attitude amongst health officials. This change was evident in the unspoken acknowledgement from the 1930s that condoms had a valuable role to play in the fight against venereal disease, an acknowledgement which was seen in the Health Department's interest in both the quality and continued importation of such goods and in its opposition to moves to restrict access to them.[21] Like the military's endorsement of Ettie Rout's activities during the First World War, however, these attitudes were never publicly voiced and are only revealed in private correspondence.

On the surface it appeared that little had changed. As in the First World War, those who fought in the Second World War were issued with prophylactics whilst abroad but

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20. A. Comfort, The Anxiety Makers. Some curious preoccupations of the medical profession (London, 1967), p. 143. See also A. Leathard, The Fight For Family Planning. The Development of Family Planning Services in Britain 1921-74 (London, 1980), p. 8.

21. See pp. 89-90.

denied such protection in New Zealand.[22] Venereal disease prevention concentrated, instead, on educational endeavours warning women of the evils of flirting and men of the dangers of 'easy' women and on police action against brothels and night clubs. Similarly, the literature of the period continued to exploit the fear of infection as a means of enforcing moral attitudes and presented venereal disease as the natural and inevitable consequence of immoral behaviour.

Venereal disease, despite protestations to the contrary, continued to be seen as a punishment for individual vice and a deterrent to it. There was a lingering feeling that treatment for venereal infection should be neither too easy nor too accessible. The 1922 Committee of Inquiry had been informed by a representative of the Wellington clergy that "exposures of advice tending to impress on people that they could sin, get cured, and then go scot free" were fuelling the nation's immorality.[23] Even the limited post-coital measures undertaken by Army authorities in New Zealand during the Second World War were to be criticised for sanctioning male sexual vice.[24]

The notion that New Zealanders should be encouraged to indulge in intercourse freed from the risk of

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22. Stout, Medical Services, p. 260.

23. Dominion, 15 September 1922.

24. "Petition of F.E. Malkin and 184 others", Le 1/1943/8.

contracting venereal disease, like the suggestion that they could be freed from the risk of unwanted offspring, was an unsettling one to many in a generation who saw themselves facing an increasing tide of immorality. The period witnessed a succession of agitations against the alleged easy availability of contraceptives and the anxiety which this betrayed seems equally illuminative of assumptions which underlay the response to venereal disease in these years. Indeed, since most prophylaxis was also contraceptive in action the two were not unrelated. In a pamphlet issued by Christchurch's Social Hygiene Society an un-named 'Medical Man' warned that "if the prophylactic theory is carried out to its logical conclusion married people will be a joke, and children a rarity, and sexual promiscuity will universally obtain."[25] To suggest that the sexual organs should be made risk-free means of pursuing pleasure was seen as a frightening prospect and, it was feared, would open the floodgates to a multitude of ills including widespread masturbation, prostitution and promiscuity.

Women's groups were particularly anxious on this score for the prophylactic theory seemed to be one largely aimed at males. The idea of female prophylaxis was so unthinkable that it was rarely debated. The prospect of

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25. A Medical Man [pseud.], Lines for Suggested Legislation for Dealing with Venereal Disease. Confidential Notification Recommended (Christchurch, 1918[?]).

women availing themselves of prophylaxis challenged their notions of female sexuality, which suggested that sex was a reluctant duty for 'decent' women and that it was the much stronger male libido which was responsible for initiating the sexual act.[26] 'Decent' women, it was believed, did not require such protection and for the minority of women who did, other solutions were proferred: police action, incarceration, and mental treatment.

The issue of female prophylaxis also raised issues of contraception and 'race suicide'. Discussing post-coital ablution facilities (which it recommended for males), the Committee of Inquiry noted that "In the case of females the methods adopted would also be contraceptive, and the Committee do not recommend that facilities should be provided for this".[27] It is interesting to note that such objections were rarely raised against male prophylaxis. (The condom, the major male prophylactic, was marketed as primarily a disease preventive in order to skirt such anxieties about birth control and 'race

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26. Griffiths observes that women's groups (such as the National Council of Women and the Women's Christian Temperance Union) became increasingly puritanical during the period and increasingly intolerant of those women who did not comply with their conception of the ideal woman. See Griffiths, Chapter Seven. For the persistence of such views on sexuality also see Dr E. Cole, "Boy Meets Girl", National Council of Churches Women's Committee, On Bringing Up A Family. Some Selected Studies for Women's Groups (n.p., 1947), p. 34.

27. A.J.H.R., 1922 (H.31A), p. 17.

suicide'.) Anxieties about the prospect of female prophylaxis again surfaced in the Second World War, heightened by the problems attendant to the entrance of women into service life.[28]

The attitude of women's groups towards prophylaxis reflected their approach to the wider issue of sexuality. To groups such as the Women's Christian Temperance Union sexuality - or, more particularly, male sexuality - was a threat to the moral and social order. Frequently accompanied by that other 'pollutant': alcohol, it was an anarchic and destructive force which threatened the 'purity' central to the moral and social vision of these early feminists.[29] The philosophical rationale for such a viewpoint was reinforced by reality. Not only was sex often a form of violence but it was women who had to bear the burden of its fruits - pregnancy - at a time when effective contraception was difficult to obtain and childbearing was a risky procedure which damaged many women's health.

Women's groups saw prophylaxis as a male phenomenon to protect male health and hence as further evidence of women's position as mere tools of male pleasure. As a consequence Ettie Rout was accused of having "too much the

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28. See Chapter Four.

29. See Bunkle, pp. 67-74.

man's point of view in these matters".[30] The whole venereal disease issue symbolised to them how women suffered as a result of the male sexual urge and the call for prophylaxis only aggravated such fears of exploitation. The solution proferred by contemporary women's groups like the National Council of Women and the Women's Christian Temperance Union was a radically different one: the promotion of male chastity and 'a white life for two'.

To these groups the prospect that sexual dalliance should be made safe for men revived memories of the Contagious Diseases Act and the double standard which it enshrined. The provision of anticipatory prophylaxis, they argued, reflected male desires to avail themselves of women as a source of sexual pleasure and conjured up fears of 'regulation' - the state supervision of prostitution - and emotive issues like the 'White Slave Traffic'.

Evidence of the boundaries which contemporary social and moral attitudes prescribed on the response to venereal disease can be seen in attitudes to prophylaxis; it can also be seen in attitudes towards public discussion of the subject. An important component of the 'mythology'

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30. Report of deputation to Minister of Defence, minutes of meeting, 9 July 1918, New Zealand Labour Party - Auckland Women's Branch Papers, WTu. Rout was a spirited enthusiast not only for prophylaxis but also for state supervised brothels and contagious diseases legislation.

surrounding venereal disease was its identification as the 'hidden' plague and throughout the period numerous observers bemoaned society's apparent unwillingness to talk about the issue. During the call for a parallel to New South Wales' Prisoners Detention Act in 1913, Dr Collins suggested to his fellow councillors that:

> They had heard of the black plague and the white plague, and this disease - syphilis - was sometimes called the red plague. He would prefer to call it the hidden plague. It was treated in secrecy; it was never talked about.[31]

Concern about this reluctance to discuss the issue persisted throughout the period. In 1922 the Committee of Inquiry noted with disquiet that "the public in general are very ignorant regarding the nature of venereal diseases, and their lamentable effects not only upon the individuals infected, but upon the health and well-being of the community as a whole".[32] Over 20 years later health officials were still bemoaning the cloak of secrecy which enveloped the subject.[33]

Critical analysis, however, suggests that such claims must be qualified. From the late nineteenth-century New Zealanders were subjected to considerable publicity on the topic of venereal disease in the form of tracts, lectures and newspaper coverage. Government moves throughout the

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31. N.Z.P.D., 162 (1913), p. 670.

32. A.J.H.R., 1922 (H.31A), p. 4.

33. H. Nordmeyer, "Preface", Venereal Disease. The Shadow ....

period brought the subject to public attention and the issues raised were debated by a variety of bodies. As well, various organisations and authorities adopted an increasing variety of means to publicise the need for public awareness of the venereal threat. The process was not unique to New Zealand. Indeed, it was suggested that overseas, at least, the issue was becoming 'over-exposed'. Commenting on the report of the Committee of Inquiry into Venereal Diseases, London's Morning Post observed:

> When public attention was first drawn to the havoc made by the scourge, the novelty of the revelations led to widespread interest. But now the very familiarity of the headline 'venereal disease' in the newspaper tends to send the community to sleep.[34]

The relatively high level of interest in the subject and its use as a tool for social and moral change is evidenced in the response to The Dangers of Venereal Disease. Advice to Soldiers of the New Zealand Expeditionary Forces, which was published by the Defence Department in 1916. The booklet, a predictable sermon on the evils of self abuse and 'loose women', was written by Captain Petit of the Medical Corps, a former Baptist missionary, and was distributed to all recruits entering camp. Upon the booklet's release, however, a new area of demand became apparent: from groups like the Women's Christian Temperance Union and the Young Men's Christian

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34. Morning Post, 27 December 1922, cited in New Zealand Department of Health, Venereal Diseases in New Zealand ... (Wellington, 1923), p. 31.

Association who wanted to study the pamphlet and distribute it among the civilian populace. Such was the demand from these groups that the Government Printer was unable to satisfy their requests and he was forced to ration distribution of the pamphlet.[35]

This picture of widespread debate must, however, be qualified for there were important limitations on the scope of the debate. The call for greater publicity on the venereal 'scourge' was motivated by explicit goals and public discussion on the topic was to take place within strictly defined boundaries. The Women's Christian Temperance Union, for example, supported the introduction of educational lectures on sex hygiene "Provided that the lectures give plain warning as to the lasting effects of transgression and that they inculcate the truth that personal chastity provides the only possible safeguard against these diseases".[36] To many of these groups the contemporary concern with the venereal 'problem' was an opportunity to draw public attention to what they believed was a declining moral standard and to urge the case for a more 'moral' and healthy society. The solution posited

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35. Moves to ration distribution of the pamphlet were motivated, at least in part, by financial considerations. On being told that it would have to pay for the 5000 copies it had requested, the Young Men's Christian Association modified its order to 500 copies, AD 24/46/7.

36. Minutes of Convention, 23 March 1915, W.C.T.U. Papers [uncatalogued], Box 9, WTu.

was a moral rather than a medical one. Hence few suggested that publicity should include advice on the use of prophylactics.

Official bodies like the Health Department also had clear motives for attempting to raise public awareness of venereal disease. Whilst their use of publicity was closely linked to attempts to court public support for proposed legislative initiatives on the matter, there was also an awareness that the ultimate solution to this health problem lay not in medical or legislative measures but in changing public attitudes. In his annual report for 1932 the Director-General of Health observed that "It is to educative rather than to repressive measures we must look for the control of what constitutes as much a social as a medical problem".[37] This strategy was reflected in a variety of ways: the fostering of public discussion through the hearings and report of the Committee of Inquiry, the publication of tracts, lectures and press statements, and support for other organisations who were attempting to raise public awareness of the issue.[38]

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37. A.J.H.R., 1932 (H.31), p. 3. See also E.S. Morriss, "Education as a Factor in the Control of VD", Report of the Sixteenth Meeting of the Australasian Association for the Advancement of Science (Wellington, 1923), pp. 666-71. (Morriss was Director of Public Health for Tasmania.)

38. The Department provided an annual subsidy of £200 to Christchurch's Social Hygiene Society. The Society was established as an exclusively female body in 1916 to distribute sex purity literature and to aid parents in telling their offspring about the 'mysteries' of life.

Limited publicity was also given to medical treatment for these diseases. Posters advertising the existence of venereal disease clinics were posted in railway station lavatories in the main centres. After a trial period, which proved their efficacy, they were displayed in public conveniences in some cities.[39]

There were, then, strictly defined boundaries to public debate on the issue and the aims of such publicity were clear: to modify sexual behaviour. These aims motivated and prescribed approaches to publicity and public education on the topic. As we shall see in the next chapter public debate on venereal disease constituted a tool for seeking to modify and control the behaviour of the community.

If such publicity was linked to well defined goals, there was also evidence of a lingering nervousness about the public discussion of the topic. As Christchurch's Press observed in 1921, there was a belief that venereal disease was "not a pleasant subject to discuss"[40], a feeling that it was something sordid (a view reinforced by

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It also organised public lectures and mounted 'patrols'. In 1921 a men's branch was formed. For its activities see H 45/3/-.

39. See Journal of the Department of Public Health, Hospitals and Charitable Aid, Vol. 4, No. 4 (April 1921), p. 86. Dr Agnes Bennett lamented that the posters were a frequent target for graffiti, A.E. Bennett Papers, Folder 241, WTu.

40. Press, 25 August 1921, p. 6.

the association of venereal disease publicity with lavatories, for example). Attitudes to publicity were, then, influenced by conceptions of public decency. The boundaries of decency were seemingly defined by the 1910 Indecent Publications Act. Section Six of the Act declared as indecent:

> any document or matter which relates or refers, or may be reasonably supposed to relate or refer, to any disease affecting the generative organs of either sex, or to any complaint or infirmity arising from or relating to sexual intercourse, or to the prevention or removal of irregularities in menstruation, or to drugs, medicines, appliances, treatment or methods for procuring abortion or miscarriage or preventing conception.

However, while this legislation would appear to constitute a rigid barrier to public debate on venereal disease, the full rigours of the law were rarely enforced. In 1918 the question as to whether an advertisement for 'Prophylactic Outfits for Men' breached the Act was referred to the Solicitor-General. In his reply the Solicitor-General noted that the relevant section of the Act was qualified by the preceding section's reference to the scientific, literary or artistic merit and intent of a document. Accordingly he found no objection to such advertisements provided that they were "worded with decent reticence and provided that there is no suspicion that they are connected with any scheme of quackery, fraud, extortion of [sic] blackmail".[41] By the 1930s discreetly

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41. Commissioner of Police to Chief Health Officer

worded advertisements for contraceptives (some of which also had prophylactic properties) were a regular feature of many local and imported publications.[42]

To draw attention to the prevalence of venereal disease in the community may also have been seen by some as threatening cherished notions about the family. In 1917, for example, the Council of the New Zealand Branch of the British Medical Association passed a resolution expressing its hostility to public lectures and the distribution of pamphlets on venereal disease since they would lead to "serious distrust and want of confidence in family life".[43] Such nervousness is perhaps understandable given the extreme claims being made by some individuals - for example that 80 per cent. of males

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(Wellington), 16 June 1920, H 130/-/-.

42. The presence of such advertisements in many imported film and 'humour' magazines caused considerable concern to local Customs officials. Defending the 'mutilation' of such magazines the Comptroller of Customs argued in 1936 that "if these advertisements were allowed to circulate it would tend to increase to some degree the importation and use of contraceptives etc", Comptroller to Minister of Customs, 7 July 1936, C24/43/107. Where removal of the offending advertisements was not feasible the magazines were banned or, as in the case of a 1940 edition of True Confessions, turned into confetti. See also R. Shuker and R. Openshaw, "'Worthless and Indecent Literature': Comics and moral panic in early post-war New Zealand", Paper to the New Zealand Association for Research in Education Conference, December 1985, pp. 3-4.

43. Chairman, British Medical Association (New Zealand Branch) to Minister of Public Health, 17 December 1917, H 130/1/-.

contracted venereal disease.[44] These and similar claims, which suggested that chastity was a rare property, may have led to anxiety about further highlighting the venereal disease situation.

The official attitude towards publicity was also tempered by nervousness about exciting undue fear in the community. This was an especially important consideration during wartime, when the maintenance of national morale and the demands of recruiting assumed importance. As a consequence during both the First and Second World Wars army authorities were reluctant to issue exact figures on the incidence of venereal disease in their ranks or to acknowledge the magnitude of the problem.

Mindful of slandering the 'boys' at the front or of adversely affecting recruiting, silence was the predominant characteristic of army authorities.[45] When Colonel Rhodes expressed concern about the "grave risk" which venereal disease posed to the First Expeditionary Force in a report to the Minister of Defence, this section was omitted from the published version of the report.[46] Another to learn the authorities' nervousness on the subject was Ettie Rout, whose increasingly critical

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44. See, for example, Platts-Mills, p. 5; N.Z.P.D., 153 (1910), pp. 405-6.

45. For evidence of this see N.Z.P.D., 181 (1917), pp. 511-12.

46. Rhodes to Allen, undated memo, AD 24/46/-.

letters on the army's handling of the disease were banned from publication in the country's newspapers. The return of soldiers discharged due to venereal infection highlighted the danger of arousing public hysteria. Soon newspapers were questioning the thoroughness of the authorities in releasing infected soldiers.[47] Concern about exacerbating such anxiety made Army and Health Department officials reluctant to release statistics on the situation.[48]

The First World War has been seen by some observers as marking the beginning of a new willingness to talk about the previously taboo subject of venereal disease.[49] We have seen how this emphasis on change requires major qualifications with regard to attitudes to prophylaxis. Despite some surface changes the same applies to attitudes to publicity on the subject and there were strong elements of continuity in attitudes and actions on the issue.

The development of new and more powerful media meant, however, that inevitably there were new possibilities for public information and debate. As a consequence, a new

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47. See clippings in AD 24/46/4 and 24/46/6.

48. In 1919 the Acting Chief Officer of Health urged doctors in charge of the venereal disease clinics to "see to it that statistical and other details - alarming to the uninitiated - shall not reach the the various well-meaning enthusiasts who may by meddling bring all out[sic] proposed scheme of action to naught", Acting Chief Officer of Health to Doctors in Charge of Venereal Disease Clinics, 12 November 1919, H 45/3.

49. Olssen, "Towards A New Society", p. 272.

sophistication in both the content and medium of publicity on venereal disease was evident. As new technology became available, so the scope for public discussion on these and attendant issues increased.

One of the most significant of the new media which sprang up in this period was the cinema. Availing itself of this new technology, in 1919 the Defence Department undertook to produce a film on the horrors of venereal disease in cooperation with Canadian military authorities. The resulting film was shown to recruits at territorial training camps. This venture into cinematography was to signal a new wave of publicity on venereal disease and the topic soon became the subject of plays, books and films.

Other Government departments, however, were less enthusiastic about the public discussion of the topic. In 1901 Eugene Brieux wrote 'Les Avaries', a play about the horrors of syphilis as it destroys a middle-class French family. (In 1907 it was translated into English.) The play met with condemnation and censorship abroad and its reception was no less stormy in New Zealand. In 1917 customs authorities in Auckland seized 300 copies of the script. Reporting on this action, the Solicitor-General expressed his conviction that the work was obscene and that "its publication either in book form or on the stage can serve no good purpose".[50] Despite this he suggested

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50. Solicitor-General to Commissioner of Police, 7

that there was an element of absurdity in seizing the play's script since there was no means of prohibiting its performance in dramatic form. The Minister of Customs, however, preferred to take the advice of his officials, who argued that words spoken on the stage "are less likely to leave a permanent impression on the individual than is the written word which can be read and re-read and discussed by those who are likely to be influenced by such literature".[51] Accordingly the books were seized.[52]

In 1919 the film version of the play screened in New Zealand, albeit to separate male and female audiences. Notwithstanding this, in 1921 an over-cautious Controller of Customs in Wellington seized 250 copies of the book. This time, and despite both a ruling from the Commissioner of Police that the book contravened the Indecent Publications Act and the opposition of the Attorney-General, all prohibitions on the book were lifted. In so doing the Minister of Customs, Downie Stewart, expressed his conviction that public opinion on the matter had

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February 1917, C 24/43/-. For the play's plot see Brandt, p. 47.

51. Comptroller of Customs to Minister of Customs, 2 March 1917, C 24/43/-.

52. Gordon and Gotch, the books' importers, claimed that customs authorities in Wellington, Christchurch and Dunedin had allowed importation of the book, Letter to Collector of Customs (Auckland), 20 March 1917, C 24/43/-.

changed since the book was banned in 1917.[53] Increased concern about the toll of venereal diseases meant that there was an increased willingness to bring the subject into the open. Analysis of the episode also reveals how decisions on censorship matters were in large part a reflection of the values and opinions of the Minister of the day.

There were further signs that official attitudes were changing. In 1920 the film "The End of the Road", originally produced for the American Commission on Training Camp Activities, was brought to New Zealand. The film was previewed by officials from the Health and Education Departments, who reacted favourably. To the Secretary of the Education Department it was obvious that the picture would:

> be of considerable value in drawing attention to the many ways in which young are victimized by scheming men of easy virtue, and to the results of joy motor-rides, casual street acquaintances etc."[54]

In the light of this reception the Censor was adamant that the film be shown to "the greatest number of persons possible". At the same time he noted that the film would excite mixed emotions and would probably be "viewed with

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53. Comptroller of Customs to Minister of Customs, 31 January 1922, C 24/43/-. For the Attorney-General's opinion on the issue see W.D. Stewart, Sir Francis Bell. His Life and Times (Wellington, 1937), pp. 179-82.

54. Secretary of Education to Minister of Health, 10 August 1920, H 45/29/-. For the film's plot see Brandt, p. 83.

disgust" by a large section of the community.[55]

"The End of the Road" was billed as "a silent sermon on morality"[56]. New Zealand audiences were not to be denied 'talkie' sermons, however. In 1934 the New South Wales Racial Hygiene Society brought the film "Damaged Lives", an American film which played to capacity houses abroad, to the Dominion.[57] The film combined a dramatic portrayal of the effects of venereal disease on a young married couple with an illustrated lecture by a noted Canadian authority on the subject and was advertised in less than modest terms as "the Greatest Sensation Ever Seen on Stage or Screen".[58] Moreover, the advertisements claimed, it represented "A Penetrating Searchlight Turned On The Most Intimate Relations of Man and Woman".[59]

Despite such grandiose (and no doubt commercially successful) claims, prudery about the subject persisted. When "The End of the Road" arrived in the country in 1920 some perturbed women's groups expressed their determination that it be shown to separate sessions of men

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55. Censor to Under-secretary of Internal Affairs, 23 August 1920, IA 83 (misc. loose papers), envelope 9.

56. Press, 24 August 1920.

57. In 1934 it was reported that the film had played to four million Britons in 327 towns, E.J. Bristow, Vice and Vigilance. Purity Movements in Britain since 1700 (Dublin, 1977), p. 151.

58. Press, 22 November 1934.

59. Ibid., 7 November 1934.

and women.[60] Similar anxiety surrounded the screening of "Damaged Goods" in the Hawkes Bay in 1927. The agitation was led by a local paper whose editor found the film's portrayal of "ugly uncleanness" unjustified and offensive.[61] The cause was also taken up by the local borough council, which issued a protest to the film censor.

Although such attitudes were increasingly challenged, the old phobias persisted. This was evident even among those groups who called for the cloak of silence to be removed from the subject. In July 1916, for example, the Parliamentary Gallery was cleared of women during the reading of the War Regulations Amendment Bill, a piece of legislation which had far-reaching implications for women. During the debate on the Social Hygiene Bill in the following year one speaker observed of the Bill's subject matter:

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60. Auckland's National Council of Women resolved to approach local theatre managers to ensure that the film was not shown to mixed audiences, Minutes of meeting, 28 August 1920, National Council of Women (Auckland Branch) Papers, Folder 81, AI&M. Christchurch theatres arranged special 'womens only' matinees which were accompanied by a address by the President of the local Social Hygiene Society. The film was restricted to persons over fourteen years of age. See Press, 25 August 1920.

61. On its original release in 1919 the Censor ruled that the film could only be shown to segregated audiences over sixteen years of age. The same conditions applied during the 1927 screenings, IA 83 (various unregistered papers), Box 1. The film reviewer for the paper which took up the case against the film found it full of "sentimental twaddle" and "sickly sermonising", Hawkes Bay Tribune, 2 November 1927.

> It is a very distasteful subject. In its nature it is one which cannot be the subject of discussion between the educated of one sex and the educated of another ... and in its nature it is so distasteful that, without an earnest sense of public duty, even thinking men are in the habit of so far ignoring it.[62]

The inter-war period saw these attitudes challenged and the Second World War evidenced a determined effort to educate women on the dangers of venereal infection, including lectures to women in industry and in the armed services. There was also a more sophisticated approach to the problem which acknowledged the multiplicity of factors - social, medical, legislative and psychological - involved. At the same time, however, it is apparent that such frankness was not welcomed by all. The anonymous author of The Case For Chastity saw it as symptomatic of an age in which:

> Nothing seems to be sacred. Men and women talk about subjects, indulge in the discussion of sex problems and sex relationships which would have once been inconceivable in each other's company.[63]

There was a lingering reluctance to discuss issues like prophylaxis and venereal disease. Such reluctance could still be evidenced at the close of the period under study. In 1941 the charismatic radio personality the Reverend C.G. Scrimgeour had a talk on the need for sex

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62. N.Z.P.D., 181 (1917), p. 506. During debate on the Bill one member expressed unease at the presence of women in the gallery, ibid., 180 (1917), p. 647.

63. A New Zealand Girl [pseud.], The Case For Chastity (Wellington, n.d.), p. 3.

education rejected by authorities for broadcast during his popular "Man in the Street" session. It was, perhaps, not the subject which caused offence but Scrimgeour's matter-of-fact approach to it.[64] In 1946 an equally telling episode occurred, revealing the anxieties and boundaries which still prescribed discussion on the issue of venereal disease. In this year the editor of Wellington's Evening Post rejected for publication a letter which advocated that the preventive ablution facilities established during the war should be retained in order to combat venereal disease. Referring the letter to the Health Department, he expressed his conviction that the subject was not a fit one for discussion in his paper. In reply the Director-General of Health concurred with his judgement noting that "this is not a suitable subject for correspondence in your columns".[65] While the passage of time since the First World War may have witnessed advances in medical knowledge, at the attitudinal level a strong element of continuity was evident. Prophylaxis, despite the war experience, was still not considered a 'decent' subject

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64. Scrimgeour suggested that in the discussion of sexual matters "there should be no more occasion for 'reverence' than in explaining the construction of a steam engine". See Venereal Disease. The Shadow ..., pp. 5-9.

65. Director-General of Health to Editor of Evening Post, 10 April 1946, H 131/45/-.

for discussion in a paper likely to be read by both men and, perhaps more disturbing, women.[66]

66. The reluctance to debate the topic in the columns of the press also, perhaps, reflected a desire to place the war and its less pleasant aspects behind and to concentrate on rebuilding society. This desire is evident in J. and B. Cochran, "The Post War Woman", in Young Women's Christian Association, Men - Women Relationships in War Time (Wellington, 1943), pp. 18-24.

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CONTROL

It should always be borne in mind that sexual precocity and sexual irregularity present the greatest difficulties for any civilisation which regards self-control and continence as essential in early life .... Nothing tends to sap, undermine, and stunt individual and racial development and progress more than precocious sexuality and sensual irregularities and perversions.

Truby King, Picture Shows, 1924.

As previous chapters have revealed, venereal disease was seen as the result of a lack of control on the part of individuals. Consequently the solution to the venereal disease 'problem' was frequently formulated in terms of exercising more control: the encouragement of the development of self-control amongst the young and, for those deemed unresponsive to such persuasion, control in terms of legislation, compulsory medical treatment, police action and detention. It is not surprising, therefore, that many historians have attempted to analyse the response to venereal disease using theories of social control. Such approaches have been used especially by feminist historians, who have been responsible for much of the revived interest in exploring the historical issues of prostitution and venereal disease. In this chapter we will examine such interpretations of the subject and determine to what extent they can profitably be applied to the New Zealand experience in this period.

I: THE THEORY

A necessary precondition of attempts to see the episode in terms of social control is the acknowledgement that sexuality is shaped by social forces. Such acknowledgement is a relatively recent development for prior to the 1970s most commentators saw sex as a natural given, as an autonomous biological force which while repressed by society was the result of innate biological drives. Among those to challenge this 'sexual

essentialism' perhaps the most influential was Michel Foucault, whose The History of Sexuality. Vol. 1: An Introduction first appeared in English in 1978. Foucault suggested that sex was not a biological force, but rather a social one and was hence defined and regulated by contemporary society. To Foucault sex must be seen as a historical construct which is shaped and defined by strategies of power and knowledge. This notion of power-knowledge, a form of power which he suggested was realized through discourse, was central to Foucault's approach.

Foucault's writing, which offered a platform for further analysis rather than any in-depth historical research, was to inspire a number of historians to re-examine the history of sexuality. The debt to Foucault is evident in many of these. Following Foucault, Weeks, for example, defines sexuality as "an historical unity which has been shaped and determined by a multiplicity of forces, and which has undergone complex historical transformations".[1] Weeks' writings have concentrated on broad surveys of sexuality in history. Similar analyses have also been applied to more narrowly-defined studies.

An awareness of the role of mechanisms of control and regulation in the field of sexual behaviour is particularly evident in the work of the burgeoning number of feminist historians turning their attention to the

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1. Weeks, p. xi.

history of sexuality. Concepts of social control have been central to the writings of many of these writers, who have been keen to analyse the strategies of control which have been used to define models of appropriate sexual behaviour and to punish and restrain those who have deviated from such ideals. While the traditional differentiation has usually been seen along sex or gender lines, it has increasingly been acknowledged that class loyalties and differences frequently cut across gender lines and that attempts at social control are not the sole prerogative of the male sex.[2]

These concepts have been used by feminist historians to analyse a variety of historical issues, including those of prostitution and venereal disease legislation. As the previous chapters have revealed, the two realms - prostitution and venereal disease - were frequently linked. This was especially so in the nineteenth-century when throughout the Western world concern about the toll of venereal infection allegedly transmitted by prostitutes to soldiers led to the passage of contagious diseases legislation. The workings of this legislation and the activism which centred around attempts to have it repealed have been the subject of much analysis, both by male and

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2. For this debate see K. Daniels, "Women's History", in G. Osborne and W. Mandle (eds.), New History. Studying Australia Today (Sydney, 1982) and G. Reekie, "Managing the Gender Order: A Comparative Review", Historical Studies, Vol. 22, No. 87 (October 1986), pp. 261-67.

female historians. Given the intrusive nature of this legislation and the double standard which it so blatantly enshrined, it is not surprising that several of these works have used theories of social control to analyse such episodes.

The interest with prostitution and venereal disease in the nineteenth-century has frequently developed into an interest in charting the attitudes, assumptions and reactions which it has provoked in this century also. The models and analyses which were used for analysing the earlier period have hence been used for discussions of the twentieth-century situation.[3] It has been suggested that similar motives and strategies were at work in both the nineteenth-century contagious diseases legislation and twentieth-century attempts to provide for the compulsory notification and treatment of venereal cases. There has, for example, been considerable analysis of the Australian experience where prostitutes found themselves subject to both formal and informal modes of surveillance and control. In one of these studies it has been suggested

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3. See, for example, S. Horan, "'More sinned against than sinning'? Prostitution in South Australia 1836-1914"; R. Davidson, "Dealing with the 'Social Evil'. Prostitution and the police in Perth and on the Eastern goldfields, 1895-1924", both in Daniels, So Much Hard Work and, for an analysis of the response in Queensland during World War Two, K. Saunders and H. Taylor, "'To Combat the Plague': The Construction of Moral Alarm and State Intervention in Queensland During World War II", Hecate, Vol. 14, No. 1 (1988), pp. 5-30.

that venereal disease legislation cannot be 'understood' as health legislation but rather as "legislation concerned with social order and control in a sexually repressive, class divided society."[4]

How useful are theories of social control in attempting to explain the reaction to venereal disease in twentieth-century New Zealand? The answer is not a clear-cut one. Such theories have much to offer as an aid to understanding the anxieties and assumptions at work in this period. At the same time, however, one has to be wary of using theories in a rigid or deterministic manner. Used dogmatically or simplistically such theoretical tools can become little more than cliches which obscure rather than explain.

Was the 'scare' about venereal disease used as a means of regulating and controlling behaviour in order to preserve social order? The question is an important one to explore since, consciously or unconsciously, the solution to the venereal disease 'problem' was frequently stated in terms of exercising control, whether voluntary or enforced, and since many historians have seen the agitation over venereal disease which so preoccupied governments in this period in exactly such terms. The concept also appears to offer a stimulating means of

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4. M. Murnane and K. Daniels, "Prostitutes as 'Purveyors of Disease': Venereal Disease Legislation in Tasmania 1868-1945", Hecate, Vol. 5, No. 1 (1979), p. 19.

probing the anxieties which lay behind much of the activism of this period and of contrasting New Zealand's experience with the initiatives adopted abroad.

In particular, the concept appears helpful in analysing a number of areas: the use of concern with venereal disease to stigmatise groups in the community; its use to control the behaviour of the young through sex education and purity literature and through more direct forms of control.

II: INITIATIVES

The debate which venereal disease provoked in New Zealand both highlighted and exacerbated the stigmatisation suffered by certain groups in society. The groups singled out as responsible for the prevalence of venereal disease were redefined throughout the century and were defined in terms of sex, behaviour, mental defect and, at least in some cases, race. This process served both as a means of control - the fear of such ostracism was explicitly appealed to in contemporary tracts - and as a justification for further controls on such individuals.

This stigmatisation fell most heavily upon groups of women. It was women who were made to bear an unequal share of the blame (by predominantly male politicians and doctors) for spreading venereal infection in the community. While certain groups of women were made to share a disproportionate share of this opprobrium, to some extent the whole sex came to be blamed for the prevalence of these diseases. Largely due to anatomical factors both

diagnosis and treatment of these diseases was far more problematic amongst women than men. The resulting reluctance of many women to complete treatment led to claims that there was some wilful or vicious streak peculiar to the female sex that accounted for this behaviour.

Much of this stigma was attached to the female prostitute. Prostitutes were portrayed as reservoirs of venereal disease and sources of contagion within the community. Such portrayal was common throughout the period. It was perhaps most bluntly articulated during the debate surrounding the repeal of the Contagious Diseases Act in 1910 when 'murdering hags' were depicted as slaying innocent and gullible young lads wholesale.[5] The process was part of a dichotomy drawn between decent married women, who were frequently portrayed as the innocent victims of venereal infection, and those deemed 'guilty' of communicating infection to these women's husbands in the first place. Males, the 'middle-men' in such a model, were depicted as the gullible dupes of female depravity and their role in the transmission of these diseases was hence downplayed.

The division between the virtuous and the 'fallen' woman was common in discussions about the 'innocence' or 'guilt' of venereal disease sufferers. It was also

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5. See N.Z.P.D., 153 (1910), p. 412.

explicitly recognised during the debate on the War Regulations Amendment Bill in 1916 when Russell, the Minister of Health, observed by way of justification for the controversial aspects of the Bill that its full rigours would only fall upon those who had placed themselves "beyond the pale of pure and virtuous womanhood".[6] Those who breached contemporary expectations of what such status entailed were hence seen as forsaking the rights and privileges which 'pure and virtuous' women enjoyed. They had placed themselves outside the realms of 'decent' society.

Even as it became increasingly obvious that prostitution was responsible for a decreasing proportion of the venereal infection in the community, prostitutes continued to constitute a primary focus of official concern and action. The label 'prostitute' was, however, amended to include a new category: the 'amateur' or 'clandestine' prostitute. Correspondingly, the language of the debate changed as the focus shifted from the professional prostitute to the so-called 'amateur' and as new 'scientific' theories of delinquency became increasingly popular. In many ways this change constituted an even more subtle and powerful form of social control.

In 1923 the Australasian Association for the

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6. A.J.H.R., 1916 (H.38), p. 2.

Advancement of Science was informed by Tasmania's Director of Public Health that "The clandestine or 'amateur' prostitute is filling in an apparently increasing degree, the position formerly supposed to be occupied by her professional sister."[7] There was, however, an ambiguity and lack of precision about the application of these labels. As one historian has noted

> Both 'prostitution' and 'clandestine prostitution' often referred to any female sexual activity that violated the norms of civilized morality, and the distinctions between prostitution, clandestine prostitution, permisiveness, and promiscuity were frequently blurred.[8]

The use of such language was, then, a means of stigmatising individuals who deviated from contemporary expectations of appropriate or 'acceptable' female sexual behaviour. Those who were deemed to be promiscuous or sexually aggressive were liable to find themselves labelled an 'amateur' prostitute, regardless of whether any money actually changed hands.[9]

The use of this language was in itself a means of control. Those whose behaviour violated norms of acceptable behaviour risked being labelled a prostitute,

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7. Report of the Sixteenth Meeting of the Australasian Association for the Advancement of Science, Wellington, January 11-17, 1923, p. 668.

8. Connelly, p. 40.

9. While the tag was most commonly applied to women, promiscuous males were also, on occasion, referred to as 'male prostitutes'. See A.J.H.R., 1916 (H.38). p. 3.

'amateur' or otherwise, and hence incurring outcast status. As it became increasingly obvious that many women were willing to flout society's sexual norms, the threat of social ostracism was explicitly appealed to in much of the literature aimed at women in this period. The woman who broke society's sexual mores was warned that such behaviour would irrevocably brand her as a social outcast and as an object of contempt to 'decent' society.[10] As such, so this propaganda went, she would find herself deprived of those ultimate goals of every right-minded woman: marriage and motherhood.

If the woman who transgressed the boundaries of 'acceptable' sexual behaviour was at risk of being labelled a prostitute, amateur or otherwise, this period saw the introduction of another even more threatening category of deviant: the feeble-minded. In the 1920s the problem of the feeble-minded was linked with the venereal 'menace' and their alleged nefarious activities were blamed for the prevalence of venereal disease. As eugenic ideology gained currency in this period, women who were deemed to be 'promiscuous' or who produced illegitimate children were likely to be labelled feeble-minded and portrayed as a menace to the moral and physical health of the community which must be rendered harmless.

The 'menace of the feeble-minded' enjoyed

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10. See, for example, The Woman's Book, pp. 27-28.

considerable sway amongst educationalists, social workers, politicians and health officials in this period. In particular it was the female mental defective and her sexual behaviour that was found threatening. The alarmist conclusions of the Committee of Inquiry into Venereal Disease played an important part in fuelling demands for the registration, and detention or sterilisation of mental defectives.[11] Impressed by the evidence given to it by educational authorities on the menace of the feeble-minded, the Committee urged that "some method of dealing with mental defectives - by segregation or otherwise - must be found as part of the problem of dealing with venereal disease."[12]

By the 1930s and 1940s concern about venereal disease was increasingly linked with concern about the behaviour of the young or, more particularly, with the problem of 'delinquency'. This concern was to continue into the 1950s and reach its climax in the furor surrounding the sexual dalliance of a group of Hutt teenagers. In our period this anxiety was seen in activism which centred on the alleged easy availability of contraceptives and on the consequences of new forms of entertainment, especially the cinema, on the nation's young.

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11. These demands were incorporated in the 1928 Mental Defectives Amendment Act but dropped in the face of widespread opposition. See Fleming, pp. 50-58.

12. A.J.H.R., 1922 (H.31A), p. 22.

New theories and approaches to social problems amongst the young were starting to filter in from abroad during this period and they were adopted by educationalists and workers, many of them voluntary, in the field.[13] Preoccupation with delinquency frequently reflected a desire for social intervention in the lives of those who were deemed to deviate from social ideals of the model adolescent. For females in particular this deviance was most commonly tied to sexual behaviour. Aggressive sexuality, as evidenced in frequent relationships with men or in pregnancy outside marriage, was often the first step to a young women finding herself in the care of the state. This process became especially marked during the Second World War when a marked rise was evident in the number of girls who found themselves committed to the care of the state as a result of their association with servicemen, especially those of the American forces.[14] Alarmist claims were made in the press about the proportion of these young women infected with venereal disease and the

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13. There was a fascination with the new social sciences which seemingly offered a new 'scientific' means of remedying social evils and creating a more moral society. Griffiths notes the great faith which women's groups of the period - such as the National Council of Women - placed in state intervention, Griffiths, pp. 98-99.

14. The number of young women committed to the care of the Superintendent of Child Welfare or placed under supervision rose from 92 in 1942 to 124 in 1943, Philipp, p. 16.

inability of existing institutions to accommodate them.[15]

There was a racial element to the episode for a large proportion of those who came to the authorities' notice were Maori and claims were made that their behaviour was having a deleterious affect on the moral standards of pakeha girls. Elsie Bennet, the General Secretary of the Young Women's Christian Association, lamented that

> The behaviour of many coloured girls is definitely a menace.... They have, in a way, a different moral standard from our white girls, which causes a man to expect from the latter that which he receives from the former[16]

Inequalities were evident in the whole episode. Many of these young women, Maori and pakeha, were under the age of consent but despite some unease the brunt of official intervention and reprimand fell on the girls rather than on those who consorted with them.[17]

The debate over venereal disease in this period was to witness claims that the sexes had different attitudes towards the gravity of the issue. In particular, some medical personnel were to suggest that women had a less responsible attitude towards seeking treatment for

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15. See CW 40/55/1.

16. Quoted in The Case For Chastity, p. 6. In its report for 1943-44 the Prisons Department expressed concern at the increase in the number of young Maori girls committed to prison and borstal as a result of their association with servicemen (the total number of Maori receptions rose from 310 in 1939 to 523 in 1943), A.J.H.R., 1944 (H.20), p. 3.

17. For the unease of some police about this see P. Goodwin to Superintendant, 3 March 1943, CW 40/55/1.

venereal infection. Throughout the period concern was expressed about the apparent reluctance of women to seek or continue treatment for venereal disease. This negligent attitude, it was claimed, made the infected woman a menace to society and thus justified legislative moves to enforce compulsory examination and treatment of sufferers, provisions which tended to fall more heavily upon women.

In 1921 the Deputy Director-General of Health, J.P. Frengley, in a fit of frustration at the opposition which the Department's moves to introduce conditional notification were meeting, observed:

> No sensible person denies that both sexes should have equal rights in almost all directions but there is no equality for the sexes qua venereal diseases .... Talk of equality is the expression of downright ignorance.[18]

The inequalities bestowed by anatomy meant that women were less likely to know that they had venereal infection and were hence less likely to seek medical advice. In women the treatment of venereal disease, especially gonorrhea, was also a lengthy and tiresome procedure which few completed. Another contributing factor was the sense of shame which many women must have felt in seeking medical treatment, especially since they would frequently have to consult a male doctor.[19] To some this sense of modesty

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18. Frengley to Minister of Health, 18 October 1921, H 130/1/-.

19. In 1929 the Board of Health called upon Hospital Boards

was no bad thing. The White Ribbon asked "Does not the very fact that men come willingly for treatment, and women keep away, prove that the men have no sense of shame?[20]

The end result, however, was the same - very few women sufferers, especially in cases of gonorrhea, completed their treatment.[21] While official reports were quick to stress the physiological and social factors involved, others saw it as evidence of a callous and degenerate nature. The Committee of Inquiry into Venereal Diseases were told of young women who even while undergoing treatment at hospital clinics would plan further liaisons.[22] Twenty years later the Officer in Charge of Christchurch's venereal disease clinic was to express similar sentiments:

> we have a very difficult class of person to deal with , the women being particularly difficult to control. They do not seem to have the same moral responsibility, and they expose themselves to infection while they are

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to appoint women doctors to treat female patients at their venereal disease clinics. The response they received to this call was far from enthusiastic. See minutes of meeting, 18 December 1929, H series 6/1.

20. WR, Vol. 34, No. 357 (May 1925), p. 1.

21. The Committee of Inquiry into Venereal Diseases was informed by the Officer in Charge of Christchurch's Venereal Disease Clinic that only 50 per cent. of women with syphilis and 14 per cent. of women with gonorrhea continued treatment until non-infective (the rate for men was 75 and 98 per cent. respectively). At the Auckland Clinic, they were informed that no women continued treatment for gonorrhea until non-infective, A.J.H.R., 1922 (H.31A), p. 15.

22. Ibid., p. 7.

having treatment.[23]

Such stigmatisation was an obvious and direct form of social control. It was also a prelude to further and more direct forms of control. By marking off such individuals as a threat they became a sub-group - whether 'vicious hags' or the mentally deficient - for whom extreme action could be justified without seeming to threaten the rights of ordinary 'decent' New Zealanders. The spectre of venereal disease, fuelled by exaggerated and alarmist claims about its prevalence, further aided this process and served to arouse public and political demands for tougher action on the issue.

The use of anxiety about venereal disease to strengthen demands for control of the behaviour of the young and women in particular can also be analysed by looking at the purity literature of the period and at the brief episode of New Zealand's dalliance with the concept of female Health Patrols.

Venereal disease was seen by contemporaries as evidence of a failure of self control at both the individual and the community level. As a consequence much of the endeavour to combat venereal disease concentrated on the promotion of self control in human relationships. The dissemination of purity literature formed an integral

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23. Dr A.C. Thomson, quoted in Secretary of North Canterbury Hospital Board to Director-General of Health, 10 July 1942, H 45/47/-.

part of attempts to counter the venereal 'menace'. Throughout the period, such literature used the risk of venereal disease as an incitement to 'clean' living. The alternative was seen as unnatural, and punished by dire physical consequences. It was for this reason that the prospect of prophylaxis was seen as so threatening. Contemporaries feared that it would open the floodgates to a tide of unrestrained vice. As a consequence abstinence and the avoidance of soft mattresses were, in general, the sole forms of prophylaxis acknowledged by such tracts.

The threat of moral and physical contagion was frequently used in literature aimed at males. The literature aimed at women, which was prominent in the Second World war, used another threat: that of social ostracism. The woman who succumbed to her fiance's physical demands was warned not only of the likely consequences in terms of pregnancy and disease. More frightening, she was warned that she would acquire a reputation as an 'easy' women and would be shunned by 'decent' society, both male and female. To indulge in promiscuous behaviour, according to this literature, was to risk being irrevocably marked with the stain of promiscuity and denied the pleasures of motherhood and married family life. The anonymous 'New Zealand Girl' of The Case For Chastity advised her sisters "Don't play light-heartedly with that most precious of gifts" whilst The Woman's Book warned the young woman tempted to 'surrender' to her passions that "promiscuity can cut her

off from the chance of a happy married life".[24]

This process, which apparently only applied to women, was evident in the Armed Services during the Second World War. Venereal infection amongst the male soldiers was seen as a regrettable and avoidable nuisance. Venereal infection amongst servicewomen, however, was seen as irrefutable proof that the unlucky sufferer was morally corrupt and a threat to the welfare and, more importantly, reputation of the services. As such she was thus a candidate for prompt dismissal from its ranks.[25]

While such techniques were aimed at mature New Zealanders, contemporaries acknowledged that the key to changing attitudes and behaviour lay in the education of the young. Consequently the demand for the introduction of sex education was a frequent feature of this period. It was made clear that the fundamental aim of such education was the control of the emotions and behaviour of the nation's young. The alleged prevalence of venereal disease was seen as damning evidence of the heavy cost to the nation of ignoring the need for this education. Groups who believed in the urgent need for instruction of the young in sexual and social hygiene thus welcomed the concern with venereal disease as an opportunity to win wider support for their case.

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24. The Case For Chastity, p. 13; The Woman's Book, p. 27.

25. See Chapter Four.

Experts agreed with them that education in self-control offered the only long-term solution to venereal disease. In 1921 the Director of the Division of School Hygiene noted that:

> all efforts for the control of venereal disease, and for the combating of what is called the Social Evil are largely doomed to failure unless combined with an attack upon the trouble at its source, namely, by early and definitely planned instruction of the children.[26]

It was acknowledged that medical initiatives offered only limited solace. The only lasting solution was a moral, rather than a medical, one. This was especially true given the prevailing hostility to the promotion of prophylactic techniques.

The solution to the venereal disease 'problem' was seen in moral prophylaxis through the exercise of self-control and the period saw a variety of moves to promulgate the teaching of such control. The task was one that required constant vigilance on the part of parents. Dr Daisy Platts-Mills advised that

> The first lessons in self-control should be given in infancy. The baby who is trained to sleep in the fresh air all night, and have his meals at regular hours during the daytime has better prospects physically, mentally and morally than the child who is fed every time he cries, and sleeps fitfully at any hour day or night.[27]

This vigilance was to be accompanied by a plethora of publications, both imported and home-grown, enjoining the

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26. WR, Vol. 206, No. 309 (March 1921), p. 3.

27. Platts-Mills, p. 8.

young to exercise restraint over their emotions and warning them of the dire consequences for themselves and for the race if they failed to do so. The message was frquently accompanied by purple prose about the 'mysteries of life' and obscure references to stamens and pistils.[28]

Despite widespread calls for the introduction of sex purity or sex hygiene instruction in the schools, the Government remained opposed to such moves.[29] Instead it believed that instructing children in these matters was the duty of parents. Its cautious attitude was motivated, in part, by nervousness about the unforseen consequences of mass teaching on the subject. Past experience of classroom sessions, delivered by itinerant lecturers from organisations such as the church - based White Cross League, was blamed for sparking off outbreaks of 'self

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28. Frequently held up as an exemplary model of such literature was The Cradle Ship by the New Zealand author Edith Howes. First published in Great Britain in 1916, it went through numerous editions in the following decades.

29. See C.M. McGeorge, "Sex Education in 1912", New Zealand Journal of Educational Studies, Vol. 12, No. 2 (November 1977), pp. 133-41. Perhaps the fullest exposition of what was advocated is revealed in an article by Dr E.H. Wilkins, Director of the School Hygiene Division, in the White Ribbon of March 1921. In it Wilkins suggested that sex education should begin at age seven with general teaching on propagation in animal, plant and bird life and on 'fairplay'. As the pupil entered puberty he or she would be reminded of their responsibilities to each other and to the race in a "bright, wholesome, and natural" fashion.

abuse' and rampant sexual curiousity.[30]

The lack of sex education was blamed for the prevalence of sexual precocity. In the absence of 'correct' knowledge the Dominion's young, it was argued, were prey to the unclean gossip of the playground and the foreign values of new media like the cinema. These entertainments were singled out and accused by politicians, educationalists and religious and women's groups of fostering sexual precocity amongst the young. Such precocity was believed to threaten the stability and well-being of both the individual and society. To Truby King it was obvious that:

> sexual precocity and sexual irregularity present the greatest difficulties of any civilisation which regards self-control and continence as essential in early life .... Every physician burdened with the charge of a mental hospital has before him every day the disastrous results of sexual precocity and sexual irregularities .... Nothing tends to sap, undermine, and stunt individual and racial development and progress more than precocious sexuality and sensual irregularities and perversions.[31]

Sex was seen as an anarchic and disruptive force which must be contained within strict boundaries. Professor James Shelley, the prominent educationalist and Shakespearean scholar, deplored the artificial stimulation

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30. See Director, School Hygiene Division to Director of Education, 15 January 1924, H 35/16/-.

31. Royal New Zealand Society for the Health of Women and Children, Picture Shows, pp. 3-4. King's views are explored in E. Olssen, "The Plunket Society and its Ideology, 1907-42", Paper to the Australasian Association for the Advancement of Science, 1979.

of the senses characteristic of contemporary popular culture and argued that the moral tenor of the nation could only be raised through the teaching of greater emotional control to its young.[32]

There were groups in society, however, for whom the appeal to self control was deemed inappropriate. For these individuals - the 'recalcitrant', the 'wayward' and the 'depraved' - control was to be imposed on them by outside agencies. Such assumptions lay behind the call for the registration and detention of the feeble-minded, individuals whose self control was so lacking that they must be isolated from society in order to protect its moral and physical well being. For those not so irredeemably 'depraved' less drastic preventative measures were proposed.

Of these the most frequently mooted was the appointment of women patrols. The proposal was one most frequently put by unofficial, largely women's, groups. For a short time, however, the endeavour received Government endorsement. With the introduction of Health Patrols in 1919, Government officials armed with the power of police constables were explicitly charged with protecting the morality of the community.

The demand for women police or patrols was one frequently articulated by women's groups throughout this

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32. Press, 3 December 1920.

period. It was a demand that was often linked with expressions of concern at the prevailing moral atmosphere and, in particular, the behaviour of young people. Consequently, calls for the introduction of women police were frequently linked with agitation to raise the age of consent or to enforce stricter censorship of films and literature. They were also frequently linked with calls for the appointment of women jurors and women censors. These were innovations which rested on a similar rationale: that thanks to their maternal role women had an innate mission to raise the moral tone of society.

The call for women to patrol New Zealand's streets was first voiced in 1914. It received a boost with the social pressures of the First World War and with overseas experience.[33] Within a year the call had been taken up by women's groups like the Women's Christian Temperance Union, the National Council of Women and the Young Women's Christian Association. This concern was made clear in August 1915 when a deputation representing women's and philanthropic groups called upon the Minister of Defence, James Allen, to put the case for educative and preventative, rather than punitive, solutions to the threat of venereal disease. In the words of one of this deputation, Mrs A. R. Atkinson, the introduction of women

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33. For more detail on these developments see J. Lock, The British Policewoman. Her Story, (London, 1979). For information on the work of one of these organisations, the Voluntary Women's Patrols, see AD 24/46/-.

patrols "was a means of restraint being put on young people who hung around the camps..[and]... seeing young people were off the roads at a reasonable time".[34] Amongst those to support the demand for women police was the Women's Christian Temperance Union. In 1916 its branches throughout New Zealand passed a series of resolutions which urged that

> wherever women police and patrols have been employed, their presence in the community has had a restraining influence over the conduct of the young of both sexes; that therefore the Government consider the advisability of employing women police in connection with the [military] camps and in the City of Wellington.[35]

Politicians were not unsympathetic to such calls. Inquiries were made regarding the use of women patrols overseas and in 1915 the prominent politician and educationalist Mark Cohen investigated the situation in North America, Great Britain and Australia.[36] The Police administration, however, remained unmoved. It saw the introduction of women police as an unnecessary and 'faddish' innovation which was inappropriate to the New Zealand situation.[37]

If the case for women police failed to move Police

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34. Notes of deputation, 10 August 1915, AD 24/46/-.

35. Nelson Branch, minutes of meeting, 12 July 1916, WCTU Papers [uncatalogued], Box 4, WTu.

36. For a report on these investigations see N.Z.P.D., 189 (1920), pp. 446-53.

37. See D. Monigatti, "Women Police in New Zealand", Criminology 301 paper, Victoria University, 1981.

administrators, it did not have the same effect on G.W. Russell, the Minister of Public Health. The agitation for women police had repeatedly been linked with strategies for combating venereal disease. The concern with venereal infection was in turn to provide the justification for a brief experiment in the use of women patrols. The Social Hygiene Act of 1917 provided that:

> 12. (1) The Minister of Public Health may from time to time appoint as Health Patrols such number of persons, of either sex, as he may consider necessary, whose duty it shall be, subject to regulations in that behalf to be made under this Act, to protect the health and morality of young persons.
>
> (2) Every person appointed as a Health Patrol under this section shall have and may exercise the powers of police constables, and be entitled to the same protection and privileges in the performance of their duties as police constables.[38]

This provision was largely the work of Russell, who was exasperated by the Attorney-General's refusal to introduce women police. As the Minister made clear, he saw the inauguration of Health Patrols as a means of introducing women police via the back door.[39] The experiment, he hoped, would satisfy the demand from women's organisations for women police and prove to a reluctant Police administration that such patrols could work. It would also, he believed, help to curb the behavioural and social problems revealed by the alleged prevalence of venereal disease.

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38. N.Z.S., 1917, (No. 24), pp. 124-25.

39. N.Z.P.D., 180 (1917), p. 638.

While the explicit justification for the patrols was their proposed role in combating venereal disease, women's groups were keen to see them adopt a wider role in the community.[40] The Health Department was cognizant of such concern and, believing that venereal disease was just one of a complex of social ills, a comprehensive range of duties were assigned to the patrols. These duties were spelt out in regulations issued in August 1918. The regulations entrusted the patrols with the task:

> (a) To advise and warn young persons who may during the evening or night be found in any street, domain, park, or other public place, or frequenting any place of public entertainment, without adequate supervision and protection;
> (b) To advise the parents and guardians of such young persons of the dangers incident to allowing them to frequent such places without adequate supervision and protection; and
> (c) To make inquiry and to report as to cases where children are alleged to be living in houses of ill-fame, or in any other place or under conditions in which they may be reasonably believed to be liable to contract any venereal disease.[41]

The search for suitable applicants - two for each of

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40. There was, for example, criticism of the word "Health" in their title because it implied a pre-occupation with venereal disease. In reply, the Minister of Public Health observed that wherever possible they would be referred to as "Women Patrols", G.W. Russell to C. Henderson, 19 August 1918, H 147/1/-. His successor referred to them as "Social Patrols" in his correspondence, C.J. Parr to Melville, 3 August 1921, H 130/1/-.

41. New Zealand Gazette, 8 August 1918. The original draft of these duties was considerably wider in scope and included references to the "White Slave Traffic", a term which the Chief Health Officer damned as a creation of "sensation mongers", T.H.A. Valintine to G.W. Russell, 27 March 1918, H 130/1/-.

the four main centres - began in October 1918. It was a lengthy procedure and there were a large number of applicants for the positions. The 1918 regulations stipulated that patrols must be at least forty years of age and Health Department officials were seeking mature, motherly creatures. Those who were deemed to be prudish, eccentric, frail or nervous were excluded, as were unmarried women.[42] The selection process also revealed an unease about the venture on the part of health administrators. Dr T.H.A. Valintine, the Chief Health Officer, expressed this nervousness in his observation that of the patrols "Some of them no doubt will require a good deal of control if they are not going to be a source of embarrassment to us."[43] These anxieties were also voiced by the press.[44]

Experience proved that such fears were not unfounded. With the commencement of the Health Patrols' duties in July 1919 the District Health Officers, to whom they were answerable, became increasingly uneasy about the venture. This concern was understandable given the monthly reports which the Patrols were submitting. Little mention was made of health matters. Instead there were reports of childrens' fights, vandalism and theft being investigated

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42. See H 147/1/-.

43. T.H.A. Valintine to G.W. Russell, 27 March 1918, H 130/1/-.

44. See Post, 14 August 1918, Freelance, 15 August 1918.

by the Patrols. Reporting on her duties for April 1920 Auckland's E. Battany, for example, noted "I have had to speak to many young children in the parks and in the streets for fighting and throwing stones".[45] This experience was not restricted to Auckland. Commenting on the city's Patrols, Dunedin's District Health Officer, T. McKibben, observed "Their work tends more and more to the control of immorality side... Very little actual Health work is done by them".[46]

As unease about the nature of the Patrols' duties increased, the Health Department became keen to see their work supervised by the Police Department. This keenness increased with developments within the Police. At the same time as Parliament was debating the Social Hygiene Act in 1917 additional Police Matrons were being appointed to undertake patrol duties similar to those to be carried out by Health Patrols. In September 1919 these patrol duties were set forth in gazetted regulations.[47] The announcement of the Matron's duties, which had been carried out for two years, came as a rude shock to the Health Department. It served, however, to increase the

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45. Copy of report, 1 May 1920, H 147/1/-. For the District Health Officer's concern see Monk to Valintine, 3 May 1920, H 147/1/-.

46. T. McKibben to T.H.A. Valintine, 30 June 1920, H 147/1/-.

47. New Zealand Gazette, 18 September 1919.

Department's resolve that the Patrols should be under the direction of the Police Department.[48]

An opportunity to end the 'experiment', however, was soon to present itself. In 1922, faced with a drastic cut in the Health vote, it was decided to retire the Patrols on the grounds of economy.[49] There was a brief furor at the announcement of this move but no obvious effect on the numbers presenting themselves for treatment at venereal disease clinics.[50] In Christchurch the North Canterbury Hospital Board decided to retain the services of one of the local patrols, a former nurse. She retired in August 1928. One of the Wellington Patrols, Mrs F. McHugh, was retained by the Department as a propagandist for its legislative initiatives on venereal disease in this period. She also continued her nightly patrol duties until her resignation in 1926.

Writing in the 1940s A. Martyn judged the experiment of the Patrols a failure.[51] The Health Patrols had been

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48. Publicity about the role of the Police Matrons also appears to have come as a surprise to women's groups. They were quick, however, to claim that the matrons had little time for patrol work and it appears that their patrol duties involved surveillance rather than active intervention. For reference to the work of these additional Matrons see A.J.H.R., 1918 (H.16), p. 11 and ibid., 1919 (H.16), p. 5.

49. The Patrols ceased their duties in April 1922.

50. In this brief episode even those who had questioned the Patrol's worth leapt to their defence. See H 147/1/-.

51. Venereal Disease. The Shadow ..., p. 26.

envisaged as the agents of tougher venereal disease legislation which was not introduced until 1925.[52] In the absence of this legislation they took upon themselves the role of moral guardians of the community. While this development may have sent shivers of unease amongst health administrators, it was exactly what the community groups who had campaigned so persistently for women patrols desired. The brief experiment of the Patrols helped to temporarily stem these demands. With their demise the call for women police resumed and became increasingly insistent until their introduction in 1938.[53]

Central to the agitation for women police or patrols was the belief that women had something unique to offer in the policing of social norms. This keenness to see women patrolling New Zealand's streets and parks reflected the widespread assumption that women were society's natural moral guardians, a view which in turn was based on the belief that women had innate 'motherly' qualities. The introduction of women police was seen by protagonists as an extension of the mothering role. This motherly aspect was made clear in the legal requirement that Health Patrols be over forty years of age and in the informal one

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52. R.H. Makgill to G. Atkinson, 12 February 1920, H 130/1/-.

53. In 1938 legislation introducing women police was passed by Parliament. The first ten policewomen commenced duties in 1942. For the recollections of one of these early policewomen see E.B. Pearce Papers, WTu.

that they be married women. The Acting Chief Health Officer described the Patrols to an Australian health official as "elderly sensible women who keep an eye on young girls who begin to get a bit off the track".[54] They were to be guardians of the young, protecting them from temptation and their own impulses.

It was argued that by their mere presence these women would raise the moral tone of the community. They would, it was believed, shame it into following standards of 'decency'. In the midst of a tirade against the evils of sun-bathing - a practice which she claimed "causes men to lose all respect for women" - Wellington's Health Patrol, Mrs F. McHugh, called for "an army of women, good and sensible, who could go among these people, and perhaps, shame them into proper behaviour".[55] There was nothing new about the advocacy of such tactics. When a deputation representing women's groups called upon the Minister of Defence in 1915 to press the case for women police, one of the group suggested that soldiers "would be ashamed to go into such places [brothels] if a decent woman were at the door".[56]

The fact that these brothels were themselves

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54. R.H. Makgill to G. Atkinson, 12 February 1920, H 130/1/-.

55. Copy of report, 30 April 1925, H 130/6/-.

56. Notes of deputation, 10 August 1915, AD 24/83/-. (Emphasis added).

populated by women - whose presence obviously had few inhibiting effects - points to the tensions implicit in such portrayal of women. While women were seen as offering society's moral salvation, they were also, in the form of its prostitutes and promiscuous, its moral downfall. There was an obvious duality between 'decent' women and 'bad' women. Indeed the reality of women police revealed that their duties were primarily concerned with policing their own sex. This was not unintended. An important component of the case for women police, and one made by women's groups, was that men were easily 'taken in' by women. Accordingly, it was felt that policemen were too lenient in their dealings with female miscreants. A woman, it was argued, would see through the subterfuge of her own sex.[57]

It is easy, perhaps, to see the agitation for women police as evidence of a 'repressive' impulse. It was seen by contemporaries, however, as a progressive move. As such it reflected new attitudes towards criminology and psychology. Women police were seen as offering a new

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57. Such views were expressed to the Committee of Inquiry into Mental Defectives and Sexual Offenders, Evidence of J.M. Galloway, H 3/13/-, p. 414. In her contemporary account of Britain's Women Police Service, Commandant Mary Allen noted "the involuntary and ready submission of women to other women in authority" and observed that "In police raids on disorderly houses the female culprits will frequently face policemen with a shameless bravado ... while the sight of a woman employed on this duty will send them in hot haste to whatever cover is possible", M.S. Allen, The Pioneer Policewoman (London, 1925), p. 22.

approach to social problems such as crime that was preventative rather than punitive in nature.

This interventionist aspect of the issue is illustrated in the experience of Jean Begg, later to be General Secretary of the Y.W.C.A. Whilst studying at the New York School of Social Work from 1919 to 1921 Miss Begg spent four months as an unpaid policewoman in New York's streets and parks. In the execution of these voluntary duties, she had wide powers. Any girl under sixteen who was deemed to be misbehaving was liable to be returned to her home. After 10 p.m. she could arrest any woman under twenty-one who appeared to be in 'dangerous' company.[58] Her experiences received considerable attention in the New Zealand press and helped to bolster calls from women's groups for similar patrols to protect the young women of the Dominion from themselves.

With the benefit of hindsight it is also easy, perhaps, to see an apparent inconsistency in the call from women's groups for women patrols. While these groups were critical of Health Department initiatives on venereal disease as an infringement of human rights, they were calling for the regulation of community behaviour. When

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58. N.C.W. Bulletin, Vol. 1, No. 6 (February 1929). See also R. Begg, Jean Begg C.B.E. Her Story (Wellington, 1979), pp. 51-2. This trend towards greater intervention was not restricted to the United States and Allen observed that in Britain "The line between police work, rescue work and welfare work is becoming less and less definite", Allen, p. 236.

the Attorney-General and Minister-in-Charge of the Police Force, A.L. Herdman, told a deputation that no policewoman would tell a daughter of his to 'get away home' he was roundly criticised.[59]

Analysis of this episode illustrates the dangers of following too slavishly notions of social control and imputing motives and strategies which were foreign to the groups and individuals concerned. The venereal disease 'scare' was used by individuals and groups to promote strategies of control, conscious and unconscious, which fell most heavily on women. The promotion of such stategies was not, however, the sole prerogative of the male sex. Indeed, an increasing number of feminist writers are rejecting the 'woman as victim' view and acknowledging that women are also agents (witting and unwitting) of social control.[60] Whilst it is important not to forget the very real need for women in police duties, given the traumatic and personal nature of many incidents and inquiries which in the absence of female personnel were handled by a male constabulary, the episode

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59. Cited in Monigatti, p. 8.

60. In her study of the nineteenth century anti-prostitution movement Walkowitz has demonstrated how the desire to 'protect' the young and apparently helpless frequently masked a desire to 'control' them, J.R. Walkowitz, "Male Vice and Feminist Virtue: Feminism and the Politics of Prostitution in Nineteenth - Century Britain", History Workshop Journal, No. 13 (Spring 1982), pp. 79-93.

of the Health Patrols reveals that similar motives were also present in New Zealand.

CONCLUSION

In the introduction a number of questions were set and hypotheses aired. How did New Zealand respond to the alleged threat of venereal disease? What were the tensions inherent in this response? Was concern with the issue more a reflection of contemporary social anxieties than a response to purely medical factors? How did contemporary values, aspirations and assumptions shape initiatives on venereal disease in this period? Did attitudes towards venereal disease and its prevention change over the period? In this conclusion we shall briefly survey the answers to these questions and the issues which they raise.

In the first part of this thesis the response to venereal disease by both official and unofficial bodies has been discussed and the medical, legislative and educative initiatives examined. While the response took place at a number of levels, it was also accompanied by tensions and conflict. The most prominent of these tensions was the division over compulsory measures between the Government and the Health Department on one side and women's organisations - led by the Women's Christian Temperance Union - on the other.

Fearful that Government endeavours to introduce the compulsory notification, treatment and detention of venereal disease sufferers were an attempt to reintroduce the iniquitous and one-sided contagious diseases

legislation of the previous century, the Union mounted a concerted campaign to convince the country's decision makers that compulsory measures would merely drive the disease underground. The campaign was a very successful one which succeeded in frustrating a number of attempts to introduce 'tougher' venereal disease legislation. The most significant of these victories was the drastic rewriting of the Social Hygiene Bill in 1917.

Despite these victories, the opposition to compulsory measures did not become complacent. Indeed, journals like the Union's White Ribbon stressed the need for constant vigilance, invoking memories of the unjust Contagious Diseases legislation of the previous century.[1] Whilst the legacy of this effective pressure group lobbying was to stall initiatives against venereal disease into the mid-1920s, the united stand which had been so effective in the first decade of our period was to be eroded by shifts within the wider women's movement. These shifts saw the Women's Christian Temperance Union lose its position of pre-eminence and more pragmatic voices gain control.

Women's organisations were not alone in voicing unease about Government initiatives in the period. The tensions

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1. The tactic was obvious throughout the period but attempts to remind the membership of the alleged injustices of the past became more strident as memories dimmed and some in the rank and file began to question the Union's opposition to all forms of compulsion. In the December 1923 issue, for example, Kate Sheppard reminded readers of the "sickeningly long fight for the repeal of the infamous C.D. Acts".

aroused by the issue of venereal disease control extended beyond gender lines and raised questions regarding the effectiveness of compulsory measures, individual versus community good and patient confidentiality. Caution over such issues explains the lack of unanimous support from the nation's doctors for Government initiatives in the period. Whilst there was general endorsement for any moves which would dissuade sufferers from consulting unqualified personnel, the nation's doctors were quick to voice their criticism of Government initiatives and of the exaggerated claims being made about the prevalence of venereal disease. This criticism was especially vocal when they saw their privileges or professional status under threat - for example, through the predominance of lay personnel on the Board of Social Hygiene proposed in the 1917 Social Hygiene Bill.

At a number of important junctures the nation's doctors were keen to disassociate themselves from the exaggerated claims being made about the prevalence of venereal disease and from some of the solutions being proffered to it. This caution is apparent throughout the period: in 1910, during Findlay's abortive attempts to introduce new venereal disease legislation; in 1917, when doctors criticized the blurring of the issues of venereal disease and prostitution contained in the abortive Social Hygiene Bill; and in the survey of doctors conducted by the Committee of Inquiry in 1922.

The effective opposition mounted by women's groups and the caution - verging on nervousness - that it engendered in the Dominion's health administrators, coupled with ambivalence over compulsory measures within the medical profession to exercise a moderating influence and thus prevent the adoption of extreme measures. Despite the alarmist climate (and the recommendations of the Committee of Inquiry into Venereal Diseases) notification of all cases of venereal disease was never introduced.[2] Similarly, despite the agitation from certain groups, marriage certificates were never introduced. Nor were sex hygiene lessons in state schools. The sole experiment in intervention - the Health Patrols - was a brief one and was accompanied by feelings of grave unease amongst those health officials responsible for the Patrols' duties.

It is interesting to examine how the response to venereal disease in New Zealand differed from that abroad. Comparison with the experience in Britain and the United States, for example, suggests that New Zealand occupied a middle position between these two countries in terms of the inroads which venereal disease legislation made into individual rights. This was due to the country's heritage of British notions of justice and the lessons of the

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2. The Committee's Report called for the notification of all cases of venereal disease by symbol and the notification by name of recalcitrant sufferers. Only the latter part of this recommendation was ever introduced. For a present day opinion on the worth of such systems of notification see Platts, p. 24.

previous century (including the spirited opposition of groups like the Women's Christian Temperance Union). At the same time such notions were not allowed to paralyse moves against venereal disease as they did in the Britain of the First World War.

Instead, the New Zealand Government's willingness to confront the complex issue of venereal disease and its prevention was seen as evidence of the country's progressive nature. Despite this image, such 'progressiveness' in the field of venereal disease initiatives did not inspire the intrusive and extreme measures witnessed in the United States in this period. Even in wartime, New Zealand did not see the same enthusiasm for the new creed of social hygiene which inspired the majority of American states to introduce pre-marital blood tests and which led many American companies to screen their employees for venereal infection.[3] New Zealand, it appears, occupied a 'via media' position on the issue of venereal disease control and legislation.

The failure to introduce notification contributed to the other major characteristic of the period: the lack of

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3. By 1922 all 48 states had introduced compulsory notification and by 1936 28 of them required health certificates prior to marriage. Throughout the 1920s large numbers of alleged prostitutes were detained in federal institutions and with the outbreak of the Second World War a Social Protection Division, headed by Eliot Ness, rounded up large numbers of young women who were detained in special 'civilian conservation camps'. See Brandt, p. 167.

accurate statistics on the prevalence of these diseases. Such lack of accurate statistics did little to dissuade those keen to highlight the gravity of the venereal disease 'problem' from stating their case. Even the Committee of Inquiry into Venereal Diseases was not swayed from its assumption that these diseases represented a major - and escalating - threat to the nation by the fact that it could not present any evidence on the prevalence of venereal disease. Neither was it dissuaded by the clear lack of agreement amongst doctors as to whether venereal disease was increasing in incidence or not which was revealed in its survey of them.

Indeed the absence of accurate statistics combined with other factors such as the lack of an effective cure, shortcomings in contemporary forms of diagnosis and a general lack of public understanding to create a fertile climate for fear, alarm and exaggeration. As a result, wild claims were made such as the statement that 80 per cent. of males contracted gonorrhea or that 90 per cent of all illness was caused by venereal disease.[4]

Such statistics as were available do not support such alarm about the venereal 'menace'. For example the high rate of rejection on health grounds for conscripts to the First New Zealand Expeditionary Force was used to justify

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4. N.Z.P.D. 153 (1910), pp. 405-6 (Findlay); N.Z.P.D. 180 (1917), p. 654 (Payne).

'tougher' measures against venereal disease. Analysis of the actual medical examinations reveals, however, that a very small percentage were rejected due to venereal infection, thus casting doubt on the contemporary claim that vast numbers of the nation's males were infected with these diseases.[5] Similarly, examination of the principle assigned causes of insanity in the period does not substantiate claims that venereal disease was a major source of the degeneracy which was allegedly threatening to swamp the Dominion.[6] Whilst contemporary forms of diagnosis may be criticised from the standpoint of modern medical knowledge, it seems entirely fair to compare contemporary statistics with contemporary claims - and to note the disparity.

Whilst venereal disease was a significant health issue, analysis thus reveals that the alarm about the venereal 'threat' can not be substantiated on medical grounds alone. This gap between perception and reality suggests that the concern with venereal disease in the period was as much a reflection of contemporary social anxieties as

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5. As Callon points out, whilst nearly 58 per cent of the balloted men were found unacceptable for overseas military service, only 0.3 per cent. of these were rejected due to venereal infection, Callon, p. 66, 79.

6. Analysis of the principal assigned causes of insanity for mental hospital admissions in the period reveals that syphilis (acquired) accounted for a small proportion of all admissions - approximately 4 per cent. in the period from 1913 to 1930. As has been pointed out (see p. 113) alcohol was a far more frequently cited cause for mental illness.

it was a response to the purely medical dimensions of these diseases.

With its association with health, sterility and sexuality the issue of venereal disease drew upon contemporary anxieties about racial fitness, the falling birth rate, changes in attitudes towards the family and the young and new forms of popular culture such as the cinema. Inter-war New Zealand was a period of societal change: urbanisation, smaller family size, the freedom bestowed by the rapid adoption of the motorcar, the increased participation of women in the paid workforce (more apparent than real), increased access to divorce[7], new forms of popular leisure. All contributed to feelings of unease and anxiety. In this climate of fear and anxiety venereal disease became a powerful symbol of the forces which were apparently threatening the race and the nation.

Such fears were heightened by contemporary aspirations about New Zealand society. Venereal disease was emblematic of the ills of the 'old' world which the Dominion was meant to have escaped. The alleged

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7. Liberalisation of the Dominion's divorce laws combined with war-time and post-war conditions to see a rapid rise in the rate of petitioning from 1919 to 1921. From a rate of 1.4 per 1000 marriages in 1907 the rate escalated to 3.4 per 1000 in 1921. This subsided to around 2.7 to 3.0 per 1000 throughout the rest of the 1920s. See R. Phillips, Divorce in New Zealand. A Social History (Auckland, 1981), pp. 59-60.

prevalence of these diseases was especially threatening for it revealed that the problems of the 'old' world had not been left behind - the serpent was in the garden. Aspirations about New Zealand's place in the world thus exacerbated anxieties about the venereal 'menace'. The potency of these anxieties is obvious in the martial language and imagery which surrounded the issue.

The role of contemporary social anxieties - ranging from concern at modern dress fashions to alarm at the apparent erosion of parental discipline - is particularly apparent in the evidence given to the Committee of Inquiry into Venereal Diseases in 1922 and in the Committee's Report. The response to the Committee's Report also reveals that the concern with venereal disease offered not only an opportunity to articulate these anxieties but also a spur to further action. The alleged toll of venereal disease was a powerful justification for endeavours to combat the factors which were allegedly behind the moral decline of the nation. Targets of such action throughout the period ranged from feeble-minded women to suggestive film posters.

In examining how attitudes and initiatives on venereal disease changed in the years from 1910 to 1945, we have charted both new developments and continuity. Change was obvious in the increased acceptance of the necessity for some form of compulsory powers in the management of these diseases. Throughout the period medical science also improved, offering treatment which was more effective and

more easily administered. At the same time there was an increasing willingness to publicly discuss the topic and to utilise such new media as the cinema for this task. Closer analysis suggests, however, that at the attitudinal level there were strong elements of continuity. There was a lingering belief that venereal disease was a punishment for wrong-doing and an effective deterrent to it. The persistence of such views is evident in the language of the period, which divided the unlucky sufferers of these diseases into 'innocent' and 'guilty' camps, in the hostility to prophylaxis, and in contemporary social purity literature which continued to exploit fear of venereal infection as an inducement to chastity. With regard to publicity on the subject it is obvious that even at the end of our period the topic still caused unease among some and that this publicity was channeled to serve narrowly defined goals.

The continuity of the period was of course interrupted by the outbreak of the First and Second World Wars. In New Zealand, as throughout the combatant nations, the pressures of wartime heightened concern about the venereal threat and inspired new initiatives to combat it. Although the concern with venereal disease predated the outbreak of the First World War, the demands of war and the startling evidence which it provided of the capacity of these diseases to attack a nation's racial and national efficiency gave a spur to further action. In particular

the First World War forced the authorities to remedy the inadequacies of existing laws on prostitution and to introduce a network of treatment facilities for venereal disease sufferers. Similarly, the Second World War was to lead to an overhaul of the country's system of notification and a concerted endeavour to coordinate the various bodies with an interest in the issue, including health personnel and the armed forces.

The exigencies of war, which were used to justify infringements of traditional liberties such as censorship and conscription were also used to argue for drastic action on what was seen as a major threat to the fighting efficiency of the troops: prostitution and venereal disease. The process of militarisation thus legitimised moves to strengthen control and override concerns about personal liberty. It also removed reservations about the need for equality in the treatment of the sexes and was used to allay disquiet about the apparent inequalities in the workings of such legislation. In a situation where a significant proportion of the nation's young men were under the rigid discipline of the military it was easy to urge the case for more stringent controls on the civilian populace. In the period immediately following the First World War, for example, concern was expressed that while returned soldiers found themselves compelled to continue treatment for venereal infection until they were judged non-infective, no such system existed for civilian cases.

The consequences of the militarisation of a large

proportion of the nation's young men also helps to explain why those cases where venereal disease legislation was invoked frequently involved women. Since a considerable proportion of the men of the country were already subject to strict medical inspection and control, involving such degrading procedures as the ubiquitous 'dangle parade', it was inevitable that a significant proportion of the unreported cases of venereal infection existed among the nation's women.

We have examined how contemporary anxieties and the assumptions about sexuality, sexual roles and public decency which underlay them shaped the response to venereal disease and prescribed attempts to lessen the venereal 'threat' in the period. These boundaries are most obvious in analysis of contemporary attitudes towards prophylaxis and public discussion of the topic.

To note these boundaries is, however, to risk conveying the impression that the moral and the medical dimensions of the issue can be clearly defined and separated. I believe that despite the obvious temptation, attempts to portray the issue in such terms seriously distort the contemporary reality. The moral and medical aspects were intertwined for moral issues prescribed the wider response to these diseases, including those at the medical level.

Indeed, the conflict between the medical and moral viewpoints which has been noted overseas appears to have

been strikingly absent.[8] With the exception of the unique and outspoken Ettie Rout, few were prepared, for example, to publicly defend anticipatory prophylaxis. As we have seen, official acknowledgement of its worth was never publicly voiced. Likewise the issue of regulated prostitution, the source of bitter debate abroad, seems to have been a non-issue in New Zealand in this period.

Indeed, the suspicion grows that much of this tension between the moral and medical dimensions of the issue may be the creation of present-day historians, to whom the reluctance of a previous generation to enthusiastically avail itself of all the medical weapons against venereal disease appears both unfathomable and irrational. Writers like Brandt have offered a variety of insights into attitudes on sexuality and diseases which represent a means of making sense of a complex and at times elusive reality. At the same time, however, I fear that many of these writers have fallen prey to the temptation to judge past endeavours using present-day yardsticks as to what constitutes an 'effective' medical response. Even Brandt, it seems to me, has assumed that if only politicians and health administrators had been more 'rational' in their approach, venereal disease would have been conquered.

Such an assumption is both simplistic and dangerous. The issue of venereal disease and initiatives to combat it

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8. See Brandt, pp. 50-51, 112-14.

cannot be examined within a vacuum. Instead I have attempted to illustrate how contemporary concerns, anxieties and assumptions shaped this response, defining the boundaries within which debate on the issue took place and within which responses to it were formulated.

In the search for theoretical perspectives, one needs to be mindful of the importance of examining the episode within the contemporary context. The temptation to judge the episode using present day concepts of morality or to shape it to fit preconceived theories and notions is great. Overseas, historians have been keen to see venereal disease legislation as evidence of the social control of women by a predominantly male medical profession and legislature. Analysis of the episode in New Zealand suggests that it is misleading to view the venereal disease legislation of the period as a potent and premeditated instrument of social control. Due to caution and inadequacies in the law the application of venereal disease legislation in peacetime New Zealand offered relatively little scope for such control. The episode of the Health Patrols is evidence of this. If the Patrols are to be seen as agents of social control it was not due to the social hygiene legislation of the period, but rather in spite of it. The real impetus for their actions came as a result of the pleadings of women's groups and despite the unease of health administrators.

Critical examination suggests, then, that some models may be inappropriate and that events in New Zealand did

not mirror events abroad. To disregard such differences is to risk overlooking the complexity that surrounded this important aspect of New Zealand's social and medical history. Such complexity at times appears almost paradoxical. Evidence of this abounds: on one hand the lament that the venereal diseases constituted a "silent plague" and on the other the overwhelming demand for the Government's First World War pamphlet on them; the removal of women from the parliamentary gallery while the House discussed the 1916 War Regulations Amendment Bill - an action which was followed by the distribution of parts of ensuing speeches to women's groups; the bureaucratic delays which - despite the climate of alarm and agitation - stalled attempts to introduce conditional notification in the 1920s; and the fact that whilst a dozen other diseases get their own chapter in the definitive history of public health in New Zealand, venereal disease is virtually ignored.[9] Such apparent inconsistencies may be problematic for those who are keen to see history fit into neat and tidy constraints. To others they merely add to the richness to be gained from analysing such episodes in our history.

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9. F.S. Maclean, Challenge For Health. A History of Public Health in New Zealand (Wellington, 1964). (Maclean was a former Director of the Health Department's Division of Public Hygiene.)

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