

# *'Outweighing the Public Weal': The Venereal Diseases Debate in South Australia 1915–1920*

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

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

In the early twentieth century, the dilemma over whether or not to enforce a compulsory system of disease control incited considerable debate among liberal social reformers, the medical profession, public health authorities, and legislators. The nature and content of this debate has been the subject of a large body of work on the social history of venereal diseases, the basic assumption of which is that the control of venereal diseases—syphilis, gonorrhoea and soft chancre—was a prob-

lem that extended beyond merely public health policy. Contemporary concerns about social morals, racial fitness and the double sexual standard have underpinned many studies into social responses to venereal diseases control. Roger Davidson, for example, has recognised the importance of the relationship between gender and class in the shaping and administration of venereal disease policy in Scotland. While acknowledging the contribution of the voluntary Scottish Venereal Diseases Scheme to community health, Davidson claims that the campaign was both gender and class specific. Further, the ideology and procedures shaping venereal disease service were, in his view, repressive and discriminatory with outcomes ‘shaped as much by moral assumptions and social anxieties surrounding sexuality as by the medical dimensions of the issue’.<sup>3</sup>

Davidson’s analysis appears to have resonance in the Australian literature. Judith Smart, for instance, has examined a policy that brought the civilian community in Melbourne under strict regulations. While the policy came into effect as a result of concerns generated by World War I, it remained the foundation of venereal diseases control in the State of Victoria. Smart argues that in the debate over greater control of venereal diseases sufferers in Melbourne during the war, the victors were the ‘proponents of medical hegemony’. She also claims that the proclamation and enforcement of the Victorian *Venereal Diseases Act 1916* represented a ‘rout’ of feminist hopes for modifying the patriarchal state.<sup>4</sup>

The extent and influence of the medical profession in the development of health policy for the control of venereal diseases in the Adelaide experience, however, reveals a different situation. The South Australian debate was divided between compulsionists and non-compulsionists, with both sides enlisting doctors, parliamentarians, women’s organisations, eugenicists, and members of the clergy to their cause. In contrast to Victoria, where Smart has argued that the war ‘encouraged coercive and authoritarian solutions’,<sup>5</sup> South Australia offered little chance of new legislation to provide for the compulsory notification of venereal diseases in the early years of the war. In fact, circumstances associated with the war thwarted efforts to establish a scheme comparable with other States, and solutions reverted to the control of prostitution rather than direct attacks on the diseases themselves.

In Australia the most recent contribution on venereal diseases has come from Milton Lewis. Lewis offers an international perspective that is, by his own admission, quantitative rather than qualitative and, therefore, does not really address the intricacies and complexities of the venereal diseases control debate in close detail.<sup>6</sup> While Lewis’s work is valuable for its rare comparative approach, it cannot, by its nature, offer the intimate perspective that case studies can achieve.<sup>7</sup> As such,

the South Australian case study presented here has more in common with Peter Baldwin's comparative study of contagion and the State in Europe.<sup>8</sup> He argues that the issue was not one of intervention versus laissez-faire, action versus inaction, authoritarianism versus liberalism, but rather of different forms of intervention with some more drastic than others.<sup>9</sup> Furthermore, causes did not necessarily prescribe what he terms 'prophylactic strategies'. Causation merely provided a background against which such strategies were decided upon and a map to guide authorities broadly in their preventive ambitions. Nor did scientific insight automatically bring with it the measures that needed to be taken. There was no correspondence between knowledge and action, nor was knowledge unmediated by political, cultural and other considerations.<sup>10</sup> Such 'considerations' can be related to the logistic and utter practicality of solutions offered during the legislative process. As we shall see in the case of South Australia, it was these that won out.

## Venereal diseases in Adelaide during World War I

In Adelaide during the early years of the Great War health authorities feared that the State's existing facilities would not cope with the expected increase in cases of venereal disease. Rumours in early 1915 that 10 per cent of the whole Australian First Expeditionary Force had contracted venereal disease and were being invalided back to Australia drew swift responses. The possibility that Adelaide medical services could be overrun with venereal cases compelled the Chief Secretary, A. W. Styles, to make inquiries regarding the supply of Salvarsan, the only safe, available treatment for venereal diseases at the time. Apart from two tubes among the stock of a King William Street chemist, the Adelaide Hospital's supply of a mere two dozen tubes of Salvarsan and one dozen tubes of Neo-Salvarsan amounted to the entire State supply, with no known likelihood of replenishment for some considerable time.<sup>11</sup> The acting chairman of the Central Board of Health for South Australia and Commanding Sanitary Officer of the 4th Military District, Dr A. W. Hill, made public assurances in the press that weekly venereal inspections were carried out in SA military camps in the interests of early detection and treatment. Soldiers with the disease were not discharged from the force if there was a possibility of cure in a reasonable time, and those who were discharged were not allowed to mix with other people until they were considered non-infectious.<sup>12</sup> The Department of External Affairs dismissed the suggestion that returning soldiers suffering from a venereal disease might be detained under the Immigration Act; rather the problem was one for the Department of Defence.<sup>13</sup>

While a member of the Army Medical Service declared the news of the AIF's condition was 'not much of an advertisement for Young Australia's morals', the Minister for Defence, Rt Hon. George Foster Pearce, tried to play down the situation. Speaking in Adelaide, Pearce claimed it was natural that large assemblies of men, who met temptation at every turn and without the restraints provided by a wholesome home life, should furnish a considerable part of the problem.<sup>14</sup> Furthermore, he argued that the Department of Defence had no information showing that the promiscuous behaviour of the First Expeditionary Force in Cairo was anything 'more than occurs in big garrison towns everywhere', and that the people of Australia should not gain a notion that our troops were 'more than ordinarily bad in that respect'. Pearce assured his audience that only a small proportion of men were being sent back as a consequence of bad behaviour, with the majority being invalidated home through sickness or accident. In any case, the department was 'taking steps' to see that infected soldiers did not mingle with the general community until they were cured.<sup>15</sup>

Despite such public assurances, the chairman of the Central Board of Health in Adelaide sought a definite statement that no members of the Australian Imperial Forces suffering from venereal diseases would be landed in the State on their return from overseas.<sup>16</sup> However, given that not all venereal cases could be detected at this time without the examination of blood by an 'elaborate and delicate process', still of questionable reliability, such assurances were viewed as not 'practicable'. Thus, although the Department of Defence *could* confirm that no man known to be suffering from venereal disease would be returned to South Australia, unless his case was one that would not yield to treatment, it pleaded that it could not be reasonably expected to do more.<sup>17</sup> As a result, South Australia was forced to depend on the vigilance of health officials in Victoria and New South Wales who controlled the release of infected soldiers back into the community from venereal diseases camps.

Concern that venereal diseases might be rampant brought about initiatives to determine prevalence among the civilian community. During 1915, the government made an effort to determine the prevalence of venereal diseases among the civil population. General practitioners throughout the city and suburbs were requested to supply the number of venereal cases they had treated. According to a rough estimate, within a radius of ten miles from the Adelaide GPO there were 454 male and 190 female cases of gonorrhoea, and 256 male and ninety-four female cases of syphilis. Beyond the limits of the city there were 207 male and twenty-six female cases of gonorrhoea, and fifty-six male and fifteen female cases of syphilis. The total number of cases, 1305, was considered a conservative estimate, as not all contacted prac-

tioners had responded and the numbers treated by unqualified practitioners and others remained undetermined.<sup>18</sup> In spite of these fears, the South Australian Government remained reluctant to commit to legislation that dealt exclusively with venereal diseases.

## The compulsion debate of 1915

With the introduction of Regulation 40D in Britain, which allowed for the punishment of prostitutes who solicited members of the armed forces the war provided not only justification for introducing compulsory notification and treatment of venereal diseases but also some precedent.<sup>19</sup> In this period, the most vociferous advocate from within the medical profession for compulsory notification was Dr Frank Sandland Hone. In the *Medical Journal of Australia* Hone encapsulated the issues at the heart of the debate. Compulsory notification and treatment for venereal disease as a practical measure at that time was bound up with ‘tangled social questions’, such as family relationships, and ‘the most intimate personal relations of private individual lives’. The connection between fear of publicity and reluctance to seek treatment in the early stages of the disease was reiterated as the most compelling argument for voluntarism. On the other hand, the ‘victims of secrecy’—the children with gonococcal vaginitis and congenital syphilis, the infants with ophthalmia neonatorum and the woman with miscarriages—‘must be set over against the sufferers from publicity’. Hone argued that the loss ‘to the state in lives, in incapacitated individuals, and expenditure on treatment must be set above all’.<sup>20</sup> Hone declared that any advances in the control of venereal diseases would be thwarted because of the legal anomaly that existed between the military and the civilian population. It was possible that two men infected on the same night—one a soldier, the other a civilian—would be dealt with differently with illogical and dire consequences. While one might depart to the front shortly afterwards, develop a venereal disease on the voyage and be invalided home, where he would be notified by name and detained for treatment until cured, the other would stay at home and ‘spread disease as he likes’. Hone asked rhetorically what was ‘the secret solvent in active service abroad that magically disperses the objections to notification that in the case of the ordinary citizen outweigh the public weal?’<sup>21</sup>

In June 1915, Hone and a number of other members of the British Science Guild led a deputation to the Premier, Crawford Vaughan, and the Chief Secretary, A. W. Styles, to highlight the inconsistencies and anomalies associated with not introducing compulsory notification for venereal diseases. At this meeting, Hone pointed out that the inclu-

sion of venereal diseases on the list of quarantine diseases and the demand for controls on invalidated troops represented an ‘interesting sidelight’. He expressed surprise at the ‘unanimity with which all classes faced the fact that steps should be taken to prevent any infection’. Indeed, the public was quite prepared to submit to anything that would prevent this menace arising. Hone suggested the government go ‘boldly forward’ with policy reform to exploit the community support that existed earlier in the year.<sup>22</sup>

Premier Vaughan, in his reply, made it clear that the issue was a vexed question. While acknowledging that he could only look to the medical profession for guidance, he reminded those present that they were not there to express individual opinions. Vaughan argued that while he could point to a consensus as far as the need to provide increased facilities, expert opinion appeared to be divided on the issue of notification. At this stage, and without a firm consensus from the medical profession, Vaughan was not about to be diverted from his own moral crusade. With several ‘little hells in Adelaide’ that needed to be stamped out, he supported the police who were actively engaged ‘in ridding the streets of women of the unfortunate class’.<sup>23</sup>

Although Vaughan rejected the more controversial demands, at least one innovation, the establishment of a female police force, satisfied both sides of the debate and was welcomed as an indication of a greater recognition of the needs and rights of women. While it did not approach the problem of venereal disease head on, a female police force did fulfil a specific role. Their special duties included keeping young children off the streets (especially at night), preventing truancy, serving as informers against those endeavouring to decoy young girls into prostitution, and patrolling railway stations and wharves to advise women, girls and children who were new to the city and had no friends waiting for them. In addition, they were expected to patrol slum neighbourhoods, look after drunken women, obtain assistance for any neglected children, prevent the entrapment of young girls by observing houses of ill-fame, wine shops and hotels, and protect women and girls in public parks and when leaving work in the evening.<sup>24</sup> Thus, the activities of the new police force drew on the traditional role of women to effect the official one in venereal diseases control.

At this stage, local boards of health were not urging compulsion but rather the provision of public facilities for the treatment of venereal patients who were unable to pay for private treatment.<sup>25</sup> However, in a circular from Prime Minister Andrew Fisher to the State premiers, the Commonwealth Government attempted to influence State responses to the problems of their respective venereal diseases. The circular warned that although every possible precaution was being taken to prevent infection, the concentration in large cities of sources of con-

tagion remained a menace to the health of the troops. Suggesting that a concerted approach to disease control was the only sure strategy for tackling the problem, the Prime Minister asked that the State parliaments consider the introduction of compulsory notification for venereal disease.<sup>26</sup> Whether such a request from the Commonwealth fell on deaf ears or was a factor in the decisions of other State legislatures is not indicated in the literature. However, flexing State authority in health policy, Premier Vaughan, in reply to Fisher's successor William Morris Hughes, declared that he did not propose to introduce legislation on the matter at present, but to establish night clinics.<sup>27</sup>

To this end, the government deployed W. G. Coombes, chairman of the Adelaide Hospital Board, and Dr A. W. Hill to inquire into the scheme at the Royal Prince Alfred Hospital in Sydney for the control of venereal diseases. Commenting on their report, Chief Secretary Styles questioned whether the number of such cases in Adelaide and its suburbs warranted the establishment of an elaborate system of clinics operating in Sydney. Relying on information identified only as a 'Government Official', Styles argued that venereal disease was not prevalent among the destitute, inebriate patients, or the poor in Adelaide and its suburbs, and prevalence among other groups was mainly speculative due to a lack of records. Furthermore, comparisons between Adelaide and Sydney were 'hardly fair' because the latter was a populous city and a large seaport, and the clinics had not been established long enough for reliable conclusions to be drawn. It would, he proposed, seem a better course of action to obtain reliable data from the medical profession about Adelaide and its suburbs. Until such information was made available the Chief Secretary would go no further.<sup>28</sup>

By mid-1916 the government was becoming anxious that South Australians should know that it had not shut its eyes to the serious problem of combating venereal disease. Despite the belief that local conditions might not warrant an elaborate scheme, Styles was prepared to concede that if similar clinics to those operating in Sydney could be established much benefit would result and, therefore, they were worthy of a trial. A service rendered to those 'unfortunates suffering from complaints' would be preferable to their being brushed aside into channels where no proper assistance was forthcoming. Indeed, Styles believed it was a matter the government might well take in hand with a view to bringing about better conditions.<sup>29</sup>

The establishment of night clinics at the Adelaide Hospital using the out-patient department was delayed due to a depletion of medical staff owing to the absence of doctors at the front. Despite repeated requests, the government was put off by Coombes, chairman of the hospital board, as 'the present was not regarded as a favourable opportunity'. Thus, while the war added impetus to action, official propos-

als were defeated by circumstances. As a consequence, the State government turned to the Commonwealth for assistance.<sup>30</sup>

In 1916 the recommendations of the *Report on Venereal Disease of the Committee Concerning Causes of Death and Invalidity in the Commonwealth* were published. The Federal Government agreed to share equally with State authorities the cost of establishing clinics and of providing other facilities for the diagnosis and treatment of venereal disease, on the condition that each State introduce compulsory notification and treatment. The *Register*, a popular and important Adelaide daily newspaper, generally supported the committee's recommendations, which were evidence of the Commonwealth's acceptance of responsibility in the 'scientific crusade' against venereal diseases. The need for combined, vigorous, and carefully directed efforts was warranted, according to the *Register*. The Commonwealth Government was responsible for invalid and old-age pensions, and the protection of the public against diseases from overseas. It was accountable for the physical welfare of the expeditionary forces, and interested in preserving a high standard of health and industrial efficiency. The decision of the Federal ministry was approved by common sense, and was demanded by the higher instincts of humanity. Although objections to the allocation of public funds for the campaign might emanate from the ranks of 'ignorant prudery', the *Register* argued that expenditure would be money well invested and would result in 'improved physical and moral conditions, and the avoidance of a larger compulsory outlay in mostly unprofitable ways'.<sup>31</sup>

However, there was criticism of the committee's inflexibility. Before insisting on compulsory notification, the *Register* argued, State authorities and their expert medical advisers should have been consulted. A reporter from the *Register* approached prominent medical people in Adelaide asking them to comment on the findings of the committee in relation to South Australia. Respondents pointed out that the prevalence of venereal disease was 'at most not worse than elsewhere in the Commonwealth'. While one respondent believed that there were still grounds for 'earnest consideration' of the measure, another condemned talk of regulation as 'farcical'. In any case, warned another, the governments of Australia would need to 'go very cautiously' in deciding upon their course of action. In his view, the only really effective means of control was sex education about the symptoms, danger and treatment of the diseases, and how they were contracted. 'Given this knowledge', argued the respondent, 'the people will take care for their own good'.<sup>32</sup> By this time, the British Royal Commission on Venereal Diseases had made its recommendations and compulsory notification was not among them. In view of the rejection of such a drastic measure by eminent authorities in Britain, the *Register* maintained

that 'the Commonwealth Government may fairly be expected to advance strong reasons for its assumption that sufferers in Australia would meekly submit to a system of compulsion'.<sup>33</sup>

## Other strategies

In response to the Federal Government's position, some Adelaide doctors devised their own schemes that could operate within existing facilities without enormous expense. By August 1916, William Ramsay Smith had resumed as chair of the Central Board of Health. Well versed in the issues relating to venereal diseases before the war, Smith was primarily responsible for the rejection of the proposal for compulsion put forward by the Eugenics Committee of the South Australian Branch of the British Science Guild. As well as drawing on local knowledge, Smith based his recommendations on a range of evidence. This indicated a study of the history of 'Enthetic Disease' and the impact of efforts to control prostitution in influencing the spread of venereal diseases, and an extensive personal investigation of the administration of schemes for diseases control among armies, navies and the general population in the Commonwealth, China, Japan, New Caledonia, Europe and the United States. Discussions of and reports from the Fifteenth International Congress of Hygiene and Demography in Washington in 1912, where Smith attended as a delegate of the Commonwealth and the State governments, also played a role. In addition, his position as surgeon in charge of the Australian General Hospital in Egypt during 1915 made him eminently qualified.<sup>34</sup>

The leading feature of the scheme Smith's was that it provided for early diagnosis and treatment of all cases of venereal disease, free of charge for those who were unable to pay, without the need for new legislation, new departments, extra officials, new buildings, rooms or appliances.<sup>35</sup> Smith estimated that the only expense to be borne by the government would be the cost of treating patients who could not pay and the cost of diagnostic tests that were to be provided by the Government Bacteriological Laboratory free of charge. These expenses, Smith suggested, seemed 'a reasonable contribution to the well-being of the community'. According to Smith's calculations, £500 'would meet all immediate necessities and possibly prove sufficient for all expenses of the scheme for twelve months'.<sup>36</sup> As well as the savings in infrastructure, the scheme, in Smith's view, was innovative as it avoided the need for controversial legislation and was socially just and more humane than coercive propositions suggested elsewhere. As it required payment either wholly or in part from those who could afford to pay, the 'pauperising' of individuals would also be avoided and there would

be no more publicity than already existed in the case of private patients who consulted practitioners for ordinary illnesses. The scheme was also flexible, and could be modified without the need for legislation ‘according to experience’ or ‘in order to suit present or future circumstances’.<sup>37</sup> The government regarded Smith’s recommendations as a ‘second scheme’ which, in conjunction with night clinics, would provide a good start and bring South Australia into line with the other States. Smith’s scheme, however, was not implemented but remained in reserve.

Community groups who saw as their remit the moral and racial purity of Adelaide society had also suggested strategies. In July 1915 Social Reform Bureau presented its prescription for the control of venereal diseases to Premier Vaughan.<sup>38</sup> The deputation from the bureau was composed primarily of church leaders from a variety of denominations, most notably Congregationalist minister the Reverend Joseph Coles Kirby. Believing that ‘prevention was better than cure’, members of the deputation asked the government to consider a number of recommendations involving propaganda, prevention and protection. Elementary instruction concerning racial fitness, the supply of medical instructors for pupils in State schools, and the provision of medical persons to lecture on the same issues to adults characterised the bureau’s propaganda platform. Suggestions for preventing the spread of venereal diseases included the severe repression of anyone living off the proceeds of prostitution, particularly young girls, the strengthening of laws dealing with indecent literature and the control of feeble-minded men and women. Other recommendations related to the protection, by statutory control, of children. It was recommended that the child be protected from the syphilitic wet-nurse and the wet-nurse from the syphilitic child. On the subject of compulsory notification and treatment, the bureau had not come to a definite conclusion. It urged the government to await the outcome of the Royal Commission on Venereal Diseases currently sitting in Great Britain before taking any legislative action in South Australia.<sup>39</sup>

Since the bureau still had an open mind on the subject of notification, Vaughan was more candid than he had been when responding to the deputation led by Hone. Evidently Vaughan had not rejected the principle of notification, but, like some members of the medical profession, saw no need for the names of sufferers to be supplied. He viewed as ‘utterly ridiculous in such a small State’ suggestions in the press that a royal commission on venereal diseases be appointed in South Australia. Rather, in accord with the bureau, Vaughan advocated waiting for the conclusion of the British Royal Commission on Venereal Diseases. On the prosecution of the feeble-minded, he insisted that the government would go no further than assisting financially institutions such as Minda Home. He also argued that because the coun-

try was at war, and every effort must be put forward to defeat the enemy, the government would not be able to do as much as might be expected in peace-time. When peace came, Vaughan hoped the government 'would be able to stamp out the evils that were within as well as the evils that were without'.<sup>40</sup>

## Night Clinics

In the meantime final arrangements for the establishment of night clinics were made in late September 1916, with a portion of the out-patients department at Adelaide Hospital set apart to accommodate them. Under the charge of medical attendant Dr Harold Rischbieth, the clinics were opened for the examination and treatment of male patients on Monday and Thursday evenings and for females on Wednesday evenings.<sup>41</sup> Rischbieth and fifth-year medical students worked in an honorary capacity. The paid staff consisted of a dispenser, clerk, one sister, one nurse, and two porters.<sup>42</sup> A new out-patients department was planned with rooms for consulting, minor operations, recovery, and irrigation.<sup>43</sup> The Chief Secretary assured potential attenders that every possible consideration would be paid to the delicacy of their position, and any undue publicity avoided.<sup>44</sup>

The establishment of evening clinics was believed to be more convenient for sufferers themselves, as treatment would not interfere with their daily occupations. Nor would they lose any wages, an important consideration given that the clinics catered for those unable to afford outside medical care. All patients were to be given treatment and supervision. A pamphlet explaining the causes and effects of venereal diseases as well as how to detect them was issued with confidentiality assured. After the first three months of operation, the board of management declared the night clinics an undoubted success. The attendances in this period amounted to 934, of which 164 were new cases.<sup>45</sup> Early returns endorsed the sentiment that patients would voluntarily take advantage of services if they were made available. However, for the doctor at the coal face there were problems with the voluntary scheme. In late 1917, Rischbieth replied to a request from William Ramsay Smith regarding the types of cases that in his opinion were not dealt with satisfactorily under the existing arrangements. For Rischbieth, female patients represented the greatest threat. The comparatively low attendance by women—a ratio of almost 1 to 10 in the first twelve months, whether for reasons of timidity, ignorance or general slackness—was demonstrative, Rischbieth argued, of their neglect of early treatment and confirmed by the relatively high prevalence of tertiary syphilis in women. But the low attendance of a particular type

of woman concerned Rischbieth even more. Working on the assumption that the absence of a category of attenders equaled neglect, Rischbieth contended that the low number of patients he judged to be of the 'professional harlot class' was evidence that many more infected women, whose financial circumstances were such that they ought to attend the night clinic, were receiving no treatment for syphilis. Worse still, legislation operating in the bordering states of Western Australia and Victoria that called for compulsory notification and treatment, and penalised individuals for communicating venereal diseases, would lead to an influx of women escaping to South Australia where a voluntarist system existed. Rischbieth asserted that the two syphilitic cases from Victoria who had attended the clinics were of this kind.

Defaulting was comparatively rare. The defaulting that did occur was put down to the nature and duration of the treatment and the economic circumstances of the patient. Attendances were unavoidably affected in the early months of 1919 when the night clinics were closed for several weeks due to the influenza epidemic. Despite this temporary setback, the clinics and the voluntary scheme continued to constitute a success. In his report to the hospital board in 1919, Rischbieth noted a considerable improvement in early attendance rates both for syphilis and gonorrhoea. A very much larger proportion of cases were presenting for treatment in the early stages of the diseases than had been the case in the first year. Rischbieth suggested that this was probably due to the spread of knowledge among the general public and that, if continued, results of treatment were likely to improve further.<sup>46</sup>

Despite the good results, it was the few who came to characterise the problem in Adelaide as it did elsewhere. After nearly two and half years, Rischbieth concluded that, in addition to free and efficient treatment, something more was required. In a letter to the A.H. Peake, the new Chief Secretary, Rischbieth generalised rather than drawing on his own experience of the local situation. He asserted that anyone with experience of the treatment of syphilitic cases knew that a 'considerable proportion' of syphilitics ceased attendance and gave up being treated long before they were cured, despite persistent warnings. However, Rischbieth believed that as it was now a fact that all the infectious stages of syphilis could be cured in a fairly short time, the disease could be eradicated in South Australia 'given the proper measures'. Such measures would include compulsory treatment and attendance until cured and penalties for anyone knowingly infecting another person. 'My object,' he declared, 'in undertaking the work of the night clinics at the Adelaide Hospital was to assist in wiping out syphilis in this State'. Believing that this could be done by means of efficient free treatment on the one hand and by law on the other, Rischbieth concluded that 'no bird can fly with only one wing'.<sup>47</sup>

## The new campaign

Rischbieth's views seemed to have been shared at least by some government authorities. From April 1919 the State government began gathering opinions as to the efficacy of compulsion in the treatment of venereal diseases. Dr C. V. Wells, general practitioner and Medical Officer of Health for the District of West Torrens, was pursuing his own research when he was granted an honorary commission to inquire into, and report on, the prevention and treatment of venereal diseases in Great Britain and the United States. In a report of his findings, Wells was critical of the American system, not for the principle of notification operating in the schemes of some States but for the lack of a national policy. He claimed that for State management to be effective all the Australian States would have to work in the same manner and with equal energy. It was likely that, with no constitutional authority to legislate upon venereal disease except in relation to overseas and interstate immigration, legislation, a federal system would become a 'dead letter'. Wells saw the English Scheme of a free, voluntary network of clinics as more promising. He wrote:

The further I look the more I am convinced, that the procedure of England is the most beneficial, and it has paved the way for public sentiment which will make legislation completely successful.<sup>48</sup>

For Wells, a voluntary scheme could be a preparatory measure for the eventual introduction of compulsion at some time in the future.

In the meantime, the drift towards compulsion was beginning to gather force. From early 1917, resolutions from local boards of health urging the introduction of compulsory notification began to flow.<sup>49</sup> Groups concerned with protecting their own interests, should there be a change in policy, were registering their support with the government. The Honorary Secretary of the Retail Chemists' Defence Association, Mr A. B. Cowling, wrote to place the services of the association at the disposal of the government in the drawing up of a bill for the control of venereal diseases. The association hoped that, as occurred in Victoria, the government would liaise with doctors and pharmaceutical chemists to introduce an arrangement satisfactory to all. The government was pleased to accept the offer by the association should it be thought advisable to introduce legislation.<sup>50</sup>

In early 1919, the *Medical Journal of Australia* accused South Australia of alone resisting 'what the majority regard as the most promising and most rational means for limiting the ravages of these widespread and extremely serious diseases'.<sup>51</sup> In June of that year, the South Australian Attorney General, H. Newman Barwell, wrote to his

interstate counterparts indicating that South Australia was considering the subject of venereal diseases control. Barwell requested confidential advice as to how the various States' acts for the treatment of venereal diseases had worked in practice, and whether they had been successful. The principal question concerning Barwell was the value of compulsory notification in reducing the prevalence of venereal diseases, but at this stage such information was still in the process of compilation. Despite the lack of conclusive knowledge about the efficacy of compulsory notification in the Australian context, parliamentary draftsman A. J. Hannan set about drafting the South Australian Venereal Diseases Bill.<sup>52</sup>

At the same time, a number of factors were combining to undermine the resolve of non-compulsionist stalwarts including Smith. Optimistic before the war that progress could be made without the need for legislation, he was now ready to accept that coercion under certain circumstances might be a useful weapon in the armoury of disease control.<sup>53</sup> The Western Australian legislation of the previous year, which heavily penalised those who defaulted on their treatment, was suggested by Smith as a model. Furthermore, news of heavy casualties among Australian Infantry Divisions at the first battle of the Somme—28,000 in seven weeks—was disturbing in itself. Pre-war paranoia about race degeneration found new urgency.

It is conceivable that the apparent consensus of medical opinion and the passing of legislation during the year in other States could have loosened the *Register's* resolve against compulsion, as it had Smith's. Now that compulsory systems were operating in the Australian context, the *Register* argued that the public would soon be able to judge whether the system was yielding the expected results. If the law was found to be efficacious, suggested one leader, South Australia should lose no time substituting a compulsory system for its voluntary one.<sup>54</sup> Although throughout this period the government was adamant that if it was found necessary to pass legislation it would not be afraid to do so, at the end of 1916 voluntarism remained the preferred strategy for the time being.<sup>55</sup> Now, however, with a local scheme in place, compulsionists and non-compulsionists had a useful point of reference for determining the success or failure of venereal diseases control.

## The South Australian Venereal Diseases Bill, 1919

In January 1920, the *British Medical Journal* reported that the SA Government was 'coquetting with a very dubious attempt to control and treat venereal diseases which would impose harassing restrictions upon the victims'.<sup>56</sup> The South Australian Venereal Diseases Bill, 1919,

to regulate the treatment and prevent the spread of venereal diseases, was introduced by the Minister of Education on 11 November 1919.<sup>57</sup> Power to execute the principles of the bill was to fall on the Minister of Health who would be responsible for the establishment of facilities for the free examination and treatment of venereal cases, arrangements for the supply of drugs, medicines and appliances for the treatment, alleviation and cure of venereal disease for those unable to pay, and for the preparation, provision and distribution of information relating to venereal disease. The bill also included a series of obligations and penalties for medical practitioners, patients and the parents of children suffering from a venereal disease. Medics were obliged to report all cases to the Inspector General of Hospitals within three days. Names and addresses were to be supplied only in cases where patients 'defaulted' on their treatment.

Persons suffering from a venereal disease who did not present themselves for treatment within three days, who discontinued treatment before being deemed 'cured', and who married or knowingly infected others were liable either to a heavy fine and or a prison sentence. Further, a warrant authorising the use of force could be issued against sufferers who refused examination and treatment. Persons found to be suffering from venereal disease after compulsory examination were to be detained. Subsequent examinations could also be enforced periodically to determine whether an order of detention should be extended. Sufferers who knowingly persisted in an occupation where they were handling food for human consumption were also liable to penalty. The use of a certificate of cure or freedom from venereal disease for purposes of prostitution would be an offence as well. The further control of venereal cases already institutionalised was provided for despite assurances from the surgeon at the Adelaide Gaol that venereal diseases were not prevalent and 'rarely dealt with' in 1917.<sup>58</sup> A special provision, similar to the NSW Prisoners Detention Act, extended terms for prisoners found to be suffering from venereal disease. Subsequent clauses in the bill saw this provision further extended to include children in institutions such as reformatory schools. Parents and guardians of children with venereal disease who failed to submit the child for examination and treatment would be liable to a penalty of £10.

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

tioner was provided for, in that notices given in good faith that a person was suffering from a venereal disease could not be made grounds for legal action. Further, in an effort to eradicate quackery and reaffirm the professional status of the physician, the promotion and sale of preparations for the alleviation of venereal diseases and treatment by anyone other than medical practitioners was to be outlawed.<sup>59</sup> Which authority would be responsible for the administration of the act if it were passed remained undecided.<sup>60</sup>

## Public opinion

As the war progressed, negative public opinion became an important factor in the reluctance of governments to follow the lead of other States and introduce compulsion for the control of venereal diseases. In fact, public acceptance of any scheme was vital to its success. As early as 1915, the Vaughan government instigated a public education program directed towards organisations interested in social reform as well as the public at large. Hone extended an invitation to all women's associations to attend an 'evening' on the notification of venereal diseases.<sup>61</sup> Dr Hill, on the other hand, planned to give modified versions of his successful talks to the troops to authoritative figures, like members of parliament, ministers of religion and school teachers (day and Sunday), to philanthropic organisations, such as the Young Men's Christian Association, Young Women's Christian Association and the Woman's Christian Temperance Union (WCTU), to schools, colleges and friendly societies, as well as to health workers and interested men and women at sex-segregated public lectures.<sup>62</sup>

Women's organisations, generally rose as one to denounce the regulation of vice, but at this time resistance from women's organisations to the compulsion issue was negligible. There was, however, a pair of prominent Adelaide women who spoke to the issues on both sides of the debate. Although president of the Women's Non-Party Association, Wragge appeared to be expressing her personal opinion when she offered a 'woman's point of view' to the *Register*. Wragge argued that a proposal for the introduction of compulsory notification for venereal diseases in South Australia was consistent with the State's pioneering reputation in legislating for the benefit of women and children. Furthermore, and consistent with the traditional grievance put forward by women and their supporters, the proposals addressed the most complicating of all injustices. Compulsory notification for venereal diseases appealed to Wragge because it was at least, literally, equal. If such legislation passed, Wragge declared that 'for the first time in history' there would be

one single standard of purity and morality for man and woman, instead of the old dual standard, which expected men to be less pure than women. It treats both as sufferers, rather than as sinners; but for that very reason I believe it would help to do away with sin. It blames nobody. It accepts fact without comment. Thousands who suffer from these diseases are entirely innocent and for their sakes we must give up the old attitude of horror and suspicion... I call upon all freeborn women to help to put upon our South Australian statute book this legislation, which will do more than we can imagine for the uplifting of womanhood and indeed of humanity.<sup>63</sup>

However, in 1919 when the South Australian Venereal Diseases Bill was being debated, all of Adelaide's women's organisations came out in vehement opposition to compulsory notification and treatment for venereal diseases—except for the South Australian Branch of the National Council of Women (NCW). This organisation, which ostensibly represented women's groups in Australia, gave cautious approval to the bill. When the NCW met to discuss the bill, its president, Lady Hackett, acknowledged that there was much to be said for both sides of the debate. Lady Hackett believed that there had not been enough study of the subject and that both sides should be heard before the bill went through. Other members spoke of posterity and what was best for humanity; that the good of women and children must come before the inconvenience of a few. The council moved that the bill should be provisional and renewable at the end of twelve months.<sup>64</sup>

But the view of Adelaide's women social reformers generally was that despite the bill being non-discriminatory in the literal sense, its application, given the double standard of morality at that time, would inevitably, in the view of some reform organisations, have a greater impact on women than on men. In September 1919, Mrs Elizabeth Nicholls, president of the WCTU, wrote to A. H. Peake, now Premier, informing him that similar legislative acts in other countries had 'done cruel injustice to innocent women' and that repetition should be avoided. As the question of venereal disease control was one gravely affecting the women of the State, Mrs Nicholls wanted to know what the provisions of the bill were before it was too late to make any alteration.<sup>65</sup> Similarly, Miss Blanche Stephens, Honorary Secretary of the Women's Non-Party Association of South Australia, wrote to request a copy of the bill. Having as one of its objects 'the protection of the interests of women, children and the home,' the association felt that the bill might concern them and were determined to give the matter 'serious attention'.<sup>66</sup>

In August 1920, and with the bill still before parliament, the Woman's Christian Temperance Union opened its campaign of opposition by reaffirming that it was against any effort to introduce the

notification of diseases caused through vice into the Health Act. In September, at the concluding session of its convention, the WCTU moved a resolution that it was ‘wholly opposed’ to the measure on the grounds that it was calculated to make afflicted persons afraid to seek treatment, either in free clinics or from private practitioners, and that it endangered the liberty, especially of poor women, who might be unjustly detained on suspicion.<sup>67</sup>

Mrs Nicholls followed up the resolution with another letter to Peake asking for his ‘careful consideration’ of their views regarding the bill. In it, she expressed the WCTU’s approval of the clauses that dealt with the protection of ‘foolish and ignorant persons’ from quack remedies, the prohibition of quack advertisements, and the prosecution of those keeping or owning disorderly houses. However, she stressed that the Union strongly objected to the clauses providing for compulsory notification, treatment, detention, and examination on suspicion of having a venereal disease. Convinced that the power of compulsory notification would be a dangerous weapon in the hands of all concerned, Nicholls reiterated the traditional arguments against compulsion. She argued that people would be more willing to seek treatment if the number of free clinics was increased and private practitioners were bound to keep all visits confidential. Nicholls claimed that compulsory detention would assume that these diseases were a crime, and that the patients were criminals. Moreover, compulsory detention and the power to detain on suspicion would repeat the injustices committed by the Contagious Diseases Acts in Britain. Compulsory examination would be so degrading that it would tend to ‘swell the ranks of those who live by the vice of others’.<sup>68</sup>

The resolution reflected the WCTU’s conviction that legislators were not considering the real causes of venereal diseases. In response, the union urged a crusade involving more activity—meetings, literature, conferences, and personal influence—in their morals education work. It also strongly condemned any effort to ‘make sin safe’.<sup>69</sup> For the union, the way to check the spread of venereal diseases was to set a higher moral standard in home and school by giving divine sanction for high moral training, by placing the Bible in the day school, and by making ‘scientific temperance’ a compulsory subject in the training of teachers. ‘Let the Scriptures be read in the schools; prohibit the liquor traffic; teach the children why it is prohibited; deal severely and promptly with all who make a trade of vice; inform and protect the young,’ and there will be no need, wrote Nicholls, ‘to make unjust and useless laws for the compulsory control of diseases caused by immoral practices’.<sup>70</sup>

Women’s organisations were not alone in their opposition to the bill. In a letter to new Chief Secretary Bice in September 1920, the Reverend Kirby, as Secretary of the Social Purity Society, wrote that

although the control of venereal diseases had been ‘grossly neglected’, the pendulum had swung the other way and there was now a movement to use legal compulsion to extremes. As well as taking the opportunity to espouse his eugenic beliefs, Kirby alluded to a number of practical difficulties that would undermine a compulsory scheme. The movement towards compulsion, he argued, was taking place ‘without adequate information and without considering the nature of the cure’. Kirby accused the government of relying upon reports that were at best inconclusive and at worst irrelevant to Australia, especially South Australia. Surely, Kirby pleaded, there should be some evidence that the English scheme did not work before going against the findings of the British Royal Commission on Venereal Diseases in favour of reports from Paris, Denmark and elsewhere in Australia.<sup>71</sup> There was no evidence to suggest the diseases were more prevalent in South Australia than in the other States where compulsion had been operating for a number of years. Ready access to means of a cure, Kirby asserted, was more efficient than compulsion, as had been shown in Glasgow during the time of the Contagious Diseases Act in Great Britain.

In a letter to the *Register* in 1920, Kirby wrote that parliament was in ‘a great hurry’ to pass the bill without any inquiry. As parliament first needed to satisfy itself that such a measure was efficacious, necessary and practicable, he offered a number of questions for consideration. Would not compulsion’s only purpose be to demonise the medical practitioner? If the doctor was to spy on his patients, many would avoid him and syphilis would be further concealed and more dangerous. Would not the comparatively long recovery time undermine the economic viability of the scheme? If there was to be a compulsory notification, was there to be compulsory isolation in chronic cases and at what cost and to whom? If persons who disobeyed the proposed law were detained by force, as proposed, was the public going to build hospitals to give them a life-long maintenance? What object could the government have in rushing the bill through parliament without due inquiry? Did it propose to force the law through without consulting the women’s groups? Kirby pleaded for somebody in parliament to ‘look before taking a leap’.<sup>72</sup> Despite his best attempts, it appeared to Kirby that the success he had achieved in preventing a contagious diseases act in the 1880s in Adelaide was about to be reversed.

## Passing of the bill

The medical profession’s position on the bill was vital to its success or failure. Frank Hone made A. J. Hannan, the parliamentary draftsman of the bill, aware of the considerable body of opposition to compul-

sory notification of venereal diseases, especially among the older members of the medical profession. It was obvious to Hannan that it would be difficult to carry any Venereal Diseases Bill through parliament given that the leading medicos in the State were opposed to its most fundamental principle. Consequently, he suggested that copies of the bill be furnished to Sir Joseph Verco, Dr Hone, Dr Rischbieth, and the local branch of the British Medical Association (BMA), with a view to determining the definite opinion of the medical profession.<sup>73</sup> For without willing cooperation on the part of the medical officers, a significant proportion of sufferers could remain outside of the knowledge of health authorities. This would mean that, as a determinant of prevalence, notification figures would remain inconclusive. In a scheme that included the principle of compulsory notification, the obligation was on the medical officer not the patient. It was imperative, therefore, that a new system of compulsory treatment for the control of venereal diseases had their categorical support. Sir Joseph Verco, former president of the South Australian Branch of the BMA, had not altered from his non-compulsionist position since delivering a paper on the subject some years before. However, Hannan had ‘gathered’ from recent communication that Verco would not necessarily be opposed to every kind of bill providing for compulsory notification. And nor would the BMA, despite having once passed a resolution in accord with Verco’s paper. Following consideration of the draft bill, the SA branch passed a resolution approving of the bill’s general principles. Its only qualification was that certificates of infection of freedom from venereal disease should not be given without confirmation by bacteriological or serological examination.<sup>74</sup>

Compulsionists like Hone saw the lack of a categorical denunciation of notification as support in principle. This was enough to convince some legislators, such as the Minister for Agriculture, T. Pascoe, that the medical side of the problem had been dealt with. In parliament, members were urged to see the passing of the bill as a duty; an opportunity to avoid appalling wastage in the future by stemming the growth of a physically and intellectually degenerate race.<sup>75</sup> Such sentiments found their mark and little parliamentary opposition was recorded with both sides of government supporting the bill. Finally, in 1920, *The South Australian Venereal Diseases Act* was passed. The following year a sub-committee appointed by the government drew up regulations under the act.

The *Register*, by now in support of the bill, celebrated the passing of its third reading and in September 1920 reported that it had passed with ‘significant celerity’ during an ‘unusually rapid passage’ through the legislative council. Enactment of the bill, the paper reported, would bring South Australia into line with other States and should be wel-

came as 'signifying a noteworthy advance in hygienic knowledge and in the practice of humane ideals'. Enlightened compassion, the *Register* declared, had prompted the determination to give a helping hand to men and women afflicted with 'private diseases'. Indeed, the moral issue could no longer stand in the way of 'practical pity'. Self-righteousness was now an anachronism, and the adjuration 'Let him that is without sin cast the first stone' would no longer do. Sufferers were urged to take advantage of provisions 'designed in mercy to themselves'.<sup>76</sup>

However, proclamation of the act was another issue, and quite impossible under existing conditions. A. J. Hannan, speaking at a meeting of the Health Association, suggested that any minister who endeavoured to bring the act into operation would encounter 'a good deal of trouble'.<sup>77</sup> Hannan did not elucidate, but the act had been delayed for what were described as financial and unspecified 'other reasons'.<sup>78</sup> One of these reasons was likely to have been that successive governments had been unable to provide sufficient funds to establish the necessary hospital accommodation. Another was the ambiguous position of the medical profession, for whom the issue was not notification but compulsion. As such, it was possible to support the former and be opposed to the latter. Skeptical that Adelaide's medical elite was about to change its position and give unqualified support to compulsory notification, Hannan suggested consideration of the scheme prepared in 1916 by William Ramsay Smith. But by this time and the issue of compulsion, given the opposition to from many sections of the community, was becoming stale. As a consequence, the *South Australian Venereal Diseases Act 1920* remained on the statute books but unproclaimed. The opportunity to capitalise on the tacit public acceptance of Commonwealth measures to control the movement of soldiers as a mandate to push on with State legislation had gone begging. Despite the passing of the act, it would appear that in the campaign for compulsory measures, the ball remained in the compulsionists' court.

## Conclusion

Thus, a combination of factors, both practical and historical, prevented the enforcement of compulsion at this time. By far the most significant factor in the failure to proclaim the act was the power of Adelaide's medical elite. Even though it had the support of many medical officers at the coal-face, like Rischbieth who had championed the bill unrereservedly, their support carried little weight. The medical hegemony that Judith Smart interprets as responsible for the proclamation and enforcement of compulsion in Melbourne worked in the opposite direction

in South Australia. Differing interpretations of the position of Adelaide's medical elite was responsible both for the passing of the bill and for the failure to proclaim it. The passing of the bill amounted to a misrepresentation of the medical elite's position. The failure to proclaim was recognition that political will was not enough to enforce compulsion when the administration of the policy was subject to the cooperation of a reluctant medical profession. The special circumstances surrounding venereal diseases, and their association with perceived general moral decline, solicited demands both for sensitivity and delicate treatment on the one hand, and legislative action justified by the advance of scientific knowledge on the other.

How to legislate in the light of such considerations was the sticking point for policy makers. Often it was such considerations that thwarted the proposals of compulsionists. The argument that the politicisation of disease and the criminalisation of illness occurred under the auspices of public health policy needs to be qualified. In this case study, the criminalisation of venereal diseases sufferers was something to be guarded against. In fact, policy was partially determined by the realisation that criminalisation might lead to the diseases being driven underground. Non-compulsionists used this argument frequently against coercive measures. Compulsionists were adamant that coercive measures should not discriminate and should be viewed objectively and pragmatically. However, pre-existing prejudices hampered the likelihood of a scheme that was entirely without discrimination. The sexual double standard and the reality that public patients were more likely than private patients to be the subjects of coercive measures suggests that sexual and social subordination were consequences of, not necessarily the motivation for, both voluntary and coercive schemes to control venereal disease in the early twentieth century. The failure to proclaim coercive measures, not only in Australia but in also in Europe, encourages comparative studies and a deeper and more specialised investigation than is provided in the approaches employed by most of the writers in the literature to date.

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