In her discussion of Venereal Disease (VD) legislation in Australia until 1945, Kay Saunders reveals the tendency of Australian historians to situate the infamous war time VD regulations of 1942–1946 as the ‘final’ act in the history of repressive nineteenth and twentieth century VD legislation. She states:

The discovery of penicillin in 1943 rendered discriminatory punitive measures redundant. Science now had a weapon to control the ‘social evil’ but this had been a long and arduous campaign, fought over a century.

The tendency of historians to ignore the presence of a discourse of VD in public and medical discussions after the widespread use of penicillin between the mid 1940s until the late 1960s in Australia, appeared to eliminate VD as a major medical problem, and has left significant legislative changes in Australian states unnoticed. Yet examining post World War II VD acts can contribute to the broader history of VD legislation, as well as illuminating shifts in a post–war discourse surrounding VD.

This paper examines the parliamentary reading of the 1963 NSW VD Amendment Act. What is most significant about this Bill is that it was more extreme in its repressive compulsory examination clauses than the war time VD ‘National Security Regulations’. In part, these regulations were used as a model for the 1963 Act. The tension between the historical ‘mimicry’ of the National Security Regulations, as well as the very different meanings that underpinned both pieces of legislation is worth exploring, both for what it exposes about the period itself, and about the historical continuity with previous VD legislation. This paper will touch upon some of the issues that a reading of post–war VD legislation can reveal. Furthermore it will be shown in this paper that an examination of the 1963 NSW Act points towards the necessity of broadening the ‘legislative story’ of repressive VD measures.

The NSW VD Amendment Act has not been included in historical accounts of VD in Australia in the nineteenth and twentieth century. Indeed, the post World War II period itself, characterised as the era of the ‘magic bullets’ of penicillin and antibiotics, has been treated by historians as a period of little historical value with regards to VD. In contrast, nineteenth–century Contagious Diseases Legislation in both Britain and Australia, and the emergence of early twentieth century VD legislation in Australian states have received much historical attention.

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3 Penicillin was first used on Australian civilians in 1942, but it was not until the late 1940s that its use became widespread.
5 The scope of this article is unable to include discussion of other Australia states. However, Victoria in particular provides a similar example.
7 Judith Smart, ‘Sex, the State, and the “Scarlet Scourge”: Gender, Citizenship and Venereal Disease Regulations during the Great War’, Women’s History Review 7, no.1 (1998): 5–36; Michael Sturma, ‘Public
This periodization implies that the history of VD seemingly halts in the mid 1940s, and begins again in the late 1960s in Australia, with the sexual revolution, the re-emergence of STDs, and later, HIV/AIDS as a major public health issue.

The history of VD from the late 1940s until the mid 1960s has not been critically examined in any depth. The optimism that accompanied the revolutionary curative ability of penicillin and later of antibiotics, and their effectiveness against sexually transmitted diseases, meant that the immediate post-war period was a time in which VD was rarely discussed in either social and medical arenas. It was not until the late 1960s in Australia that VD once again became a significant social issue. Penicillin seemingly wiped out VD during this period, and the fifteen years after World War II are marked by a clear absence of medical, social and governmental interest in this disease. Yet, as this paper will suggest, locating this relative inactivity as a ‘static’ period ignores the subtler shifts occurring in a discourse of VD.

A premise of my work is that VD did not simply ‘go away’ with its clinical demise, but, rather, continued to evolve discursively, and provided a framework for the later public health concern with STDs. To ignore the dynamics of the post-war period neglects the impact of penicillin on concepts of sexual health, the ramifications to health policy in the relegation of VD as a public and medical concern, and the impact on a social discourse of VD. Such changing concepts are crucial when attempting to account for the reemergence of VD/STD’s as a public health issue in the late 1960s, and in the responses to HIV/AIDS of the 1980s and 1990s.

Public health legislation concerned with VD emerged in the late nineteenth century in Australia and Britain. The infamous ‘Contagious Diseases Acts’ in Britain, specifically targeted prostitutes. In Australia in the nineteenth and early twentieth century, Queensland, Victoria and Tasmania all enacted contagious diseases type legislation. Most Australian states introduced VD legislation during or just prior to World War One. Such legislation aroused intense public protest, particularly among feminists, who perceived these acts to be unfairly focused on the policing of women.

The well-documented protests that characterise the enacting of VD legislation in the nineteenth and early twentieth centuries have drawn historical attention to the abuses entailed in the operation of such legislation. Kay Saunders has argued that:

State regulation of venereal diseases, which necessarily demands the identification, surveillance, targeting and enforced management of those deemed carriers, imposes a complex series of moral attitudes aligned with administration and legal procedures.

Kay Daniels and Mary Murnane argue that the public health premise of the ‘good of society’ surpassing the civil rights of the individual in the forced treatment of certain infectious diseases has been used to police class and sexuality in society. They suggest that ‘venereal disease legislation cannot be understood as a serious health measure’ because issues of both class and sex underlie such legislation. They further insist that: ‘It is in the domain of sexuality, located in


See Walkowitz, Prostitution and Victorian Society.


Saunders, ‘Controlling Hetero(Sexuality)’, 2.

Daniels and Murnane, ‘Prostitutes as Purveyors of Disease’, 19.
this social and economic context, that this aspect of venereal disease legislation can be unravelled'.

The lack of public protest and media interest in post-war VD legislation in Australian states has diverted the attention of historians from the meanings behind these Acts. This also implies that the various instances of public dissent regarding VD legislation has, in many ways, defined the terms under which the legislation and its meanings have evolved.

The 1942–1946 National Security (Venereal Diseases and Contraceptives) Regulations meant that any person ‘reasonably suspected’ of having a Venereal Disease could be forcibly examined and detained until cured. Whilst the wording of these regulations was gender neutral, they predominantly targeted women, usually of the working class. It was not so much the forced examination clauses of these regulations, but their application that has gained them such infamy and attracted so much historical interest. Historians such as Michael Sturma and Marilyn Lake have discussed the extent to which these regulations were used to police young women’s sexuality during the war. Indeed, Australia’s wartime legislative response to VD and women has been seen by the VD historian Roger Davidson, as the most discriminatory of any western nation during the war.

The historical location of these regulations during the last great public furore surrounding VD before the 1970s, has implied their location as the ‘end point’ of VD legislative story in the twentieth century.

The National Security Regulations of World War II, and the unprecedented ‘moral panic’ in Australia surrounding a perceived VD ‘scourge’ contrasts sharply with the virtual silence in the public arena in the fifteen years after the repeal of these Regulations. There is evidence that in both NSW and Victoria VD legislation was an ongoing issue for policy makers and medical practitioners concerned with post-war VD control. Whilst silence with regards to the VD issue pervaded the public arena, when policy-makers and medical practitioners discussed this disease, legislation was a crucial concern. Indeed, the various discussions surrounding the ‘pros and cons’ of such legislation indicate that it continued to be a problematic issue in the penicillin era.

In 1956, for example, in a review in the Medical Journal of Australia the recently released World Health Organisation’s report into existing international VD legislation was discussed. Whilst Australia was not surveyed in this report, the anonymous contributor felt that the subject was worthy of much attention. Although the incidence of VD had shown a marked decline during the previous fifteen years, to this reviewer: ‘The place of legislation is more obscure’. For even though VD rates were decreasing internationally: ‘they still represent a potential danger’ as ‘existing foci of such diseases may easily flare up when social conditions are disturbed during wartime, or when other factors favouring promiscuity are present’. He concluded that ‘any tendency to abandon legislation designed to control venereal disease should be viewed with caution’.

To the writer of this review, the reasons for the decline of VD internationally were self evident: treatment measures being the major one. The writer contended that legislation posed a

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14 Ibid.
15 These regulations were enacted under the National Security Act and justified through the emergency of total war. Organised feminists, particularly the NSW United Associations of Women, protested loudly against these regulations. Such groups located their protest in the clauses allowing for the compulsory examination and detention of VD ‘suspects’.
more difficult issue. It was precisely because VD was seen to be in decline, that justified its continued legislative operation. VD had not been discussed in the NSW parliament after World War II until 1963, when the VD Amendment Bill was introduced. The bill was to replace the VD Act of 1918 and was passed under a Labor State government. It was partly in response to an increase in VD rate notifications that this came to parliament’s attention, as well as the National Health & Medical Research Council conference which had called for uniform state VD legislation in 1960.20

A great deal of interest was expressed in parliament for this bill and the long-winded speeches of the various state parliamentarians on both sides of the house indicate the changes that had taken place since the war in the comprehension of the problem of VD in society. Two things stand out with regards to this bill. Firstly, the unanimous support it received throughout parliament, and secondly, the unprecedented extremity of the clauses enacted in NSW. By the final reading of the bill, it came to resemble closely the wartime VD regulations of twenty years before, specifically through the enactment of clauses for the compulsory detention and treatment of recalcitrant sufferers. The 1918 Act did not include such extreme compulsion clauses.

The 1963 Act was short, consisting of only two clauses. The definition of venereal disease appearing in the Act was enlarged to accommodate the changes in VD epidemiologically. As well, patient attendance times stipulated in the 1918 Act were altered to suit the new penicillin and antibiotic therapies being used.

There were three significant new additions to the Act. One provision required the VD sufferer to reveal the name and address of the person they suspected infected them with VD. Secondly, the penalty clause for failure to continue treatment was made more severe. Whereas the 1918 Act only imposed a monetary fine, with the new Act, a magistrate could impose a term of imprisonment. This would enable treatment of the recalcitrant sufferer whilst under detention. The bill also contained powers for compulsory examination and treatment:

in cases where the commissioner is satisfied on medical evidence that there is reasonable cause to believe that a person is suffering from venereal disease and has infected two or more other persons.21

By the third reading of the bill, and riding on a wave of parliamentary consensus, this final provision was widened so that it was no longer required that the medical practitioner believed there were two persons having been infected with VD. In effect, as the Health Minister stated:

The bill is being amended to give the commissioner approximately the same powers as were exercised under the National Security Regulations introduced in September 1942…Further protection is being afforded the community by closing the loophole that two persons must be infected before action could be taken.22

The National Security Regulations in part became the model upon which the 1963 VD act was based. The members of the NSW parliament displayed some confusion about opposition to the wartime regulations. Clearly however, both a memory of their operation as well as an awareness that they had created controversy existed. As Labor member R. R. Downing stated:

When the National Security Regulations to which I have referred went out of existence in December 1946, it was proposed to incorporate the provisions relating to compulsory medical examination in this States Venereal Disease Act, but a number of persons and organisations objected to this proposal and it was not proceeded with.23

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22 Ibid., 1963, 4751.
23 Ibid., 1963, 5155.
The member Hon. Asher Joel, in congratulating the government for this bill, stated that: ‘If this bill had been introduced fifty years ago it would have aroused the greatest public interest and indeed the most violent opposition’.24

Joel saw this bill and the dearth of protest it was attracting as an:

indication of the enlightenment of the community in which we live, for we are able to discuss this measure without outside organisations and people protesting about the invasion of private rights of the individual concerning compulsory examinations, reporting and divulgence of the source of infection.25

Indeed, so little opposition to this bill was expressed, and it was deemed so little newsworthy, that the Sydney Morning Herald’s only comment regarding the bill was a short article describing the clauses of the Act, with no commentary on the meanings of these clauses.26 When this public silence is compared to the newsworthiness of VD during the Second World War, and the noisy debates surrounding previous VD legislation, the differences between the pre-war and wartime, and post-war approaches to VD are stark. Yet the legislation was based on an earlier twentieth century model. A model, however, that had transformed the basis of its justification in the years after the Second World War. Whilst the public health and moral reasoning of this bill’s reading was maintained, a rearrangement of the concept of who the Act was directed at, and what role it was to serve had also taken place.

That this bill was so heavily endorsed in parliament, and so quietly received in the public arena, can be explained more than through a simple post-war lack of interest in VD. Further, the ability for the Act to pass with so much support throughout the NSW government, is not so much a symptom of a post-war ‘conservatism’ that is often used to describe this period. Rather, it is closely related to a shift in the perception of what exactly VD meant during the post-war. In particular, it is indicative of a changing understanding in medical and social discourse regarding perceived ‘types’: those individuals and groups labelled as most likely to transmit and be infected with VD.

After the advent of penicillin in the 1940s, a shift occurred in the ‘threat’ applied to VD, as well as the patient populations’ relationship and responsibility to the disease and its treatment. Two factors contributed to this post-war formation of a VD discourse. As discussed, the first was the dramatic shift in the treatment of VD that had taken place in the late 1930s (with improved sulpha drugs) and with the advent of penicillin and later antibiotics. Significantly, buoyed by post-war advances in medical technology, the medical profession increasingly dominated how VD was to be spoken about. As Rosemary Pringle discusses in the post-war context:

By the 1950s and 1960s, the medical profession in Australia was clearly dominating the articulation of a discourse of VD. The reading of the 1963 VD Act reflected this new dominance. Indeed, the Act itself was introduced by the impetus of the National Health and Medical Research Council. At a 1960 conference in Melbourne about VD, it was recommended that NSW bring their act into line with other states.27

Coupled with this was the sudden post–war demise of public discussions of VD, and the use of this disease to delineate ‘dangerous sexualities’, as had been seen, for example, in the targeting of the ‘amateur’ during both world wars.28 One effect of this was to transform the concept of the venereally diseased ‘type’, or the person most likely to harbour and transmit VD.

24 Ibid., 1963, 5220.
25 Ibid., 1963, 5221.
26 Sydney Morning Herald, 22 August 1963, 6.
The 1960 NH&MRC conference recognised some of the issues that were emerging with the new post-war model of VD epidemiology; it also reflected the growing awareness that the ‘revolutionary’ cures for VD were not eradicating the disease as had been optimistically expected. The dramatic change in treatment, the lack of interest in VD issues that pervaded both medical and social arenas and the growing awareness that current control measures were not succeeding, (VD rates began to rise in the mid–1950s) informed the passing of the 1963 Act.

By the early 1960s, international evidence was also alerting medical professionals to the new problems associated with the treatment of VD by penicillin, most particularly through a growing drug resistance in certain strains of gonorrhoea. As well, the patient population was seen to be requiring a new type of management. It was believed that indiscriminate and widespread use of penicillin and antibiotics for other diseases was often masking the symptoms of and ‘half curing’ a person infected with VD.

Concurrent with these changes, and reflected in discussions throughout the medical profession, was the new comprehension of the patients’ relationship to the disease. A faith in the ability of the medical profession to cure reached a peak in the post-war years. Whereas prewar VD treatments were painful, time consuming and not completely effective, penicillin provided a new ease of cure, and hence the ‘logic’ that the stigma attached to VD control would be diminished by the new cure.

During the passing of the 1963 VD act, the Health Minister reflected this when he stated:

Since the Venereal Disease Act was passed in 1918, considerable advances have been made in the field of preventive and curative medicine, as well as in surgery, and I am of the opinion that the general public are now more health conscious then they ever were in the past…the majority of people have accepted chest X–Rays for the detection of tuberculosis, blood transfusions in emergencies and immunisation of their children and of themselves against diphtheria and poliomyelitis and are fully aware of the need and the facilities available to guard themselves and their families against communicable diseases

Further, the Hon. J.M. Carter demonstrated this when he stated that: ‘everybody knows — certainly all the young people know — that penicillin has virtually done away with the extreme consequences of venereal disease, such as disfigurement or permanent ill health’.

On a broad level, this new medicalisation of society implied a ‘logic’ to gaining treatment. Whereas before the war, when the medical ability to cure, as well as the professional status of medicine was still being consolidated, the patient’s individual responsibility was not always a point of issue. The ease of cure that penicillin provided made the responsibility seem a far easier task. The NSW Health Minister displayed this when he stated that:

I should be very much surprised, therefore, if any great proportion of people adopted a different attitude and outlook towards the steps now being taken by this bill to control and to minimise the incidence of and disastrous effects resulting from venereal disease.

A new language entered the discussions of the 1963 VD act, one that referred to the ordinary citizen as a potential VD patient. The idea that an ‘ordinary person’ would harbour VD, was

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NSWPD, 1963, 4458.

Ibid., 1963, 5227.

Ibid., 1963, 4458.

Ibid., 1963, 4462.
heavily qualified in the pre–penicillin era, with stereotyped ‘good’ and ‘bad’ class, gender and sexuality connotations.

It was the embracing of this new figure in VD debates that underpinned the justification for the extreme punitive and control measures written into the 1963 bill. Whilst acknowledging that perhaps the bill would be seen as a ‘violation of the personal freedom of the individual’, Health Minister Sheahan suggested instead that:

having regard to the social problems with which we are faced today and to the changing attitude of people towards preventive medicine, it is not a violation of the persons freedom to require carriers of disease, whether it is venereal disease or any other infectious complaint, to take remedial measures to protect the public.35

A member of the opposition impressed on parliament the need to:

debunk the rather popular opinion that venereal disease is on the decrease, that when it occurs the miracle of penicillin will overcome it…The people who could not care less, and have no inhibitions about the fact that they have suffered from or are suffering from venereal disease.36

The new ‘rational’ patient however, would not, in the new medical environment fail to seek treatment, or to default from this treatment. Recalcitrant patients (particularly prostitutes) had been reframed post–war as more marginalised and more deviant in their illogical response to the post–war ‘logic’ of cure.37 The extreme compulsion clauses in the Act were no longer aimed at the same VD ‘type’ as they had when initially framed in the first state VD Act of World War I, nor later still under the National Security Regulations.

The issues involved in examining a post–war approach to VD are complex and manifold. In the space permitting for this paper, it is impossible to draw out all the themes that intersected in the continuing evolution of a post–war discourse of VD. Yet the shifts I have outlined point towards a broader project examining the meanings behind a post–war approach to this disease, both in the history of VD in twentieth–century Australia, as well as the history of repressive VD legislation. Exploring such an area is essential if the broader shifts in sexuality and disease in the twentieth century are to be accommodated for, particularly in the recent climate of attempting to legislate HIV/AIDS. That there was an ongoing evolving discourse of VD in the post–war period, rather than a static malaise of VD control, is evidenced by such a piece of legislation as the 1963 VD Act in NSW. It is not so much that the act didn't arouse any public response, nor that it wasn't considered a violation of rights that indicates a post–war malaise. Rather, it is the meanings behind this and the effects of it on understandings of disease, that indicates the necessity of reincluding such areas in the VD and sexuality ‘story’.

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35 Ibid.
36 Ibid., 1963, 4462.
37 The Victorian Medical Officer in Charge of VD in the 1950s, suggested that that a revised Victorian VD Act remove the criminal status attached to VD legislation, except for (female) prostitutes. See: Unit 98, file 560, Public Records Office.