Fighting the 'Red Plague':
OBSERVATIONS ON THE RESPONSE TO VENEREAL DISEASE IN NEW ZEALAND 1910-1945

ACCORDING to some medical experts venereal disease dates back to palaeolithic times. 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'. 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. The episode was to illustrate the need for governments to tread warily when responding to these diseases. The lesson is one that becomes readily apparent as one examines the response to venereal disease in New Zealand between 1910 and 1945.

This response consisted of initiatives at a number of levels — medical, legislative and educative — and comprised both government and non-government efforts. The complex details of the response to venereal disease in this period are beyond the scope of this article. Rather, I intend to examine 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.

In analysing the reaction to venereal disease in New Zealand in this period it becomes obvious that the concern with these diseases cannot be explained solely 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

1 See W.M. Platts, A Handbook of Venereal Diseases, Christchurch, 1974, pp.6-7.
explanations for the alarm and activism which the issue occasioned.

I suggest that this concern reflected contemporary anxieties about racial fitness, sexuality, and social change. It also seems likely that as well as articulating anxiety about such change, activism on the issue was an attempt to respond to it 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.

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 racial anxieties were also evident in the alarm occasioned by the alleged prevalence of venereal disease in the dominion. 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. In particular, national anxieties and aspirations heightened alarm about the urgency of combating the venereal ‘menace’.

If untreated, venereal disease could lead to a multiplicity of complications, many of them fatal. These included insanity, deformity, blindness, deafness, deficient development, and diseases of the nervous system. Due to the shortcomings of contemporary medical knowledge and treatment many sufferers failed to seek medical treatment for venereal infection or to carry it through till the disease was completely cured. This was especially true of women, in whom diagnosis and treatment were problematic and who were reluctant to consult a predominantly male medical profession. 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% of all diseases which afflicted mankind could be traced back to venereal infection.4

If venereal disease 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. 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. Similarly, it was believed that syphilitic infection could wreak its horrible vengeance down to the third generation. One commentator observed: ‘syphilis is the most horrible of all poisons. It is not a dead poison, like Cocaine, e.g., but a living poison — a poison which creeps insidiously from husband to wife, from mother to child, from brothers and sisters to each other; from one friend to another.’5

While venereal disease menaced individual well-being, it also posed a

4 New Zealand Parliamentary Debates (NZPD), 1917, 180, p.654.
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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. Moreover, these diseases not only posed a significant threat to individual well-being. They also threatened the fertility of the nation’s women and the health of its infants. The prospect of sterility among the dominion’s women was especially disturbing given the currency of eugenic and neo-Darwinian thinking, which portrayed the ‘civilized’ races of the world as engaged in a battle for racial supremacy with the allegedly more prolific races of the East.

Because of 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. Cherished institutions like motherhood and the family appeared threatened by the venereal ‘menace’, and commentators were quick to stress the consequences of venereal infection for members of the female sex. Speaking in 1909, Dr F. C. Batchelor, Lecturer on Midwifery and Diseases of Women at Otago Medical School, 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’. 6 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’. 7

If venereal disease posed a threat to New Zealand’s population in terms of quantity, it was also believed that it posed a threat to the quality of its population. 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, and was adhered to by a large number of politicians, doctors, educationalists, and welfare workers. 8 To concerned observers the losses of the First World War made this issue even more pressing. 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 the sacrifice.’ 9

7 ibid., p.9.
9 Appendices to the Journals of the House of Representatives (AJHR), 1915, H.7, p.3. The incidence of mental illness attributed to venereal infection was 9.6%. (Alcohol was blamed for 21.7% of admissions.)
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-heep composed of incapables, degenerates, derelicts, and criminals’. 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. To Ettie Rout it was obvious that ‘syphilis is the one great cause of immorality, because persons born with a syphilitic taint ... are apt to be mentally and morally deficient; hence, tend to indulge in anti-social and unnatural practices, such as engaging in promiscuous intercourse’. The mentally and morally deficient were stigmatized as the victims of venereal disease and as its perpetrators, as cause and effect. Such anxieties were made plain in the Report of the 1922 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.

The cost of such a state of affairs could 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, a lecturer and Health Patrol employed by the Department, invited her audience to ‘take into account the enormous cost to the country of 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.’

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’ which was attacking the purity and fitness of the dominion’s population. 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.

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 ‘crusade’, as a battle for racial survival. 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

10 Batchelor, p.9.
12 The Committee’s concluding remarks singled out female defectives as constituting a major threat to the health and morals of the community and called for their segregation. Two years later, the concern with the ‘menace of the feeble-minded’ prompted the government to appoint a Committee of Inquiry into Mental Defectives and Sexual Offenders.
13 F. McHugh, Social Hygiene, Wellington, 1921, p.4.
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'.

These concerns were not unique to New Zealand. They were common throughout the Western world and many of those 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 mankind. 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 apparently revealed by the prevalence of venereal disease in the dominion. Dr F. C. Batchelor 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 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?

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.

15 This was obvious in the purity literature distributed in the 'fight' against venereal disease. See Social Hygiene Society (Christchurch), *Keeping Fit (For Boys)*, Christchurch, n.d.


17 Batchelor, p.10.
Failure to do so would tarnish the country’s reputation as a land of brave social experiments. These perceptions were held out only by local inhabitants. In the dominion’s attempts to formulate an effective solution to the venereal threat, overseas commentators saw further evidence of a progressive people, willing to tackle the ills of humanity.18

If New Zealand appeared beset by racial ills, to many contemporaries the country 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 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 civilization which had lost both the power and the will to control its baser instincts. The alleged prevalence of venereal disease in this period was seen as proof of the moral deterioration of the community and of the urgency of halting this decline.

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.

While the agitation surrounding venereal disease constituted a means of articulating these anxieties and attempting to draw public attention to the ills which apparently threatened New Zealand society, 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. Such attempts 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.

If contemporary anxieties could be detected in the debate surrounding venereal disease, they could also be seen at work defining the boundaries within which the debate took place and within which possible solutions to the venereal ‘menace’ were formulated. Throughout the period under study, calls were frequently made by both politicians and representatives of the medical profession that venereal disease should be treated like any other disease. Despite such calls, the debate over venereal disease in this period made it clear, however, that venereal disease could not be treated as just another illness which afflicted mankind. Rather, due to the nature of its transmission, it reflected all the complex anxieties and assumptions which surround the area of sexual behaviour.

18 London’s *Morning Post* 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.
In 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, secondly, 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’.\(^19\) The reality of venereal infection was thus seen as proving the necessity 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*, for example, 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.’\(^20\) The hand of divine justice could be seen in the link between depravity and disease. Moral corruption was depicted as leading inevitably to physical contagion and the decay of the body.

This link between vice and illness was obviously one which could not be rigidly adhered to, 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 these years attacked the notion that venereal infection was a divinely sanctioned punishment for sexual transgression.

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. 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, G. W. Russell, suggested that ‘in many cases their contraction is innocent — in others it is caused by deliberate sin’.\(^21\)

Such lack of differentiation was obviously one of the more regrettable features of venereal disease. A contemporary tract, for example, declared:

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'Here . . . is a disease which turns happiness into misery, which attacks the innocent woman and unborn babe as violently as it does the guilty prostitute.' 22 In one case infection and the consequent suffering were regrettable, in the other obviously less so. (This example also reveals the other dichotomy frequently apparent in the debate over venereal disease: that between 'good' and 'bad' women.)

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 is 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. 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 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 license to indulge to any extent he fancied, while at present the fear of infection is an excellent preventative [sic] in many cases.' 23

While 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. 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 threat which could not be accused of encouraging immorality. 24

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 in

22 ibid., p.3.
23 R. Aldred to Chief Health Officer, 26 March 1920, Health Department, Series 1, 45/1, National Archives.
24 The issue was explored in the columns of the New Zealand Medical Journal where its editor damned 'Propaganda of the Rout school' 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'. New Zealand Medical Journal, XVII, 80 (August 1918), p.148.
1922. 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’.25 The Committee suggested reticence about publicizing the availability of such facilities.

The inter-war period has traditionally been seen as a period when attitudes towards sexual issues, including contraceptive use and venereal disease prevention, crossed a watershed. The New Zealand experience, however, suggests that there was still a strong element of continuity in attitudes towards venereal disease and its prevention. 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.

As in the First World War, those who fought in the Second World War were issued with prophylactics whilst abroad but denied such protection in New Zealand.26 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. 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. The passage of time since the First World War may have seen changes in medical knowledge but at the attitudinal level a strong element of continuity was evident.

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