Australians during the Second World War were not only preoccupied with events overseas; they also experienced a period of intense domestic crisis at both the national and family level. The perceived threat of venereal disease, or what came to be labeled the “V.D. menace,” was one element of that crisis. Some believed that syphilis and gonorrhea posed a threat to Australia second only to the enemy being fought in Europe and the Pacific.\(^1\) Newspapers kept the topic of venereal disease before the public with almost daily reports on various aspects of the subject. The wide cross section of the community that became involved in the campaign against venereal disease included not only organizations traditionally concerned with moral issues, such as churches and the Women’s Christian Temperance Union, but also groups such as the Queensland Trade and Labour Council, the Liquor Trade Employees’ Union, the Country Women’s Association, the Mothercraft Association, the Father and Son Welfare Movement, the Legacy Club, and the Australian Natives Association. In May of 1943, an Australian Society for the Eradication of Venereal Disease was launched in direct response to concern about the spread of syphilis and gonorrhea.\(^2\)

An earlier version of this paper was presented to the Australian War Memorial History Conference, Canberra, February 8–12, 1983.

\(^1\) See, e.g., Courier-Mail, January 14, 1943, 3; Sydney Morning Herald (hereafter referred to as SMH), May 4, 1943, 7.

\(^2\) SMH, May 12, 1943, 11.
The campaign against venereal disease, especially in the states of Queensland and New South Wales, which were most directly affected by the war, can be characterized as a “moral panic.” Suddenly, venereal disease was defined as a major threat to social values and interests. The mass media and civic leaders presented stereotyped portrayals of “the menace,” diagnoses and solutions were posed by so-called experts, and strategies for coping with the disease were implemented. Then, just as suddenly, concern dissipated.3

Recent writers on women and health have indicated the extent to which medical theory and practice influence and are influenced by social and cultural values.4 The campaign against venereal disease in wartime Australia provides a graphic illustration of the way in which concerns about public health may perpetuate sexist ideology and act as a form of social control. A recognition of the changing position of women in Australia during the war years is central to understanding the forces behind the moral panic about venereal disease. Whereas the war contributed to women’s economic and social independence, an alleged epidemic provided a rationale for exerting greater control over women’s behavior. Not only did authorities adopt increasingly repressive measures in dealing with women suspected of having venereal disease, but depictions of the disease by journalists, politicians, clergy, police, doctors, and health officials reinforced sex roles at a symbolic level as well.

Publicizing venereal disease and blaming women

The attention venereal disease received during the war years seems to have far outweighed the actual problem. Health and government authorities were often equivocal, or even contradictory, in documenting the incidence of the disease. For example, New South Wales’s minister of health, C. A. Kelly, claimed that one out of every ten Australians would be infected with venereal disease before

3 These features constitute sociologist Stanley Cohen’s now classic typology of moral panics (Stanley Cohen, Folk Devils and Moral Panics: The Creation of Mods and Rockers [St. Albans, England: Granada, 1973], 9).

TABLE 1  NOTIFICATION OF VENEREAL DISEASE IN AUSTRALIA, 1939–45

<table>
<thead>
<tr>
<th>Year</th>
<th>New South Wales</th>
<th>Queensland</th>
<th>Victoria</th>
<th>Western Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1939</td>
<td>5,851</td>
<td>1,147</td>
<td>3,670</td>
<td>...</td>
</tr>
<tr>
<td>1940</td>
<td>5,311</td>
<td>1,091</td>
<td>3,625</td>
<td>...</td>
</tr>
<tr>
<td>1941</td>
<td>4,798</td>
<td>1,281</td>
<td>3,118</td>
<td>...</td>
</tr>
<tr>
<td>1942</td>
<td>5,990</td>
<td>893</td>
<td>3,133</td>
<td>...</td>
</tr>
<tr>
<td>1943</td>
<td>4,869</td>
<td>1,565</td>
<td>2,869</td>
<td>927</td>
</tr>
<tr>
<td>1944</td>
<td>4,410</td>
<td>1,234</td>
<td>2,551</td>
<td>1,057</td>
</tr>
<tr>
<td>1945</td>
<td>5,461</td>
<td>858</td>
<td>2,229</td>
<td>1,097</td>
</tr>
</tbody>
</table>

SOURCE.—Returns included in Australian Archives (Canberra), Department of Health, Series CRS A1928, item 267/1.

NOTE.—There are no statistics available for Tasmania, and in South Australia there was no legislation requiring doctors to report cases of venereal disease to health authorities. Figures for Queensland refer only to civilian cases, although in some other states reported cases of venereal disease for the military were sometimes recorded. For Australia’s most populous state, New South Wales, with a population approaching 3 million, the rate of venereal disease cases per 100,000 population in 1943 was put at 174. In Queensland, with a population of slightly over 1 million, the rate was 156. The rate for Victoria was reported to be 157, 184 for Tasmania, 126 for Western Australia, and an estimated 126 for South Australia (report of director-general of health, July 15, 1944, AADH, ser. CRS A1928, item 267/1).

reaching the age of fifty. This claim, however, was vigorously attacked by the Commonwealth director-general of health, J. H. L. Cumpston. Indeed, the National Health and Medical Research Council emphasized that any statements giving the impression that “a serious proportion” of the community was infected by venereal disease were “gravely misleading” and contradicted by “reliable statistical evidence.” What statistics are available certainly seem to support this view. As table 1 indicates, an increase in the number of venereal disease cases reported to state health departments by doctors after Australia’s entry into the war in 1939 was far from dramatic and in some states nonexistent. Even where reports of venereal disease did increase, this can be attributed at least in part to greater official and public awareness of the disease as a problem in response to the campaign against venereal disease itself.

Despite the dubious nature of available statistics, the mass media published voluminous reports giving the impression that venereal disease was sweeping the nation. Beginning in 1942 newspapers referred to venereal disease largely as if it were a new phenomenon—a social threat which emerged suddenly. Also during this period Australians shifted their focus from a distant war in Europe to the more threatening Japanese advance in the Pacific and geared

5 SMH, February 6, 1945, 3.
6 J. H. L. Cumpston to E. S. Morris, May 3, 1945, Australian Archives, Canberra, Department of Health (hereafter AADH), ser. CRS A1928, item 267/1.
7 SMH, May 31, 1943, 6.
up for an "all-in" war effort, and Australian women began entering the work force in increasing numbers.

As Stanley Cohen observed, the object of a moral panic is often represented as only the tip of a more broadly based problem. In this case, venereal disease was portrayed by the Australian media as symptomatic of a general breakdown in sexual morality—a portrayal reinforced by statements from other quarters. A Queensland parliamentary committee on sexual offenses reported in 1944 that there was a "deterioration of moral standards and the rejection by a large portion of the community of any moral basis for conduct and of any duty of self-control or self-discipline in sexual relations." Ministers frequently denounced moral laxity from the pulpit. Methodist minister W. J. Tomlinson asserted, for instance, that Queensland's capital city, Brisbane, was "worse than Sodom and Gomorrah." Brisbane's Archbishop James Duhig also alluded to an unprecedented decay in morals. "One has only to pass through the city streets at night to be convinced that decency had largely vanished. One came face to face with improprieties which were not only offensive, but were often disgusting. Servicemen were not merely linked arm in arm with young girls, but were actually locked in close embrace. Frequently both were more or less under the influence of strong drink."

In examining the causes of this moral breakdown, and the alleged prevalence of venereal disease in particular, most commentators linked venereal disease at least indirectly to the war. A report from Queensland's director-general of health attributed promiscuity to "war psychology and the free circulation of money." According to a regular contributor to Brisbane's *Courier-Mail*, known to readers as "The Counsellor" and described as a well-known female physician, brown-out conditions were a major cause of promiscuity and hence venereal disease. "The invitation to intimacy afforded by dark alcoves in buildings, unlighted parks, and dark air raid shelters is more than can be resisted by boys and girls whose mating instincts are inevitably stimulated by the abnormal conditions of war, and the threat which it offers to their survival." The cases of

8 Cohen, 113.
10 *Courier-Mail*, October 29, 1942, 4.
11 *Courier-Mail*, March 8, 1943, 3.
venereal disease resulting from one night in brown-out conditions, The Counsellor claimed, were probably more harmful than the injuries sustained from a successful air raid.

More often, excessive drinking associated with the war was given as a reason for sexual laxity. The Reverend A. Deans, who professed to having spent several years investigating such matters, informed a conference of church leaders in Brisbane that social diseases were “intensified by liquor, because men and women would not subject themselves to such dangers unless they had been indulging in alcohol.”14 A suburban doctor described what was presumably a typical case of venereal disease in Brisbane’s Courier-Mail.

Young Eileen Pakton came to see me, and with the poker-face of modern youth said calmly that she thought she might have such an infection. Examination confirmed this.

“Well,” she said, still poker-faced, “where do we go from here?”

“We go to a specialist,” I said.

“Okay,” said Eileen, “Will you make a date?”

“Okay,” I said, “Just a minute.”

I left the surgery to telephone and came back to tell Eileen she must report next morning at the specialist’s rooms.

She hastily dabbed at her eyes with a handkerchief and with head down said, “Well?” I went over to her—put my hand on her shoulder.

“Don’t sympathise,” she said with a catch in her voice. “I don’t deserve it—I can’t think why. . . . I’m really not that sort of girl. . . . Oh hell!”

“Take the treatment conscientiously and steer clear of that kind of thing in the future,” I said, “and you’ll be all right.”

“We’d had something to drink,” she said. “I’m not used to it and I don’t remember much.”

That story is far from uncommon. With no idea of necessarily advocating teetotalism, it is important to state that alcohol, one of the most powerful of all drugs, is too often associated with venereal disease.15

In addition to proposing conditions of war and alcohol as indirect causes of or contributors to the spread of venereal disease, there was a need to make someone or some group appear responsible. Some commentators attributed a breakdown in morality to sexual

14 *Courier-Mail*, October 23, 1942, 3.
15 *Courier-Mail*, September 18, 1943, 4.
predators, particularly in the form of Allied military servicemen.\textsuperscript{16} Much more frequently, and much more pervasively, the blame for spreading venereal disease was attributed to women. For example, Commonwealth minister for health and social services, E. S. Holloway, suggested that the incidence of venereal disease was increasing only in the cities "where visitors and men on leave were confronted with certain types of women and girls."\textsuperscript{17} The number of professional prostitutes was believed to have greatly increased during the course of the war. Nevertheless, health authorities unanimously suggested that only 10–15 percent of venereal disease infections were acquired from professional prostitutes.\textsuperscript{18} The person perceived as the real threat was labeled the "amateur."

The amateur became the principal embodiment of the V.D. menace, although precisely how she was described varied. The president of the Australian Society for the Eradication of Venereal Disease, H. Gregory Forster, attributed the spread of venereal disease to young girls "rushing round the town who are attracted to the glamour of a uniform."\textsuperscript{19} Similarly, Anglican Archdeacon E. North Ash professed having "seen girls openly and unashamedly throwing themselves at men in uniform, on boats, in picture shows, and on the public streets—girls who seemed to be living invitations with R.S.V.P. written on them."\textsuperscript{20} Sydney police considered the main source of venereal disease to be "many immoral girls" who frequented city hotels after finishing their work in factories and other places.\textsuperscript{21} Even a Queensland parliamentary committee reported that increased venereal disease was "mainly due to promiscuous intercourse by women who were not under any economic stress to indulge in such intercourse."\textsuperscript{22}

**Stigmatizing women and restricting their activities**

It soon became apparent that officials blamed women and not men for venereal disease and that they considered women who con-

\textsuperscript{16} See, e.g., *Courier-Mail*, March 8, 1943, 3; *SMH*, June 16, 1943, 9.

\textsuperscript{17} *SMH*, January 11, 1943, 7.

\textsuperscript{18} See, e.g., *Courier-Mail*, September 29, 1942, 4; *SMH*, April 10, 1943, 11. The available statistics, as was sometimes conceded, were apparently insufficient to substantiate this claim. See "Annual Report of the Health and Medical Services of the State of Queensland for the Year 1944–45," *Queensland Parliamentary Papers* (1945–46), 1018.

\textsuperscript{19} *SMH*, May 4, 1943, 7.

\textsuperscript{20} Anglican Truth Society, *V.D. by a Doctor, a Psychologist, a Parson* (Sydney: Anglican Truth Society, 1942), 16.

\textsuperscript{21} *SMH*, September 1, 1943, 9.

\textsuperscript{22} "Report of Committee of Inquiry Regarding Sexual Offences," *Queensland Parliamentary Papers* (1944–45), 944.
tracted the disease deviant. Moreover, the centralization of power that took place because the country was at war allowed authorities to take extraordinary measures to restrict the activities of women. Health officials and the police became actively involved in the surveillance of women, legitimizing their actions in the name of both public morality and health. In Queensland, even prior to the war, prostitutes were required to submit to frequent medical examinations at the Department of Health. During the war, any woman "reasonably suspected" of suffering from venereal disease could be compelled by police to submit to an examination on an order from the health department. During 1945 alone there were 2,471 compulsory examinations in Brisbane.23

Queensland also led the way in the compulsory treatment of venereal disease. The state's director-general of health and medical services boasted that with the only "lock hospital" in Australia prior to the war, Queensland took "a more realistic view" to controlling venereal disease than did other states. Until 1943 the lock hospital at Brisbane's Venereal Isolation Hospital was used only for the confinement of professional prostitutes. During the war, however, "promiscuous amateurs," "delinquent girls," and "any woman found to have infected personnel of the fighting forces" also were sometimes detained. The number of women confined in the lock hospital reached a peak in November 1943 when there were 105 inmates.24

In New South Wales, authorities were more reluctant to use force to apprehend women suspected of carrying venereal disease. Some state government politicians believed that such police powers would interfere with personal liberties. Experienced police officers apparently agreed that it would be hard to define "reasonable suspicion" and that "an over-zealous officer might embarrass innocent women."25 These fears appear well grounded. Of the persons reported to the health authorities in New South Wales as suspected of having venereal disease, and who were subsequently located and examined, one in three were found to be free of any disease. This was even after 15 percent of the cases reported were rejected by health officials because of "insufficient basis for suspicion."26

25 SMH, September 1, 1943, 9; see also SMH, August 27, 1943, 9.
26 SMH, April 10, 1943, 11; SMH, July 7, 1943, 9; SMH, September 29, 1943, 6.
At the beginning of 1943, the New South Wales premier announced the appointment of six additional policewomen to assist in finding women who failed to respond to requests from the health department to report for examination. The premier emphasized that their inquiries would be “persuasive rather than coercive.”27 Nevertheless, the police also took more active steps. In April 1943, thirty-four people who failed to respond to orders to report for medical examination were arrested by police under authority of the National Security Act. Despite this round-up of suspects, New South Wales’ director of social hygiene continued to enounce a policy of “endeavouring to use the whip as little as possible.”28 Later in the year, however, it was reported that police squads were mounting a special drive “to protect Servicemen from women infected with venereal disease.” Many women who frequented hotels and wine bars in order to meet soldiers were warned by police.29 The following year, 1944, the Sydney vice squad handled a record number of vagrancy cases in order to curb what it called “immorality and excessive drinking, particularly among young girls in the company of Allied Servicemen.”30

Initially, in New South Wales, women found to be suffering from venereal disease were released if they agreed to visit a hospital or clinic for treatment. However, there was considerable public pressure for compulsory treatment, if necessary under detention. According to a Gallup Poll in 1943, Australians were virtually unanimous in favoring compulsory treatment of venereal disease.31 By 1944 women venereal disease patients were being confined in prison at Sydney’s Long Bay Reformatory.32

That women suffering from venereal disease were perceived as deviant was reflected not only in their confinement but also in their treatment once incarcerated. For example, it was reported that all women being treated for venereal disease at Long Bay Reformatory were confined in cells, just as were recidivists, from four o’clock in the afternoon until six in the morning.33 A woman welfare officer who had worked with the mentally ill was appointed to the Brisbane lock hospital, since it was considered that most of the women were unbalanced and mentally disturbed. The lock hospital was further

27 SMH, February 25, 1943, 7.
28 SMH, April 15, 1943, 7.
29 SMH, August 18, 1943, 10.
30 SMH, January 5, 1945, 5.
31 Courier-Mail, February 15, 1943, 3.
32 See SMH, May 16, 1944, 5; SMH, June 24, 1944, 4.
33 SMH, May 16, 1944, 5.
provided with sewing machines as a means of rehabilitation.\textsuperscript{34} Meanwhile, the Australian Society for the Eradication of Venereal Disease attempted to establish a home for young women treated for venereal disease, so that they might "eventually become responsible and useful citizens and healthy parents."\textsuperscript{35}

Such measures indicate the view that women with venereal disease, in departing from what was considered proper behavior for women, were considered to be morally and psychologically tainted. Some proposals for checking venereal disease went still further toward a policy of regulation and confinement. These included a curfew for all girls eighteen years of age or younger\textsuperscript{36} and compulsory blood tests for women as a condition of receiving government child subsidies.\textsuperscript{37} The National Health and Medical Research Council went so far as to recommend restrictions on the sale of alcohol to women.\textsuperscript{38} Senator Dorothy Tangney believed that military authorities should be empowered to enforce compulsory venereal disease tests for women "found acting improperly in public places with servicemen."\textsuperscript{39} Cooper Booth, New South Wales's outspoken director of social hygiene, indicated that girls undergoing treatment for venereal disease more than once would probably be deterred only by ridicule and suggested shaving their heads.\textsuperscript{40} None of these suggestions were in fact adopted, but they make the double standard imposed on women patently obvious.

\textbf{Origins of the panic}

Of more critical importance than the manifestations of the moral panic about venereal disease is the question of what social forces were at work in creating this moral panic. Why did venereal disease, especially since its increase was far from dramatic, become a matter of such pressing public concern when it did?\textsuperscript{41}
Well before World War II, venereal disease had been a subject of considerable, but sporadic, concern. Warnings about the dangers of the disease were publicized from the late nineteenth century onward, although it was not until the twentieth century that the medical profession gave the topic serious attention. Venereal disease was discussed at the 1908 Australasian Medical Congress, and at the Congress of 1914 aspects of prevention, treatment, and public education were debated in some detail. Doctors and promoters of sex education were actively concerned about venereal disease during the First World War. Legislation requiring physicians to notify health authorities of syphilis and gonorrhea cases was passed in all states except South Australia between 1916 and 1920, and the federal government made funds available for the treatment of venereal disease. During the interwar years, the eugenics movement emphasized the negative impact of venereal disease on the health of the future race.42

Ostensibly, the main rationale for the World War II campaign against venereal disease was to protect military men from debilitating disease. There are clear precedents for this in nineteenth-century venereal disease legislation. In France, state regulation of prostitution was initiated by Napoleon. Under the Contagious Disease Acts passed in the 1860s, prostitutes in Britain's port and garrison towns were subjected to compulsory examinations and liable to detention in lock hospitals.43 Under pressure from the Royal Navy, similar legislation was adopted in Queensland and Tasmania.44 Nevertheless, the incidence of venereal disease in the Australian military during the Second World War was consistently reported to be "low," approximately 1 percent.45 Certainly it never reached the levels prevalent during the First World War, when the rate of infection among Australian troops was more than 10 percent.46 The actual low incidence of venereal disease during World War II suggests that the public's reaction to it was a response not so much to

45 See, e.g., Courier-Mail, September 29, 1942, 4; Courier-Mail, June 13, 1943, 3; Age, July 13, 1943, 2; Prime Minister to secretary of the Association for Moral and Social Hygiene, August 28, 1944, AADH, ser. CRS A1928, item 267/1.
a threat to servicemen's health, as to a desire for stricter community moral standards.

Anxiety about domestic moral order in Australia during the war was shaped largely by the changing position of women. With a large proportion of the male population overseas or in the armed services, women's independence increased. Women moved increasingly into "male" occupations. The number of women in paid employment increased by more than one-third between 1939 and 1944, and many women participated in volunteer work. Newspaper correspondents wrote about a new order, in which women would never again accept their prewar status. The portrayal of women "unafraid of taboos" and doing "what they only dreamed of doing before" became a common theme in Australian war novels. The new independence of women seemed all the more disturbing to men, especially in a sexual sense, because of the large numbers of Allied troops stationed in the country. As many as one million U.S. military servicemen passed through Australia during the war. In the light of Australia's British cultural heritage, this huge influx of American troops appeared as an added assault on existing values. Many people were disturbed by the degree of open and physical affection between American troops and Australian women. Authorities pointed in particular to large numbers of married women suspected of having venereal disease as testimony of marital infidelity and unstable family life. The movement of young women into the work force, some commentators argued, fostered a new sexual freedom. At the same time, women working outside the home were blamed for the misbehavior of their unsupervised daughters.

Women's liberation from a traditional way of life was perceived as a danger that extended beyond simple community moral stan-


48 See, e.g., E. C. Campbell to editor, Age, July 2, 1942, 2; M. M. to editor, Age, July 6, 1942, 2.


51 See, e.g., SMH, March 29, 1943, 7; SMH, April 21, 1944, 4; "Annual Report on the Health and Medical Services of the State of Queensland for the Year 1944-45" (n. 18 above), 1018; Resolutions of the National Health and Medical Research Council, May 24-25, 1944, AADH, ser. CRS A1928, item 267/1.

52 See, e.g., Age, March 2, 1943, 2; Courier-Mail, April 7, 1943, 3; Courier-Mail, March 16, 1944, 5.
standards. During the war, politicians voiced concern about increasing divorce rates and, even more loudly, about falling birth rates. They believed a larger population was necessary for national defense, and some members of parliament bluntly referred to declining birth rates as a decline in potential soldiers.53 The fact that many Australian women married American soldiers and subsequently migrated to the United States appeared to be a loss of women that the nation could ill afford. Queensland's Archbishop James Duhig asserted that birth control might "prove to be Australia's complete downfall,"54 while a parliamentary committee recommended a prohibition on advertising contraceptives.55 In the United States the war apparently gave impetus to the campaign for birth control as a means of keeping women at work in war industries.56 In Australia there were warnings of "race suicide" akin to those pronounced in nineteenth- and early twentieth-century America.57 Venereal disease was directly related to these concerns as it was considered a major cause of infertility.58 More important, venereal disease as a public health concern provided a forum for discussing sexual mores, expressing anxieties about the nation's future, and proposing solutions that focused on the role of women.59 During the 1920s and 1930s campaigners against venereal disease and advocates of eugenics were the main instigators of public discussions of sexuality. As news of the Nazis' cruel practice of eugenics reached the public, discrediting the entire movement, venereal disease assumed even greater prominence as a focal point in discussions of sexuality.60 Both for those primarily interested in public health and those primarily interested in public morality, venereal disease was an issue on which they could concentrate their energies. Although often at odds, proponents of a liberal sexual morality including sex education and advocates of traditional morality found common ground in the campaign against venereal disease.

54 SMH, February 21, 1944, 7.
55 SMH, November 18, 1944, 4.
58 See, e.g., H. R. Redding to J. M. Fraser, February 24, 1944, AADH, ser. CRS A1928, item 267/1.
59 See Cohen (n. 3 above), 139, 192.
60 See Reiger (n. 42 above), 194–95.
The role of venereal disease as a forum for concerns about sexual mores and social order was not unique to Australia. America’s entry into World War II was also accompanied by an increased monitoring of prostitution in that country, which included mandatory examinations of arrested prostitutes and their treatment under detention if they were found to have venereal disease. As in Australia, there was increasing concern about the role of promiscuous women in spreading venereal disease, and venereal disease was believed symptomatic of a breakdown in the traditional family. However, the campaign against venereal disease in America seems never to have reached the extremes it did in Australia, especially in its restrictions of women’s behavior. Although penicillin did not become widely available in either country until 1944, health authorities in the United States put greater emphasis on treating male victims rather than on purporting to prevent the spread of the disease by controlling women’s sexual activities.

Repression in the name of public health

In one of the few records of protest against the Australian government’s handling of the venereal disease problem, the national secretary of the Women’s Christian Temperance Union, Ada Bromham, underlined the inequity of a system that forced women to undergo examination and detention while their male partners were shielded from publicity and able to infect other women. Efforts to control venereal disease among males, as in the United States, consisted mainly of educational talks to the armed forces and the provision of condoms. Soldiers in Australia were also extolled on the necessity of reporting sources of infection, that is, women, to the authorities. While the nation’s men were to be protected in order to fight, women were to be coerced into accepting the role of moral mothers and chaste daughters.

The campaign against venereal disease combined various strategies for the control of women, most overtly the surveillance, examination, and detention of women. The role of the police in implementing these strategies reinforced the idea that it was crim-

63 See, e.g., SMH, March 5, 1943, 9; SMH, May 15, 1943, 11; Brandt, 163–64.
inal for women to have the disease. The institutional treatment of women with venereal disease was intended to be punitive and reinscribe sexual stereotypes. Although authorities sometimes stressed that venereal disease was a peril that cut across class lines, it was the economically disadvantaged who bore the full brunt of stigmatization. Ada Bromham pointed out that low-income women were most likely to attend public clinics and thus be monitored or apprehended by the police.\textsuperscript{64} In fact, Queensland’s secretary for health and home affairs was on record as stating that “respectable females” would not be confined with “seasoned offenders” in Brisbane’s lock hospital, and most middle-class women were assured discreet treatment from private doctors.\textsuperscript{65}

As a mechanism of social control, venereal disease served as an important symbol of moral corruption.\textsuperscript{66} The woman who contracted venereal disease was viewed as unclean. In a pamphlet published by the Anglican Truth Society, a physician noted that his patients frequently protested: “‘Oh Doctor. I could not have got venereal disease from that girl—she’s clean!’ That is a ridiculous statement, and I always counter it with this remark: ‘If any girl or any woman will allow any other man to do the same thing, then she is not clean.’”\textsuperscript{67} Venereal disease, like premarital pregnancy, was taken as evidence of moral impropriety.\textsuperscript{68} Indeed, the growing use of contraception meant that fear of pregnancy was less of a restraint, making fear of venereal disease all the more important as a moral injunction.\textsuperscript{69} Moreover, the belief that sexual contact outside of marriage would almost inevitably lead to venereal infection put obvious constraints on people’s behavior. The New South Wales Health Department, in a pamphlet entitled \emph{V.D. Is Curable}, warned that chastity was the only sure defense against venereal disease and that every “illicit” intercourse was an exposure to infection.\textsuperscript{70}

\textsuperscript{64} Bromham to Fraser, May 30, 1944.
\textsuperscript{65} Kay Saunders and Helen Taylor, “‘To Combat the Plague’: The Construction of Moral Alarm and the Role of State Intervention in Queensland during World War Two” (paper presented to the Australian Historical Association Conference, Melbourne, August 27–31, 1984), 12–13.
\textsuperscript{67} Anglican Truth Society (n. 20 above), 4; cf. Brandt, 168.
\textsuperscript{68} See Greer Litton Fox, “‘Nice Girl’: Social Control of Women through a Value Construct,” \textit{Signs} 2, no. 4 (Summer 1977): 805–17.
\textsuperscript{69} Brandt (n. 61 above), 159–60.
\textsuperscript{70} New South Wales Department of Health, \textit{V.D. Is Curable} (Sydney, n.d.), 4–5.
dentists cautioned that kissing was causing an outbreak of trench mouth. Physical symptoms were thus brought in to sanction the moral code. Transgressors were either punished directly as a result of their actions, or they infected innocent victims (e.g., offspring and spouses), which further aroused moral indignation and branded them as delinquent.

Health officials and those interested in shaping social values not only played on community fears but also capitalized on the disease to sell their particular conception of societal organization. Thus, for example, a medical planning committee of the Federal Parliament recommended early marriage and the "natural development of family life" as a preventative to venereal disease. One can find parallels in historical studies of medicine in Victorian America. In the face of social change and stress, nineteenth-century physicians frequently employed medical and so-called scientific arguments to rationalize women's traditional role and to resist women's demands for higher education and contraception. Extremes such as female castration were advocated as a means of making women more tractable. The bogey of neurasthenia (a vague collection of nervous symptoms) in particular allowed the medical profession to pontificate on the virtues of the home and domesticity as a means of avoiding disease. As a moral panic, the response to venereal disease in Australia increased the influence of ideological statements about women's role since it received massive publicity and invited the involvement of those with no medical expertise.

In summary, descriptions of venereal disease in the press and other public forums and the response of health and civil authorities to the disease in Australia during the Second World War often had little to do with a real epidemic. Given that much of Australia's social dislocation during the war was identified with the growing independence of women, the disruption of families, the presence of many foreign males, and falling birth rates, it is perhaps not surprising that the country's malaise was articulated largely in terms of sexual immorality. In the nineteenth century, syphilis was commonly used as a metaphor by antidemocrats in denunciations of

71 Courier-Mail, March 15, 1943, 3.
72 SMH, November 18, 1944, 4.
73 Smith-Rosenberg and Rosenberg (n. 57 above), 339–54.
egalitarian aspirations. In wartime Australia, the public’s response to venereal disease was metaphorically, as well as literally, directed against the aspirations of women. Just as venereal disease threatened individual health, women’s new autonomy was viewed as threatening the social body. That efforts to exert greater control over sexual conduct were directed mainly toward women was indicative not only of a double standard for male and female victims of the disease but also of the belief that women’s changing role threatened the very fabric of domestic moral order. The need to regain moral order provided a rationale for reasserting traditional sex roles, and in this respect venereal disease as a public health issue served as an ideological tool and instrument for women’s repression.

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76 Susan Sontag vividly explores the immense psychological power of disease as metaphor in Illness as Metaphor (London: Allen Lane, 1979), 59.