

**THE ‘MEDICAL GAZE’ AND THE ‘WATCHFUL
EYE’: THE TREATMENT, PREVENTION AND
EPIDEMIOLOGY OF VENEREAL DISEASES IN
NEW SOUTH WALES c. 1901–1925**

GREGORY RONALD USSHER

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**School of Philosophical and Historical Inquiry
Faculty of Arts**

The University of Sydney

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I certify that Gregory Ussher's thesis is ready for submission.

Associate Professor Alison Bashford

Thesis Supervisor

School of Philosophical and Historical Inquiry

September 2006

ABSTRACT

From Federation in 1901 through the first three decades of the twentieth century there was a perceptible shift in modes of rule in New South Wales (NSW) related to the management of venereal diseases. At the beginning of the twentieth century a medico-penal approach was central. By 1925, persuasion and ‘responsibilisation’ were becoming important modes, and young people rather than ‘case-hardened prostitutes’ were assessed as being a ‘venereal’ risk. Framing this period were three important legislative developments which informed, and were informed by, these shifts: the NSW Prisoners Detention Act 1909, the NSW Select Committee into the Prevalence of Venereal Diseases 1915 and the NSW Venereal Diseases Act 1918. At its core this thesis is concerned with examining shifting modes of rule. This thesis closely examines each.

I suggest that these modes of rule can be viewed through the lens of biopolitics, and following Foucault, deploy the ‘medical gaze’ and the ‘watchful eye’ as constructs to examine the relationship between the government of self, government of others and government of the state. I use the medical gaze to describe not only the individual venereal patient attending a hospital and the body of the patient diagnosed with syphilis and/or gonorrhoea, but most importantly to describe the power relationship between the medical practitioner, the teaching hospital and the patient. I use the watchful eye in a more overarching way to suggest the suite of techniques and apparatus deployed by government to monitor and regulate the venereal body politic, both the populations perceived to be posing a venereal risk, and populations at risk of venereal infection.

In relation to the venereal body and the venereal body politic, I analyse three fundamental aspects of the management of venereal diseases: treatment, prevention and epidemiology.

Treatment: Over this period, treatment moved from lock institutions to outpatient clinics. Embodied in this change was a widespread institutional ambivalence towards treating venereal patients. I contend that treatment of venereal diseases was painful, prolonged and punitive precisely because of the moral sickness perceived to be at the

heart of venereal infection. I track this ambivalence to a systemic fear of institutional ‘venerealisation’, which decreased perceptibly across the period. Closely analysing surviving patient records, I argue that in their conduct, venereal patients were often compliant, conscientious and responsible.

Prevention: I argue that preventative approaches to venereal diseases became increasingly complex, and operated in three domains – preventative medicine (diagnosis, treatment and vaccination); public health prevention (notification, isolation and disinfection); and prevention education (social purity campaigns and sex hygiene). An emerging plethora of community-based organisations and campaigns began to shift the sites and practices of power.

Epidemiology: I suggest that there was a shift from danger to risk in the conceptualisation of venereal diseases. This shift necessitated a focus on factors affecting populations, as opposed to factors affecting individuals. This in turn led to the deployment of various techniques to monitor the conduct of venereal populations. The NSW Venereal Diseases Act 1918 created two important new venereal categories: the ‘notified person’ and the ‘defaulter,’ both of which came to permeate renditions of venereal patients throughout the 20th century.

DEDICATIONS

I dedicate this thesis to my pillars

To my mother, Judith Ussher, who instilled in me a love of literature and history, of books and the past, and who has unstintingly supported me, and who died on 3 December 2006.

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Table of Contents

Introduction		p.1
Chapter 1	Administering Health and Venereal Diseases in NSW c. 1901-1925	p. 26
	- Health administration in NSW	
	- Administration of Royal Prince Alfred Hospital	
	- Administration of venereal diseases services in NSW	
	- NSW Prisoners Detention Act 1909	
	- NSW Select Committee into the Prevalence of Venereal Diseases 1915	
	- NSW Venereal Diseases Act 1918	
	- Counterpoising the contemporary discourses	
Chapter 2	The venerealisation of a hospital: administering venereal diseases at Royal Prince Alfred Hospital	p. 84
	- Spaces	
	- Lock hospitals	
	- Wards	
	- Outpatient clinics	
	- Medical practitioners and the Outpatient Clinique	
	- The proposed Venereal Block	
	- Staffing	
Chapter 3	Medical ambivalence: venereal treatments c.1901-1925	p. 137
	- Treatments prior to 1910	
	- Orthodox and alternative treatment responses 1910–1918	
	- Compulsory treatment and notification 1918–1925	
	- Venereal patients and their medical records	

-	John S – effecting a cure	
-	Amelia W – venerealising the patient	
-	Reuben X, Victor Y – treating poor young men	
-	May F, Florence G, Edith H, Lena I – ‘relieved’, ‘cured’ or recovered’	
Chapter 4	Epidemiology: the watchful eye and the venereal count	p. 196
-	Statistics and epidemiology	
-	The NSW Prisoners Detention Act 1909	
-	The Royal Prince Alfred Hospital Weekly Returns	
-	The NSW Venereal Diseases Act 1918	
Chapter 5	A diffusion of practices: prevention of venereal diseases	p.247
-	Prevention domains	
-	Community-based organisations and lobby groups	
-	Australasian White Cross League	
-	The University of Sydney Society for Combating Venereal Diseases	
-	The Workers’ Educational Association (WEA) Conference on Teaching Sex Hygiene	
-	Australian Imperial Force (AIF)	
-	Extending the AIF experiment after the War	
-	The 1920s	
-	The Racial Hygiene Association Congress 1929	
Conclusion		p. 305
Bibliography		p. 308
Appendix		p. 345

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List of Figures and Illustrations

1. Treatment room for women and ‘Arsphenamine’ treatment room p. 103
2. Proposed Royal Prince Alfred Hospital Venereal Block floor plan p. 123
3. Medical Journal of Australia advertisement for ‘Mercurettes’ p. 143
4. Medical Journal of Australia advertisement for Salvarsan and Neosalvarsan p. 156
5. Sample of RPA Hospital Weekly Return p. 217
6. Total attendances at RPA Outpatient Clinic by gender and year p. 219
7. Total attendances at RPA Outpatient Clinic by gender and year, as a percentage p. 219
8. Total patients per annum using venereal treatment services at RPA Hospital 1917–1920 p. 220
9. Patients diagnosed with gonorrhoea at RPA Outpatient Clinic by year and gender, as a percentage p. 224
10. Patients diagnosed with syphilis at RPA Outpatient Clinic by year and gender, as a percentage p. 224
11. Total attendances by year and gender at Sydney Hospital p. 225
12. Number of patients diagnosed with gonorrhoea and syphilis at Sydney Hospital, by year and gender p. 225

13. Sample Weekly Return from Royal Prince Alfred Hospital with marginalia p. 227

Appendix

1. History of the management of venereal diseases in NSW Timeline p. 345

Abbreviations

WEA	Workers' Educational Association
PD Act	NSW Prisoners Detention Act 1909
VD Act	NSW Venereal Diseases Act 1918
USSCVD	University of Sydney Society for Combating Venereal Diseases
AWCL	Australasian White Cross League
RPA Hospital	Royal Prince Alfred Hospital
AIF	Australian Imperial Force
AEF	American Expeditionary Force
RHA	Racial Hygiene Association of NSW
NSW Select Committee	NSW Select Committee into the Prevalence of Venereal Diseases 1915
VD	venereal diseases
STI	sexually transmissible infection
NSW	New South Wales
CD legislation	Contagious Diseases legislation
AAFVD	Australian Association for Fighting Venereal Disease
BSHC	British Social Hygiene Council
MSSVD	Medical Society for the Study of Venereal Disease
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
NSW HAD	New South Wales Hospital Admissions Depot