
GREGORY RONALD USSHER

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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.

To my life partner Warren Roland Bleechmore for his integrity, patience, candour, attention to detail, support and love. Without his input this thesis would be a forlorn regret.
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### Abbreviations

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