'EDUCATIONAL PROPHYLAXIS:'

VENEREAL DISEASE CONTROL AND THE REGULATION OF SEXUALITY IN BRITISH COLUMBIA AND CANADA, 1900 - 1930

by

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B.A., Simon Fraser University, 1994

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'Educational Prophylaxis': Veneral Disease Control

and the Regulation of Sexuality in British Columbia

and Canada, 1900 - 1930

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ABSTRACT

This study examines the discursive constructions of "sex" and "woman" within anti-venereal disease education in British Columbia and Canada, between 1900 and 1930. An analysis, that draws upon the work of Michel Foucault and poststructuralist feminists, is conducted, using advice literature, popular and medical journals, newspapers, correspondence, and other archival sources.

The "venereal disease crisis" reached a peak during World War I, and campaigns to eradicate VD were underway in BC and most other Canadian provinces by the end of the war. From the turn of the century, public education increasingly emerged as the preferred way to deal with disease. A close examination of public education indicates that the medicalization and regulation of sex were crucial to the control of venereal disease. Medical and professional discourses became central, as doctors and experts were called upon to define and regulate sex. "Appropriate" forms of sex were linked to monogamy, marriage, and reproduction, while all extra-marital sex and sex for pleasure were dangerous, and would inevitably lead to VD. While all Canadians were warned against "deviant" sex, anti-VD education was mediated by gender, age, race and ethnicity, and was based on underlying beliefs about the "true" sexual natures of children, women and men.

The results of this study are similar to those found by others in Canada, Britain, and the United States, and support previous feminist and non-feminist work, which argues that sex is not neutral, innate or biological, but rather, is embedded in power relations and is socially, historically, and culturally constituted. The research findings also reveal that the regulation of women was central to anti-VD initiatives. While women were constructed in contradictory ways throughout

public education, they were *always* defined as potentially dangerous and in need of regulation. The findings support the feminist contention that constructions and experiences of women are always mediated by relations of race, ethnicity and class. While *all* women were represented as potential carriers of venereal disease, and therefore of harm, non-white and working-class women were depicted as the most threatening to men, the family and the white nation.

DEDICATION

For my parents

THE DOOM OF LUST

O God of love, they murder love,
Who break thy chaste command.
But thou hast promised to destroy
All lewdness from the land.

The blind because their fathers sinned,
Upraise their sightless eyes.
The crippled, dwarfed, and imbecile
Join with the maniac's dries.

The wives ashamed, whose husbands vowed
To cherish, love, and keep -
Heart-broken, mutilated, killed,
Before thy throne they weep.

Officials, landlords, agents to stretch
For filthy gain their hands.
The slaughter house for girls and boys
Pollutes the fairest lands.

O God of love, they murder love,
Who break thy chaste command.
Make haste, redeemer, to destroy
All lewdness from the land.

- Ernest A. Bell

From "The Social Danger of Syphilis," by Alfred Fournier, translated in 1912, p. 1.

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support, guidance, friendship, and encouragement. Her intellectual commitment has been inspiring.

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Chapter One
Introduction and Overview

> The history of sexuality - that is, the history of what functioned in the nineteenth century as a specific field of truth - must first be written from the viewpoint of a history of discourses.
>
> - Foucault, 1978, p. 69.
>
> [A]s society has become more and more concerned with the lives of its members, for the sake of moral uniformity, economic well-being, national security or hygiene and health, so it has become more and more preoccupied with the sex lives of its individuals, giving rise to intricate methods of administration and management, to a flowering of moral anxieties, medical, hygienic, legal and welfarist interventions, or scientific delving, all designed to understand the self by understanding sex.
>
> - Weeks, 1986, p. 35.

Since the first North American cases of Acquired Immune Deficiency Syndrome were diagnosed in the early 1980's (McGinnis, 1990; Mort, 1987), AIDS has become a household word. Media accounts of the "sources of contagion," medical "break throughs," and global prevalence of the disease, have contributed to a climate of social and sexual crisis. The mass media along with other institutions have repeatedly discussed AIDS in terms of racial threat and decline. Today, over a decade later, the AIDS crisis has been so deeply engrained into the public culture within Canada and other Western countries, that we no longer need to be reminded of this deadly disease and its devastating consequences (Brandt, 1988).

While AIDS is defined as a medical condition, the responses to it have moved far beyond the boundaries of medicine. The AIDS crisis has facilitated an explosion of social responses, and as Feldman (1991) argues, these responses have, in most cases, been as deadly as the disease itself (p. 5). AIDS is "a powerful condenser for a great range of social, sexual and psychic anxieties"

(Watney, 1994, p. 10), and these anxieties are crystallised in the social and medical responses to the disease. Since the first case was diagnosed, the cause of AIDS has been attributed to the "Other." Socially and politically marginal populations have been the ones blamed for spreading the disease through their "promiscuous" lifestyles and sexual "perversions" (Epstein, 1988; Nelkin & Gilman, 1988; Swenson, 1988).

Placing blame for disease has been an important aspect of the social responses to AIDS. Throughout AIDS discourse, there has been a clear line drawn between the "worthy" and "unworthy" victims of disease. As Kinsman (1996) indicates, this distinction has been built around "notions of sexual and drug-use 'deviance'" (p. 349). While the "worthy" are always from the socially "respectable" classes, and are constructed as "innocent" victims who have acquired the disease through no fault of their own, the "unworthy" are always sexually or socially deviant, and are guilty of spreading infection and deserving of punishment. The "innocent" victims of AIDS are always "good" (white, heterosexual, middle class) women and men who have contracted infection through blood transfusions or other non-sexual means, and also babies and children.

The term "risk group" has been vital to AIDS discourse, and has been used to identify the "deviants" responsible for contracting and spreading disease (Grover, 1988, 1992; Kinsman, 1996). In the early 1980's, medical and social discourse defined gay men as those at highest risk for AIDS (Fraiberg, 1991; Grover, 1988; Kinsman, 1996; Mort, 1987; Patton, 1990; Sears, 1992). Over the past decade, however, the term "high risk" has been expanded to include all those communities and individuals who fail to conform to white, middle class sexual and social norms. According to Watney (1988);

> the Latino population of the two continents of America, IV drug users, workers in the sex industry, Black Africans, and gay men are carefully confined in the penal category of the 'high-risk group,' from which position their experience and achievements may be safely ignored (p. 72).

The focus on "risk groups" has been used to reify the boundaries between the socially "respectable" and "unrespectable" classes, and has justified the social and sexual policing of marginal populations.

Since AIDS has been defined as a sexually transmitted disease, many of the responses to it have focussed on "reforming" sexual behaviour. As the causes of AIDS have frequently been attributed to promiscuity, the safest sex becomes abstinence, while all other forms of sexual expression include varying degrees of risk. As Fraiberg (1991) points out;

> those who abstain from sex altogether become 'very good' people; those who insist on having sex but do so only in monogamous relationships, preferably in marriage are 'good;' and, of course, those who engage in sex with many partners, who insist on being promiscuous, or use IV drugs, bring on infection themselves (p. 15).

The nuclear family becomes the only place where sexual expression is safe, and the farther one deviates from the nuclear family, the more dangerous her/ his sexual practices become. As Singer (1993) argues, within AIDS discourse, the nuclear family is marketed as a "prophylactic social device" (p. 68), and those who do not conform to the prescribed sexual norms are labelled as "perverse" and "promiscuous," and are punished accordingly for their non-conformity.

Efforts to "reform" sexual behaviour have led to increased state regulation of the sexual domain. State intervention into the areas of health and sexuality has been justified through concerns around national health. The threat of contagion legitimizes new measures of intervention, discipline, and management over the behaviours of certain individuals (Singer, 1993, p. 62-63). New interventionist strategies have proliferated since the emergence of AIDS. The

policing and punishment of "high- risk" groups have been a justified form of "damage control and prophylactic protectionism" (Singer, 1993, p. 30; Sontag, 1989). Activities such as mandatory testing, tattooing and quarantining, which ordinarily are seen as an infringement of rights, have been viewed as necessary for protecting the healthy and "respectable" populations from the sources of contagion.

The rhetoric and responses to AIDS are not new. Rather, they are part of a historical legacy that has linked disease, sexuality, and concerns around national health. As Elizabeth Fee (1989) has argued, the AIDS crisis has resurrected the old social hygiene movement with a vengeance (p. 194). The discrimination, hate, and intolerance evident in responses to AIDS can be traced to the beginning of the century, and all manifest themselves in social responses to the "venereal disease crisis," and sexual purity more generally. Although AIDS and VD differ in many respects (Brandt, 1988; McGinnis, 1990; Showalter, 1990), as McGinnis (1990) argues, their differences are more apparent than real (p. 53). In both cases, the spread of disease has been attributed to sexual promiscuity and the "violation of 'natural' sexual laws" (Showalter, 1990, p. 190). Furthermore, concerns around these diseases have been expressed in terms of national health, while fears of racial degeneration have served as justifications for the mistreatment of certain "undesirable" populations.

The anti-venereal disease campaigns were an important aspect of the social reform or social purity movements which emerged during the late nineteenth and early twentieth centuries in Canada, the United States, and Britain. From the nineteenth century onward, sexuality was increasingly medicalized, which generated, along with new discourses and experts, new forms of state and non-state intervention (Brandt, 1985; Foucault, 1978; Singer, 1993). The regulation of

sex and sexuality became vital to the "nation-building" process which took place in Canada and these other Western democratic states. While social historians and other Canadian scholars have documented certain aspects of the social reform movements in detail (Allen, 1971; Bacchi, 1983; Kealy, 1979; McLaren, 1978, 1990; Valverde, 1991), venereal disease control in Canada, has been largely ignored.

Efforts aimed at eradicating venereal disease were primarily concerned with regulating sex. For social reformers, sex was viewed as natural, biological, and heterosexual, and for reproductive purposes only. Any relations which took place outside the confines of heterosexuality, marriage, and reproduction, were seen to be "dangerous," to both the individual and, more importantly, the nation (Bliss, 1970; Brandt, 1987; Foucault, 1978; Kinsman, 1996; Kuhn, 1988). Relations of class and race were also crucial to the regulation of sexuality and the control of venereal disease. Thus, appropriate sexual relations were not only those between married heterosexuals, but also those between people of acceptable ages and races (Smart, 1992, p. 25). Moral reformers were of the view that if sex was not strictly controlled and confined to marriage and family, the result would be an increase in social problems (including VD), race degeneration, and ultimately societal breakdown.

Women were crucial to "nation-building" during the nineteenth and twentieth century, and not surprisingly, were the main targets in the regulation of sexuality and reproduction (Arnup, 1994; Bland, 1983; Valverde, 1992). During the early twentieth century, fears of racial degeneration resulted in an emphasis on women's roles as mothers. Those women who failed to conform to marriage and motherhood were severely punished. Non-conforming women not only neglected their national duty to reproduce "good citizens," but also posed a threat to the nation

through the spread of venereal disease. Venereal disease made women extremely dangerous - the infected woman threatened her husband or sexual partner's health, and more importantly, also threatened the fetus and the nation. Thus, regulating women was a central aspect of the efforts aimed at the eradication of VD.

This thesis examines the discursive constructions of "sex" and "woman" within the educational literature aimed at controlling venereal disease. While the focus is on Canada, some reference is made to the British Columbia context. Drawing from the work of Foucault, particularly *History of Sexuality* (1978), this study challenges the dominant view of sex as biological and natural, and instead argues that sex is historically, socially and culturally constituted. Foucault's work on subjectivity, along with the work of feminists who have critiqued the "centred" subject of feminist analyses (Butler, 1990, 1990a, 1992, 1993; Singer 1993; Smart, 1990, 1992, 1995) is also crucial. "Woman" is also viewed as a social construct, and is conceptualized as historically, socially, and culturally specific, and constituted through discourse and relations of power.

Drawing from Foucault and these feminists who have been influenced by his work, this thesis addresses two interrelated questions. First, how was "sex" constructed within the educational campaigns aimed at eradicating VD; and second, how was "woman" constructed within this specific problematic. The first question examines the ways in which "sex" was discursively constituted within these campaigns. Educational materials aimed at the prevention of venereal disease overlapped with sex education (Brandt, 1985; Cassel, 1987; Casselman, 1981). Since VD was thought to be the result of promiscuous sex, many reformers argued that adequate sex education was the most effective way to eradicate disease.

Allan Brandt (1988) has argued that, sex education can be more adequately described as "anti-sex" education, as scare tactics were used to ensure that women and men would abstain from non-marital and non-reproductive sex. Nonetheless, while efforts were made to "return restraint and order to the relations between the sexes" (Brandt, 1985, p. 31), the anti-venereal disease campaigns were also productive. Throughout the early twentieth century in Canada and BC, there was a proliferation of discourses around sex. Anti-VD education generated an array of sexual identities, interventionist technologies, and (s)experts. Drawing from Foucault, this thesis demonstrates that venereal disease control cannot be viewed only in terms of repression, but must also be seen as productive and generative.

The second question addresses the construction of "woman" within these campaigns. Women were central to the venereal disease problem, not only as sources of contagion, but also as "guardians of the race" (Bland, 1982). Efforts to eliminate VD resulted in the production of new sexual identities, particularly for women. Throughout the anti-VD campaigns, women were defined in opposing and contradictory ways. While some women were held directly responsible for the spread of disease, other women were "in need of protection" from it.

The images of "woman" which emerged from mass education are also analysed. Expanding on the work of Lucy Bland (1983), a British feminist historian, this thesis reveals that the constructions or images of "woman" which emerged during this time period, were always sexual ones. The "virtuous" woman was always defined against the "fallen" woman, and whether a woman was virtuous or not, depended on her conformity to the prescribed sexual norms of the time. Whether women were defined as chaste or immoral, they were always constructed as "dangerous" and in need of regulation. While "promiscuous" women were seen to be the primary

sources of venereal disease, and hence, posed a threat to "innocent" men and to the nation, "innocent" women were also potentially "dangerous," as they posed a threat to the fetus.

The construction of "woman" is also analysed in terms of race and class. These relations had an enormous impact upon the ways in which women were defined and regulated within strategies to control venereal disease. Women (and men) of colour were perceived to be sexually depraved animals (Collins, 1990; Gilman, 1986), and were defined as potentially "dangerous" to the white race. Throughout public education, non-whites were represented as filthy savages with uncontrollable sex drives and limitless fertility (Stoler, 1995; Valverde, 1991, 1992; Young, 1995). Non-whites also comprised a large proportion of the lower classes. The connection between poverty, overcrowding and disease made them a definite threat to the "respectable" populations and the nation (Anderson, 1991; McGinnis, 1990).

RELEVANCE OF THE CURRENT STUDY

As stated previously, venereal disease was an important aspect of the social reform movements in Canada, yet very little attention has been paid to this area. Moreover, the limited work which is available suffers from a number of shortcomings. First, virtually none of this literature has been written from a feminist perspective, and consequently, women have been overlooked. This thesis is conducted from a critical feminist perspective, which draws from the work of Foucault and feminists who have been influenced by his work, and by poststructuralism more generally. The contradictory constructions of "sex" and "woman" are central to this analysis.

Historical research in the area of sexuality has been, and continues to be, extremely important for feminists as well as non-feminists. Historical inquiry has demonstrated the social construction of sex and sexuality, as well as the social (as opposed to natural) basis of gender oppression. This thesis contributes to this scholarship by demonstrating the links between sexuality and disease, which are still pervasive today. While these links have undergone numerous transformations since the beginning of the century, the current AIDS "epidemic" reveals that medical discourse is still central to defining sexuality and the "appropriate" spheres of sexual expression. As Bland and Mort (1984) point out, "medical discourses around health and disease are still being used to isolate sexually 'deviant' populations from the 'normal,' healthy majority" (p. 145). However, it is important to note that these discourses are not equally dispersed, but rather, are influenced by relations of gender, race, class, and sexual orientation. Thus, marginalized populations are the ones most often labelled as the sources of contagion and blamed for the spread of disease (McGinnis, 1990; Nelkin & Gilman, 1988, p. 375).

The sexual images of "woman" which emerged from the educational campaigns in the early part of the century, are crucial for understanding representations of female sexuality in our present context. The dichotomous and racialized images of "woman" which were so pervasive decades ago are still evident today. Societal definitions of "good" women continue to reflect a very restricted vision of sexuality. For women, sexual pleasure is still defined in relation to monogamy, heterosexuality, and motherhood, while women with multiple partners continue to be defined as "loose" or deviant. As Lucy Bland (1982) correctly points out, "it is still seen as immoral for a woman to separate sex from love, if not from motherhood. There is no female equivalent to the harmless or flattering 'Don Juan'" (p. 386). This thesis contributes to the

historical literature on female sexuality, and provides some insight into the ways in which sexual representation regulates "woman."

A second shortcoming of the existing literature surrounding venereal disease is the emphasis on repression. Most of the work done previously has been preoccupied with social control and the restriction of certain activities. Thus, the productive aspects of venereal disease control have been overlooked. Drawing from the work of Foucault, the current study demonstrates that moral reform is not merely repressive, but also productive. While efforts to control VD resulted in the production of new forms of regulation and social control, new discourses and sexual identities were also generated. This study reveals the complexities of power - power is not only negative and repressive, but is also positive and productive.

In addition, much of the existing literature has treated venereal disease as an issue related to prostitution, and has failed to consider VD control as a separate problem warranting research. The result has been a very narrow approach to the study of VD control. This analysis focuses on venereal disease as an issue that is not synonymous with prostitution. While prostitution and disease were closely linked - prostitutes and other "undesirables" were unfairly targeted as carriers of disease - efforts to control VD were aimed much more broadly. Throughout the twentieth century, education became crucial to the anti-VD campaigns, and was aimed at "worthy" women and men.

LIMITATIONS OF THE STUDY

Several limitations of the thesis also must be noted. First, the study only covers a selected time period, 1900 to 1930. Much of the activity surrounding the professionalization and

medicalization of venereal disease gained momentum during the 1920's and extended throughout the 1930's and 1940's. A more comprehensive analysis which covers the time period between 1900 and 1950 would be extremely useful, and would enable one to trace the anti-VD campaigns throughout their entire existence. Unfortunately, such an analysis is beyond the scope of an MA thesis. However, Chunn (forthcoming) has provided an analysis of venereal disease in BC, that covers the period between 1919 and 1945, in which she pays closer attention to the decade between 1935 and 1945. Therefore, her work is complementary to the current study, as it provides invaluable insights about the control of venereal disease during the later part of the century.

A second limitation of the current study is that it focuses on print media only. Thus, radio broadcasts, public lectures, films, and exhibits, which were all crucial for educating both the public and the medical profession have not been addressed. However, a broad overview of all of these forms of education has been done previously (see Cassel, 1987). Furthermore, an exceptional analysis of anti-VD films is also available (see Kuhn, 1988). This thesis raises important issues and provides the basis for a more detailed look at all forms of mass education.

Third, since this study focuses on print materials, there is no way of knowing the extent of circulation, nor do we know whether this literature was ever read or the advice ever taken (Arnup, 1994; Mitchinson, 1991). However, a study of this sort is useful, as it provides us with information on the ways in which certain issues were perceived and dealt with historically.

Fourth, the present research does not utilize archival sources specific to British Columbia. On the contrary, the educational propaganda analysed in this thesis was published in central Canada and abroad. While this literature was widely circulated in BC, it does not provide any

specific reference to this province. Nonetheless, newspapers and other sources ˙ ..cate that debates around sex and venereal disease were pervasive throughout British Columbia. While a study on BC would be invaluable, this thesis provides a basis for future inquiry.

CHAPTER OUTLINES

Chapter one has provided an introduction to the main issues in the thesis, and has outlined the research questions along with the strengths and limitations of this work. The remainder of the thesis is organized as follows. Chapter two sets out the conceptual framework and methodological considerations which guide the thesis. The work of Michel Foucault, particularly his work on power, is central. This thesis relies on *History of Sexuality* (1978), and his interviews in *Power/ Knowledge* (1980). Emphasis is placed on these works, as it is here that Foucault developed his analysis of power. The conceptual framework also consists of the work of feminists who have been influenced by Foucault, poststructuralism, and postmodernism. These include; Judith Butler (1990, 1992), Jana Sawicki (1991), Carol Smart (1990, 1992, 1994, 1995), Linda Singer (1993), Chris Weedon (1987) and others.

Chapter three reviews the relevant literature on venereal disease in the early twentieth century in Canada, the United States and Britain. The literature review reveals the changing definitions of venereal disease, as well as the impact these definitional changes had on the target populations. This chapter also contextualizes the anti-VD campaigns within the social, political and economic climate of the time.

Chapters four and five entail an analysis of the data. Chapter four focuses on the educational aspects of VD control within BC. Specific attention is paid to the ways in which

"sex" and "sexuality" are constructed within this educational literature. Chapter five addresses the contradictory constructions of "woman" within the educational materials and popular advice literature.

The thesis concludes with a discussion of the research findings, and relates these findings to the theoretical framework discussed in chapter two. Parallels are drawn between the venereal disease "crisis," and the contemporary AIDS "crisis," followed by suggestions for further research.

Chapter Two
Methodological Considerations

Michel Foucault has been one of the most controversial, and yet influential, scholars of our time (Howe, 1994; Weeks, 1982). Since the 1980's, there has been a proliferation of writings in the areas of penality, sexuality and power, which have both built upon, and critiqued Foucault's analyses. His work has created many waves throughout academic scholarship, and not surprisingly, has been the subject of numerous debates within feminist and non-feminist literature.

Feminist responses to Foucault have been characterized by ambivalence and conflict (see Cooper, 1994; Deveaux, 1994; Diamond & Quinby, 1988; Harstock, 1990; Hennesey, 1990; Holland et al., 1994; Sawicki, 1991; Weedon, 1987). While many feminists have rightfully criticized him on a number of different accounts, including his androcentricity, others have successfully drawn from his work to theorize about law (Smart, 1989, 1992), mass media (Kuhn, 1985, 1988; Young, 1990), and power (Cooper, 1994, 1995). Although Foucault may not have provided all of the "right" answers, his work has raised many questions which feminists and non-feminists cannot avoid (Weeks, 1981, p. 6).

This chapter sets out the theoretical and methodological issues which inform this study. Since Foucault's work is central, the first part entails a brief discussion of some of his concepts, in particular his genealogical method, and his analyses of power, sex and the subject. The following section discusses the work of feminists who have been influenced by Foucault and poststructuralism, as well as the theoretical relevance they bring to the current study. The final section of the chapter addresses the methodological issues including a description of data collection strategies, sources, and methods of analysis.

FOUCAULT ON GENEALOGY

> The purpose of history, guided by genealogy, is not to discover the roots of our identity, but to commit itself to dissipation. It does not seek to define our unique threshold of emergence, the homeland to which metaphysicians promise a return, it seeks to make visible all of those continuities that cross us.
>
> - Foucault, 1985, p. 95

While Foucault has left us without an extended methodological statement of his genealogy, he has left behind a series of lectures, essays and introductions in which his methods are discussed (Dean, 1994, p. 14). In his interviews, Foucault defines genealogy as;

> a form of history which can account for the constitution of knowledges, discourses, domains of objects etc., without having to make reference to a subject which is either transcendental in relation to the field of events or runs in empty sameness throughout the course of history (Foucault, 1980, p.117).

His method is useful for understanding the complexities of power, as well as the interrelationship between power, knowledge, and the body (Bell, 1994, p. 10). Furthermore, Foucault's work enables us to conceptualize various historical struggles and problems without referring to a static and unidimensional subject.

Foucault's genealogical method displaced his earlier emphasis on archaeology. While his archaeological analyses emphasize the emergence and regulation of discourses in the human sciences, his genealogical method focuses on the rise of the human sciences and on the relations between power and knowledge. Foucault attributed this intellectual shift to changes in his analytical priorities, as well as to new ideas and developments in his work (Smart, 1985). However, genealogy and archeology are not opposed, but rather, are complementary (Dean, 1994). This shift should not be viewed as a division or break from his earlier writings, but

instead, should be looked upon as a "re-ordering" of his thoughts, from a preoccupation with the emergence of discourses, to a greater consideration of institutions, social practises, power, the body, and their relationship to knowledge (Smart, 1985, p. 47).

Foucault is indebted to Nietzsche for two major aspects of his thought on genealogy. First, it was Nietzsche who emphasized history as "perspective,"discontinuous, and a site of struggle (Smart, 1985, p. 57). Drawing from this, Foucault's genealogy is opposed to the search for origins. As he points out, the search for origins is problematic, as origins attempt to capture some essence or "truth" behind historical events. Genealogy rejects the notion of "truth," and instead celebrates "perspectivism" (Foucault, 1985, p. 90). This method demonstrates that there is no truth behind historical phenomena, but rather, that history is a profusion of entangled events (Foucault, 1985, p. 89).

Second, Foucault's distinction between two interrelated aspects of genealogical analysis is also influenced by Nietzsche (Foucault, 1985). Drawing from Nietzsche's work, Foucault distinguishes between genealogy as the analysis of descent, and genealogy as the analysis of emergence. Genealogy as the analysis of descent rejects history as an uninterrupted continuity. Rather, this form of analysis attempts to reveal the multiplicity of factors that are associated with any given event, including accidents, deviations and errors. Foucault argues that errors and disparity allow us to understand our present day institutions and practises (Foucault, 1985, p. 81).

Genealogy as the analysis of descent also focuses on the body and its relation to history. In doing so, Foucault (1985) establishes that nothing is stable, and that nothing, not even physiology, escapes from historical forces;

> [w]e believe in any event, that the body obeys the exclusive laws of physiology and that it escapes the influence of history, but this too is false. The body is moulded by a great many distinct regimes; it is broken down by the rhythms of work, rest, and holidays; it is poisoned by food or values, through eating habits or moral laws (p. 87).

Through this form of analysis, Foucault demonstrates that everything, even the most natural-seeming phenomenon including the body, has a history. Thus, history is permeated by everything and permeates everything.

Genealogy as the analysis of emergence is concerned with the rise of specific events. According to Foucault, events should be viewed as stages in struggles or confrontations between forces. The emergence of an event should not be viewed as the final outcome of a historical development, but rather, should be conceptualized as a product of constant struggle. Thus, emergent historical occurrences are temporary manifestations of confrontations, conflicts and relations of domination-subjugation (Foucault, 1985, p. 84).

Since genealogy as emergence is concerned with relations of domination (Smart, 1983, 1985), Foucault cautions us that history and humanity should not be viewed as progressive. He argues;

> [humanity] does not gradually progress from combat to combat until it arrives at universal reciprocity, where the rule of law finally replaces warfare; humanity installs each of its violences in a system of rules and thus proceeds from domination to domination (Foucault, 1985, p. 85).

For example, in *Discipline and Punish* (1979), Foucault demonstrates that changes in penal procedures cannot necessarily be attributed to humanitarianism, but can be viewed as an outcome resulting from changes in the objectives of punishment. The emergence of the prison does not signify progress, but rather, illustrates the shift from one form of punishment and domination to another.

Genealogy emphasizes the importance of "local criticism." Foucault argues that totality or grand theorizing has, in many cases, been a hindrance to research, and has often masked or concealed struggle and discontinuity (Foucault, 1994, p. 40-41). Through his method of genealogy, and through the resurrection of "subjugated knowledges," Foucault argues that we are able to account for conflict and struggle. As he suggests;

> historical contents allow us to rediscover the ruptural effects of conflict and struggle that the order imposed by functionalist or systematising thought is designed to mask. Subjugated knowledges are thus those blocs of historical knowledge which are present but disguised within the body of functionalist and systematising theory and which criticism - which obviously draws upon scholarship - has been able to reveal (Foucault, 1994, p. 41).

He points out that, it is through genealogy and hence, subjugated knowledges, that criticism is made possible (Foucault, 1994, p. 41).

According to Foucault (1982), an "historical awareness of our present circumstance" (p. 209) is imperative, and can provide warnings and concerns regarding certain forms of thought and institutional practises, including those which present themselves as progressive and libratory (Dean, 1994, p. 29). Genealogy provides a "history of the present," and a history of the events and struggles that have brought us to where we are (Grosz, 1994, p. 145). As Dean (1994) points out;

> [a] history of the present is concerned with that which is taken-for-granted, assumed to be given, or natural within that temporary social existence, a givenness or naturalness questioned in the course of contemporary struggles...It is a way of analysing multiple, open-ended, heterogeneous trajectories of discourses, practises, and events, and of establishing their patterned relationships, without recourse to regimes of truth that claim pseudo-naturalistic laws or global necessities...the history of the present is above all, a new form of criticism, able to induce critical effects and new insights without grounding itself in a system of values exterior to the domain and object under analysis (p. 35-36).

Our present is at the heart of Foucault's work. His historical methodology enables us to achieve a

better understanding of the present organizations of power, knowledge, and subjectivity. As Finch (1993) asserts, his method is useful for interrogating our present circumstances and the taken-for-granted ways in which knowledge is organized within Western thought. She argues, Foucault's method allows us to ask questions about the ways in which meanings are formed, as well as the power relations which enable some meanings to become acceptable while others do not (p. 4).

Foucault's genealogical method uncovers the politics of domination and enables us to understand the workings of power in a new and unfamiliar way. His method reveals the complex, contradictory and productive nature of power, which has been absent from many previous forms of analysis. The following section briefly explores some of the major aspects of Foucault's work on power, sexuality and the subject.

FOUCAULT ON POWER

Foucault's notions of power have marked a radical departure from previous understandings of the operations of power, because he challenges the hegemony of state-centred theories, and argues for a conception of power as diffused and relational. As Foucault (1980) argues:

> We must eschew the model of Leviathan in the study of power. We must escape from the limited field of juridical sovereignty and state institutions and instead base our analysis of power on the study of its techniques and tactics of domination (p. 102).

His arguments rest on the premise that traditional methods of understanding power - through politics and economy - are unable to adequately explain the emergence of more recent power relations. As he points out, psychiatric internment, normalisation and penal institutions have

limited significance if one is trying to understand them in terms of politics and/ or economy. Yet, he argues, these institutions are "essential to the general functioning of the wheels of power" (Foucault, 1980, p. 116).

Foucault points out that many of the previous conceptions of power, which theorize power as something which is possessed, or which locate power within a particular institution (i.e. the state) are problematic. He rejects these views, arguing that such theories are "based on a misguided analysis, one which at all events fails to account for a considerable number of phenomena" (Foucault, 1980, p. 198). He argues that power cannot be understood as having a central location. Rather, Foucault argues that power must be seen as being diffused throughout society - in every relation and at every level.

For Foucault, power is relational. It is not possessed or located at a central point, but rather, is exercised within all relationships. As he describes;

> power is neither given, nor exchanged, nor recovered, but rather is exercised, and...only exists in action...power is not primarily the maintenance and reproduction of economic relations, but above all is a relation of force (Foucault, 1980, p. 89).

Thus, power cannot be located in any one specific place, nor can it ever be eradicated. Power is a relationship which is found everywhere, and is "employed and exercised through a net-like organisation" (Foucault, 1980, p. 98) at all levels throughout society. Since power does not originate from a single source such as the sovereign or law, Foucault argues that to understand it, we should focus not only on macro analyses, but also on the analysis of power relations at their most micro levels (Sawicki, 1991, p. 21).

Foucault does not merely propose that we reject the juridico-discursive model of power, but urges us to view power as a productive force which is intimately connected to knowledge.

For Foucault, it is in discourse that power and knowledge are joined together (Foucault, 1978, p. 100). He points out that in order for us to understand this relationship, and the ways in which power operates, it is necessary for us to pay close attention to the productive aspects of power. As he points out, most earlier conceptions of power have focussed on power as negative and repressive. Challenging these theories, Foucault argues that, "the notion of repression is quite inadequate for capturing what is precisely the productive aspect of power" (Foucault, 1980, p. 119). He goes further to argue that;

> we must cease once and for all to describe the effects of power in negative terms: it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals.' In fact, power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production (Foucault, 1979, p. 194).

Foucault's work on power is more fully developed in *History of Sexuality: Volume One* (1978). After completing this volume, he remarked that his whole project of sexuality was based on the "re elaboration of the theory of power," rather than sex itself, "the mere pleasure of writing about sexuality" may not have been a sufficient motivation (Foucault, 1980, p. 187). Foucault begins this volume with a critique of the repressive-hypothesis, pointing out that, from the eighteenth century onward, Western society has experienced a "steady proliferation of discourses concerned with sex" (Foucault, 1978, p. 18). During this time, sex was increasingly medicalized, technical, and scientific, and the discourses of medicine and science constituted sex as a "problem of truth" (Foucault, 1978, p. 56). However, as Foucault (1978) repeatedly points out, "truth" is not neutral or objective, nor is it error-free, rather, "its production is thoroughly imbued with relations of power" (p. 60).

Foucault's argument of power as productive is clear in his discussion of "biopower," the form of power which emerged during the nineteenth century. This power was concerned with maximizing life as opposed to death, and sex was a crucial aspect of it. Biopower was characterized as a power "whose highest function was perhaps no longer to kill, but to invest life through and through" (Foucault, 1978, p. 139).

As Foucault indicates, biopower, or power over life, emerged in two interrelated forms. The first was through the anatomo-politics of the human body, which focussed on making the body more productive, useful, and docile (Foucault, 1978, p. 139). The second form of power which emerged was through the biopolitics of the population, which focussed on "the species body" (Foucault, 1978, p. 139). Sex enabled access to bodies and populations in a number of new ways:

> On the one hand it was tied to the discipline of the body: the harnessing, intensification, and distribution of forces, the adjustment and economy of energies. On the other hand, it was applied to the regulation of populations, through all the far-reaching effects of its activity (Foucault, 1978, p. 146).

The emphasis on births, deaths, and health for example, justified regulation over individuals and populations. As Foucault points out it was through the emergence of these two forms of power "at the juncture of the 'body,' and the 'population,'" whereby "sex became a crucial target of a power organized around the management of life rather than the menace of death" (Foucault, 1978, p. 147).

A persistent argument throughout *History of Sexuality* (1978), is that sex is historically, socially, and culturally constituted through discourse and power. As Foucault argues;

> sexuality must not be thought of as a kind of natural given which power tries to hold in check, or as an obscure domain which knowledge tries to gradually uncover. It is the

> name that can be given to a historical construct: not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances are linked to one another, in accordance with a few major strategies to knowledge and power (Foucault, 1978, p. 106).

If sexuality is a construct, then sex cannot be a natural or biological phenomenon. Foucault argues that sex is an effect of sexuality, and is discursively constructed through relations of power and knowledge (Foucault, 1978).

Like his work on sexuality, Foucault's work on the subject also illustrates the productive aspects of power. Foucault's work has demonstrated that the subject, like sexuality, is historically and socially constituted through power relations. In *History of Sexuality* (1978), for example, he argues that the medicalization and scientification of sex generated a variety of perversions and sexual identities. In the domain of sexuality;

> new personages made their appearance: the nervous woman, the frigid wife, the indifferent mother - or worse, the mother beset by murderous obsessions - the impotent, sadistic, perverse husband, the hysterical or neurasthenic girl, the precocious homosexual who rejects marriage or neglects his wife (Foucault, 1978, p. 110).

Foucault's work has revealed that the subject is decentred, and is continually constructed through various discourses. While medical discourse may construct a particular subject, in a specific discursive field, so too may legal discourse, and other discourses. The result is a multiplicity of subject positions which are historically, culturally, and situationally specific.

FOUCAULT AND FEMINISM, AN UNEASY ALLIANCE

While Foucault's work on power, sexuality, and the subject have not specifically addressed women, his analyses have raised many issues germane to feminist thought. Feminists

have been understandably critical of Foucault on a number of counts, especially his androcentricity. Other than a brief mention of the "hysterization" of women's bodies (Foucault, 1978), Foucault has made little mention about women (Mort, 1987; Sawicki, 1991; Soper, 1993). Nonetheless, in spite of the fact that gender and other social relations are absent from his work, certain elements of his analyses can be successfully modified and utilized for feminist needs. As bell hooks (1990) argues;

> women can learn from writers whose work is sexist, even be inspired by it, because sexism may be simply one dimension of that work...fiercely critiquing sexism does not mean that one does not value the work (p. 66).

Over the last decade, many feminists have acknowledged the utility of Foucault's work, and as Howe (1994) points out, many have successfully used his concepts across a number of discursive fields (see Bartky, 1988; Bordo, 1989; Butler, 1990, 1992, 1993; Kuhn, 1985, 1988; Lacombe, 1994; Walkowitz, 1992; Young, 1988, 1990).

Foucault's conceptualizations of power can be extremely useful for feminism. Radical feminism, liberal feminism, and instrumental Marxism have on the whole, been unable to account for difference and diversity among women and men. In many cases these types of analyses have privileged one form of oppression (gender, or class) over others, and in doing so, have overlooked the complexity and heterogeneity of experience. As Smart (1992) indicates, "[g]rand theorizing, for all its promise of a fundamental answer to women's oppression, is incapable of dealing with difference in a sufficiently subtle or detailed way" (p. 2). Foucault's understanding of power may enable us to see the complex and contradictory ways in which power operates. As Cooper (1994) describes, a feminist Foucauldian conceptualization of power is one which;

> provides an explanatory framework that denaturalizes and contests an essentialist subjectivity. Thus, heterosexuality, motherhood, romance - choices, desires and behaviour which seem to reflect 'women's true self' - are not only socially constructed, but the result of a power that is most effective when 'agency' appears strongest (p. 439).

A feminist-Foucauldian approach may provide a deeper understanding of the complexities of power, multiplicities of oppression that women face, and diversity of experience among women.

An analysis of power that accounts for non-state regulatory measures is also useful for feminisms. As feminists have repeatedly argued over the past decade, women are most often regulated through informal rather than formal mechanisms and institutions. Women are more likely to be disciplined through institutions including the family (Smart, 1984), media (Young, 1990), and medical and "psy" discourses. A state-centred approach to power is unable to account for these forms of power relations. Thus, Foucault's analysis may be useful for many feminists, and may allow us to re-conceptualize the ways in which women are informally regulated.

Foucault's work on sexuality has been exemplary, and has had an unprecedented effect on the ways in which we study or think about sex and power (Pollis, 1987). Although Foucault's work on sex has been criticized for many reasons (see Weeks, 1981), most of the work done on sexuality makes reference to him. Feminists, along with gay and lesbian theorists have often drawn from Foucault's work to problematize and develop analyses around sex. In light of the challenges made by Foucault, sex can no longer be thought of uncritically as a natural or biological phenomenon.

Foucault's critique of sexuality has been extremely useful for many feminists. As McNay (1991) points out, he has, "provided feminists with a useful analytical framework to explain how women's experience is impoverished and controlled within certain culturally determined images of

feminine sexuality" (p. 125). His work was proved useful for feminists and gay and lesbian theorists, and has been used to challenge heterosexual hegemony. If sex is socially constituted, as Foucault argues, then it is also subject to change, as "what is socially made can be socially transformed" (Kinsman, 1996, p. 25). Foucault's work has been useful in demonstrating that the "truth" of heterosexuality, monogamy, and marriage, which are oppressive for many women (and men), can be challenged, and a space created, where pluralities and diversities of sexual experience and pleasure can be made possible.

Foucault's work on subjectivity has also been extremely useful, and has served as a catalyst for feminists and non-feminists alike. Until recently, the category "woman" has provided feminist theory and politics with an unproblematic point of departure (Butler, 1990a, p. 338). "Woman" has been viewed not only as a necessary subject for feminist scholarship, but also and more importantly, has been seen by feminists as a political subject in need of representation. Over the past few decades, however, "woman" has been increasingly problematised. Challenges have been made by feminist scholars, and the definitions or parameters of this category have been questioned and criticized. Critics have argued that feminist theorizing has committed many of the same errors as its preceding schools of thought. For example, Marxism has been accused of foundationalism, essentialism, and universalism, yet many feminists have made similar mistakes (Nicholson, 1990).

Feminists of colour (hooks, 1984, 1990; Williams, 1990) along with postmodern and poststructuralist feminists (Butler, 1990, 1990a, 1992; Riley, 1988; Scott, 1988; Smart, 1992), most of whom have been influenced by Foucault, have been among those highly critical of the concept "woman." As Butler (1990a) points out, "woman" is already fragmented based on social

relations including class, colour, ethnicity, and age, and to overlook this diversity is to erase difference (p. 327). Glossing over difference, has enabled feminists to focus on gender oppression as the most salient form of oppression, and in doing so, has enabled feminisms to overlook the importance of other social relations including (but not limited to) race and class (hooks, 1984, p. 5; Yeatman, 1993, p. 228). As critics have argued, the concept "woman" only captures the experiences of certain privileged women, and assumes that *all* women experience gender oppression in similar ways.

Weedon (1987) argues that poststructuralist theories of subjectivity, which draw from Foucault, are extremely useful for feminism. She argues that understanding subjectivity in this way enables us as individual women to constitute and reconstitute our experiences through various discourses and in different ways (p. 33). Butler (1992) agrees, and argues that a centred and universal subject is problematic. She points out that, "[i]dentity categories are never merely descriptive, but always normative, and as such exclusionary" (p. 15). Thus, the term "woman" may be oppressive and may work to exclude those (non-white, non-heterosexual, and non-middle class) communities of women whose experiences are not captured by this category. She points out that, leaving the category "woman" open as a contested site, we do not deny agency, but rather, open it up to new and exciting possibilities (Butler, 1992, p. 15-16). It is important to note, that many feminists have been extremely critical of, and resistant to, these conceptions of subjectivity. A common criticism has been that, the decentred subject denies any form of agency, and leads to a state of relativism. However, feminists such as Butler (1990, 1992) and Weedon, (1987), along with social historians including Weeks (1995) have argued that the decentred subject creates exciting possibilities for agency, resistance, and empowerment.

Foucault's work has helped feminists deconstruct the monolithic concept of women's sexuality and to speak about a diversity of sexualities and sexual identities. Since women have historically been identified as sexual bodies, Foucault's work has been extremely useful for feminists. As Jeffrey Weeks (1981) indicates, while challenges have been successfully made against the "naturalness of the unitary subject," sexuality has been the most resistant to these challenges. Since 'sex' "has often been termed as our essence and has been so frequently associated with nature and biology" (p. 3). Foucault's challenges to the categories of sex and sexuality are beneficial for illustrating the social constructions of these phenomena. Not only does his work disrupt the stable categories of sexuality/ sex (Bailey, 1993, p. 102), but he also allows us to re-conceptualize identities as constituted within relations of power. To see sexual identities as constructed denaturalizes them, and enables us to see that they are subject to change (Weeks, 1995, p. 99).

Feminists have argued that dominant understandings of female sexuality which emerged during the nineteenth and early twentieth centuries are still very much with us today. Women are still expected to express sexual desire within heterosexual, monogamous, relations. Even today, according to Bland (1983), acceptable sexual identities for women are bound up in relationships, love, and motherhood, while romance "still stands as the acceptable face of desire for women in our culture" (p. 9). Women who do not conform to these expectations are often faced with serious sanctions. Thus, women who engage in sex for pleasure and/ or who have sex outside of marriage, are considered to be "sluts," while unmarried mothers still face many obstacles in legitimizing their children outside of marriage (Smart, 1995, p. 55). By viewing sexuality and

identity as socially constructed, feminists have been able to resist and challenge these dominant representations of women.

FOUCAULT, FEMINISM AND VD CONTROL

In spite of feminist critiques of Foucault, his work is useful for the current study. His genealogical method informs the analysis of "sex" and "woman," and the productive nature of power. Foucault's work on power is useful for analysing the various ways in which "sex" and "woman" were constituted within discourse and power relations. Supporting Foucault's critique of the repressive hypothesis, it is argued that these campaigns were not only aimed at the repression of sex, but on the contrary, facilitated a proliferation of discourses and techniques for managing and controlling sex. Anti-VD education generated a variety of new knowledges and discourses about sex. Medical practitioners and professionals became central in defining "normal" and pathological sex. Based on the classifications of "normal"/ "abnormal," a multiplicity of sexual identities for women emerged from the advice literature.

While repression and legal coercion were often important forms of regulation during the early twentieth century, increasingly during this time, the emphasis shifted to prevention. After World War I, prevention through education became vital to VD control and public health, more generally. Doctors and professionals were actively involved in the production of pamphlets, aimed at "educating" women and men about VD and the "proper" uses of sex. Moral conversion through advice literature replaced earlier methods of controlling individuals and populations, and increased surveillance, both by the state and the self, over the body and pleasure. Rather than regulating sex through violence and repression, these campaigns were aimed at constructing a

certain "type" of citizen and a certain "type" of population. These campaigns were not simply about social control (although that was one element), but rather, by emphasizing good thoughts and deeds, and through care of the body and mind, were aimed at building a new individual and social subjectivity.

Foucault's analysis also demonstrates the micro operations of power. Much of the activity surrounding venereal disease was initiated by voluntary and non-state organizations. While the state did play an active role in the eradication of disease, state-involvement was either the result of public pressure, or a reaction to financial crises among the voluntary sector. Foucault's analysis is useful for demonstrating the ways in which certain bodies and sexualities were targeted and regulated by power relations. Foucault's work on power allows us to re-theorize oppression, and better understand the ways in which various differences overlap to shape individual experiences and realities. As Dubinsky et al. (1992) indicate, "[t]he historical past is far too complex and people's lives shot through with too many contradictions and ambiguities, to be easily captured by this tired dichotomy of top-down domination versus bottom-up resistance" (p. xviii). Foucault enables us to overcome this dichotomous thinking and to understand the intricate workings of power and resistance, as well as the complex ways in which subjectivities are formed and regulated.

Foucault's work on the subject also is useful for studying the problem of venereal disease. An examination of the anti-venereal disease campaigns reveals that within mass education, "woman" was constructed through a variety of discourses, including medical, religious, and moral, and also across shifting axes of difference. Constructions of women were often opposing and contradictory, portraying them simultaneously as, powerful and powerless, dangerous and yet

in need of protection (see Smart, 1992). Furthermore, "woman" was always constituted across relations of race and class. Social relations mediated the definitions of "woman" and the ways in which her sexuality was regulated. These contradictory constructions reveal not only the complexities of subjectivity, but also the ways in which subjectivity is constituted within discourses.

The campaigns around venereal disease also reveal the normative aspects of identity. As Foucault has indicated within his work on the "homosexual," societies legitimize certain sexual behaviours as normal, while defining non-conforming behaviours (ie. homosexuality) as "perversions" (Soper, 1993, p. 33). Heterosexuality and reproductive sex were constituted within the campaigns around venereal disease as the "norm," while sexual relations which fell outside of this were characterized not only as deviant, but as the causes of VD. Furthermore, it is apparent that the construction of moral subjectivities and appropriate sexual relations was only possible through contrast with individuals constructed as "sexually deviant." Foucault's work on power is useful for examining the emergence of these new subjectivities.

FROM THEORY TO METHOD

The data utilized within this thesis include popular advice literature or pamphlets, medical and popular journals, BC newspapers, the Provincial Board of Health Reports from the BC Sessional Papers, and other archival documents such as minutes from meetings and correspondence. Since venereal disease was a subject surrounded by taboo, broadly based archival searches were undertaken in order to obtain as much relevant information as possible.

Popular advice literature or pamphlets are relied upon as the primary data source, because they were vital to the anti-venereal disease campaigns, and because they comprised a large part of the educational initiatives, and were widely circulated (see Appendix A for list). After unsuccessful searches at the Vancouver City Archives and University of British Columbia Special Collections, a search at the Vancouver United Church Archives located a rich collection of Canadian and foreign anti-venereal disease pamphlets which is preserved in the Hugh Dobson Papers. In addition to this material, other pamphlets were retrieved from the United Church Archives Library at the University of Toronto, while the remainder were found in the Health League of Canada Files, at the National Archives of Canada. The pamphlets located at the National Archives were listed in an appendix to Jay Cassel's (1987) book, *The secret plague: Venereal disease in Canada 1838-1939.*

The pamphlets analysed in this study were published by an array of organisations in various countries. In the Canadian context these included, the Dominion Department of Health, provincial institutions such as the Nova Scotia Department of Health, and non-governmental organizations including the Department of Temperance and Moral Reform of the Methodist Church. Many of the pamphlets were published abroad, however, as VD control in Canada was influenced by organizations in Britain (especially the National Council for Combatting Venereal Disease) and the USA (the American Social Hygiene Council).

Popular and medical journals also were used as primary sources. Titles include; *Canadian Medical Association Journal*, *Canadian Nurse, Public Health Journal*, *Social Hygiene*, and *Social Welfare*. Along with popular advice literature, journals were instrumental in educating the medical profession and general public about the perils of VD. Since no indexes were available,

systematic cover to cover searches were done in each of these journals. All articles and editorials relating to venereal disease (from the start of publication up to and including 1930) were collected. All of these journals were complete sets except *Social Hygiene*. The University of Toronto had an incomplete set of this journal (the first four volumes were missing and the remainder had some gaps), however, some articles from the missing volumes were located at the University of British Columbia.

The content within each of these journals differed. While the *Canadian Medical Association Journal* and the *Canadian Nurse* were used as forums where Canadian and foreign professionals could discuss their research and strategies for dealing with medical and social problems including VD, *Social Welfare* and the *Public Health Journal* were written for public consumption, and discussed VD in Canada and abroad. *Social Hygiene,* the only non-Canadian journal, was based on developments within the US. Many of the articles in this journal were concerned with strategies implemented to deal with VD in various American cities. However, many of the articles were still relevant, as VD control in Canada was influenced by developments in the US.

BC newspapers are used as primary sources and include select articles from the; *Vancouver Sun, Victoria Colonist* and *Victoria Times*. Key word searches were done in the BC Newspaper Index under "venereal diseases" and "social hygiene," and covered the time period between 1900 and 1930. BC newspapers were canvassed because they were increasingly becoming a medium for public education. Furthermore, newspaper clippings provided a detailed account of the developments surrounding the control of venereal disease within the BC context.

While it is recognized that cover to cover searches might have been more beneficial and thorough, a newspaper study is beyond the scope of the current research.

The Provincial Board of Health Reports contained in the BC Sessional Papers are another data source. Cover to cover searches were done in all volumes between 1900 and 1930. Like the newspaper articles, the reports are useful for providing information about the prevalence and control of venereal disease within BC.

Finally, correspondence, minutes and other documents were retrieved from the Hugh Dobson Papers, the BC Medical Association Archives, and the Methodist Church. All of these archival sources were searched thoroughly, and all relevant information pertaining to venereal disease included as primary sources.

The primary sources used for this study fall in the time period between 1900 and 1930. The first three decades of the century were chosen for several reasons. While the campaigns to control venereal disease gained momentum after World War I and prior to World War II, the years preceding the first war are crucial to an understanding of the social, political, and economic developments that led up to the emergence of these campaigns. These thirty years illustrate the changing definitions of venereal disease, which became increasingly medical and professional. Looking at the period before World War I enables us to put these campaigns into historical context. An analysis that maps out these campaigns from the turn of the century to the end of World War II would be extremely useful, since venereal disease control was given national importance between the first and second world wars. However, such an analysis is beyond the scope of the present study.

DATA ANALYSIS: DECONSTRUCTION

Influenced by Foucault's genealogical method, this thesis also is informed by the poststructuralist method of deconstruction, a critical way of reading text. Young (1990) defines deconstruction as "a means of reading which emphasizes difference and dialogue, pointing out the factors at work in the preconstruction of discourse" (p. 8). With deconstruction, every reading produces a new set of meanings (Bell, 1994, p. 7). Thus, a plurality of meaning can be read from the same text, leaving the meaning of text open for interpretation and debate. The social, political, and economic positions of the reader are very important, as these factors come into play and influence the meanings that are drawn from the text. As Shannon Bell (1994) summarizes;

> [r]eading is a political act: readers read from positions in the world, whether these positions are acknowledged or not. Readers are socially and historically positioned. How the reader produces meaning is the result of an interaction between all the texts he or she has read in the past, his or her positionality in the world, and the text of the moment (p. 8).

For deconstructionists, reading is an interactive process which results in multiple meanings.

While poststructuralist readings of text have been greatly influenced by structuralism and particularly Saussure (Weedon, 1987), poststructuralism departs from structuralism by acknowledging that texts have multiple meanings. Thus, for poststructuralism, the meaning given to text is a contested site which is continuously being negotiated (Seidman, 1994, p. 19). Understanding that texts have multiple meanings, reveals that, what is legitimated as "truth" within text, is just one reading, and is a product of power relations.

Deconstruction was chosen over other forms of textual analysis for several reasons. First, content analysis would not be useful as it fails to consider the context within which text is given meaning (Manning & Cullum-Swan, 1994, p. 464). Furthermore, content analysis does not

problematize the relationship between language, discourse, and reality. As Joan Scott (1994) points out, poststructuralists insist that language and text have no fixed meaning, and that language does not reflect the "real" world, but rather, participates in the construction of meaning. She argues that, the questions to be addressed are; how has meaning been acquired? How do meanings change over time and across discourses? How do some meanings become normative while others disappear? What relations of power are at work here? (p. 284). Deconstruction attempts to address these questions, as meanings are constituted through relations of power. Furthermore, deconstruction enables us to contextualize texts within social, political, and economic conditions.

A deconstructive approach has many similarities to Foucault's genealogical method, as both focus on the marginal, the unexpected, and the silenced (Bell, 1994). While Foucault's work is based on "subjugated knowledges" and is preoccupied with the gaps, inconsistencies and struggles throughout history, deconstruction focuses on the inconsistencies and silences within text. Informed by deconstruction and Foucault's genealogical method, this thesis focuses on a specific interpretation or narrative guided by poststructuralist feminist epistemologies. As "deconstructor," I am interested in subverting the "truth" about sex, sexuality and venereal disease, and am concerned with the strategies of power, and the relations of gender and race which are inherent throughout the discourses.

The present study of discourse is informed theoretically, by the work of Foucault and by feminists who have been influenced by him. Rather than simply focussing on linguistics and specific words, this thesis is concerned with a broader analysis focussed on general themes which recur throughout the literature on VD. While undertaking a critical and systematic reading of the

text, attention is paid to the emergence of themes through language, figurative devices, and metaphors. A systematic reading of the data was conducted after identifying recurring themes. These included; public health, race suicide, sex, education, non-conforming women, prostitution, motherhood, innocent victims, lustful men, immigration, family, and double standard. Relevant passages discussing these themes were taken from the various data sources and included in the analysis.

This chapter has outlined the conceptual framework and methodological considerations which guide this research. A brief overview of Foucauldian concepts relevant to this thesis was followed by a discussion of poststructuralist feminist work which has built upon Foucault's analyses. The remainder of the chapter addressed the relevance these theoretical issues bring to the current study, a description of the data sources, and the methods of analysis which inform subsequent chapters.

Chapter Three
Defining Venereal Disease in the Early Twentieth Century: A Literature Review

Venereal disease emerged as a public concern during the early twentieth century in Canada. The VD "crisis" was met with diverse and contradictory responses, as the definitions and causes of venereal disease changed significantly during this time. These changes manifested themselves within the anti-VD initiatives, which were characterized by vacillation, fragmentation, and conflict (Bland, 1985b; Porter & Hall, 1995). State and non-state organizations, while concerned with disease and race suicide, lacked a persistent and unified approach in dealing with VD. Undoubtedly, the lack of a cohesive strategy was influenced by a number of factors including; the social and political climate, federal/ provincial relations, fiscal restraint, and conflicting ideologies. The divergent conceptualizations of VD also contributed to the absence of a unified reform effort.

Throughout the century, reformers battled amongst each other, about what *really* caused venereal infection. In Canada, and elsewhere, there appeared to be three competing approaches to conceptualizing the venereal disease problem - moral/ religious, medical/ professional, and feminist/ political. Whereas the former two were dominant at different points during the century, the latter was a countervailing approach, and was submerged in the dominant approaches over time. While each constructed the VD peril in competing ways, and met the problem with diverse strategies, the three approaches were overlapping. This chapter examines the definitions of, and responses to venereal disease, which were generated throughout the early part of the century. Recurring themes emerging from the existing literature on VD, and other related reform

movements in Canada, the United States, and Britain are discussed, and provide a context for subsequent chapters.

SETTING THE CONTEXT: THE EMERGENCE OF VD AS A SOCIAL PROBLEM

The early decades of the twentieth century in Canada were characterized by rapid social changes. Urbanization, industrialization, and immigration all precipitated fears about "racial decline" and social degeneration. Since "sexual vice and the city were virtually synonymous" (Strange, 1988, p. 255), deplorable social conditions, along with city life, more generally, were believed to result in moral decay. Moral reformers[1] "bemoaned the 'problem of the city' with its congestion, immorality, disease, and crime" (Bacchi, 1983, p. 86). They argued that the city and its accompanying social problems were endangering the most valued beliefs and social institutions, including the white nuclear family (McLaren, 1988; Snell, 1983; Snell & Abeele, 1988). As "appropriate" social and sexual norms were quickly deteriorating, reformers argued that the health of the nation was dependant on the restoration of "order" and "normalcy" to society.

Most Western countries were characterized by strong reform movements, and during the early part of the century in Canada, these were initiated and implemented primarily through voluntary and non-governmental organizations. Reformers came mainly from the middle classes and included; professionals, businessmen, women, church officials, and doctors (Buckley & McGinnis, 1982; Kealy, 1979). White middle class values and Christian philosophies (Allen, 1971) guided reform efforts, and reformers worked diligently to define and mould the moral

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[1]Canadian reformers were almost exclusively Anglophone, and except for a few Anglo reformers in Montreal, were located outside of Quebec.

values of Canada according to these standards (Valverde, 1991, p. 26). While reform movements were initiated by voluntary organizations, reformers worked closely with the state. State involvement took many forms, and was often direct - through legal measures and policies - as well as indirect - through funding (Sears, 1995, p. 174). Although state intervention was generally fragmented and disparate at all levels, federal involvement ensured that reform initiatives were implemented, to varying degrees, in all Canadian provinces.

Concerns around race and national health were a central theme to the reform movements in Canada. Many of the reform initiatives were aimed at "reconstructing" and "rebuilding" the nation by optimizing and maximizing the productivity of individuals. As Bland and Mort (1984) point out, a healthy population signified imperial power, and while:

> The improvement of the physical and moral health of individuals was one of the main duties of a civilized and Christian nation; the level of health reflected the degree of civilization attained by the national population (p. 133).

Healthy citizens were necessary for a strong military as well as a productive labour force (Kinsman, 1987). While "nations required factories, workers, and transportation systems...they also required citizens, subjects with 'character'" (Dubinsky, 1992, p. 33). Thus, reform efforts in Canada emphasized the importance of "character-building."

While reformers were concerned with an array of social problems - prostitution, divorce, illegitimacy, intemperance, immigration, and social hygiene - an underlying theme central to all of these was sexual morality (Epstein, 1983; Valverde, 1991). Sex was the key to both the individual and the population (Foucault, 1978; Weeks, 1981, p. 122). While precocious sex posed a threat to individual and national health, the creation of morally and sexually pure citizens was the first step to "nation-building." Sexual immorality was a sign of imperial weakness,

whereas sexual purity and cleanliness were a sign of imperial power and strength. Consequently, from the late nineteenth century onward, regulating non-reproductive sex came to be viewed as a necessary part of "nation-building" and state formation (Kinsman, 1996, p. 49).

The preoccupation and hysteria surrounding venereal disease during World War I reflected broader concerns about social and racial decay. Venereal disease was an index for "all of the contemporary fears of national deterioration, degeneracy, and 'race suicide'" (Bland, 1995, p. 245). As McLaren (1988) points out, social turmoil during this time suggested that "sexual aberration" including VD was on the rise, while the "moral and physical health of the nation were...in serious jeopardy" (p. 329). By the post-war period, VD was seen as the symptom of a much larger problem - the racial degeneracy of white Canada (Larsen, 1992, p. 145-146).

During World War I, concerns around venereal disease intensified. And as Canadians became increasingly aware of the growing number of soldiers infected with VD, the level of panic escalated. Fearing the return of these men, and in particular, the repercussions their arrival would have upon the white population in Canada (McGinnis, 1988, p. 127), reformers began mobilizing efforts to combat venereal disease. By the end of the war, fears surrounding VD had reached a peak. Reformers proclaimed the "leprosies of lust" as a national problem, and placed it at the top of the public agenda.

VENEREAL DISEASE, MORALITY, AND THE MILITARY

From the late nineteenth century until the post-war period, moral and religious discourse were central to conceptualizations of venereal disease. Both syphilis and gonorrhea were seen to be sexually transmitted, and were God's punishment for promiscuity and sin (Boehrer, 1992;

Brandt, 1985, p. 120). All of those infected with the diseases were labelled as promiscuous and/ or as prostitutes, and were viewed to be deserving of punishment. These definitions of VD were dominant during the war, as military personnel and government officials were convinced that VD was caused by sexual immorality, vice and prostitution (Fee, 1989, p. 179).

While the national campaigns to control venereal disease did not come into full force until after World War I, concerns around VD flourished during the war. Army officials reported high rates of infection among all Allied soldiers, especially Canadians. Of all the Western countries, Canada had the highest number of troops infected with the "leprosies of lust" (Cassel, 1987; Hall, 1991). It was estimated that overseas alone, the Canadian army registered 66, 083 cases of venereal disease (Buckley & McGinnis, 1982, p. 338). These numbers were most likely conservative estimates, since given the "sensitive" nature of the topic, venereal disease was not always detected and/ or reported.

The high rates of infection among soldiers led reformers and army officials to define venereal disease as a military problem. Widespread concern around VD was expressed in terms of losses in manpower and inefficiency (Bland & Mort, 1984; Brandt, 1985; Buckley & McGinnis, 1982). Not only did VD lead to the physical and mental deterioration of individual soldiers, but it also threatened national defence, jeopardizing the well-being of the entire nation. The problem was a serious one, and as army officials argued, warranted the utmost attention. Through their determination to keep soldiers "clean" and their army efficient, the Canadian army, with assistance from the Canadian government, instituted a number of policies and laws to ensure their men would be "fit to fight."

The definitions of "VD as sin" were crystallised within efforts to control venereal disease among the army. Strategies included; the closure of brothels and taverns, removal of infected women from garrison towns to hospitals, lectures about the importance of sexual restraint, the establishment of "Blue Light Depots," and more coercive measures including, "penis inspections" (Cassel, 1987, p. 129), and the loss of pay for soldiers found to be infected (Buckley & McGinnis, 1982, p. 338-339). The Canadian Army Medical Corps initially relied on coercive and reactionary measures - anything which would prove useful in identifying those with infections as soon as possible. However, as venereal disease was often difficult to detect and treat, the emphasis later turned to prevention, and soldiers were provided with prophylactic kits, recreation with "respectable" women, along with education and information on the causes and effects of disease (Brandt, 1985; Buckley & McGinnis, 1982, p. 339; Cassel, 1987; Fee, 1989; Pierson, 1981).

VD and prostitution

During the war, prostitutes and non-conforming women were frequently defined as immoral, sexually corrupt and diseased. Many of the strategies implemented to contain venereal disease within the army were aimed at regulating these women. Prostitutes and "loose" women were seen to pose an enormous problem for military men, as they were a constant source of temptation. Consorting with these women was expected, as "[s]oldiers' desire for prostitutes was seen to be based in men's involuntary sexual drive which made liaisons with prostitutes an inevitable, if unfortunate necessity" (Trustram, 1983, p. 156). While these women were portrayed as "dangerous" throughout war-time, soldiers were perceived as "innocent" men, tempted and corrupted by immoral women.

Military officials made numerous attempts to prevent men from pursuing prostitutes and vice versa. Strategies implemented to deal with prostitutes during the war were often repressive and coercive. The law was mobilized frequently, and used to remove non-conforming women from areas where there was a high concentration of soldiers (Cassel, 1987, p. 126; Fee, 1989, p. 179). The Canadian, American, and British governments enacted various forms of legislation to deal with prostitutes and "loose" women. In Canada, on June 12, 1917, a provision was added to the *Defence of Canada Order*, making it an offence for any woman suffering from venereal disease to have sexual intercourse with any member of the Canadian army (Buckley & McGinnis, 1982, p. 340). Similar measures were implemented in the United States (Brandt, 1985, p. 76) and in Britain. In the British context, the *Defence of Realm Act* was passed, and provided for the removal and forcible treatment of any woman believed to be a source of infection (Porter & Hall, 1995, p. 234). However, this legislation met with public resistance, and hence, was rarely formally enforced (Buckley & McGinnis, 1982).

The link between immorality, prostitution, and disease remained pervasive throughout the twentieth century. The association was so strong, that all single women infected with VD were inevitably viewed to be prostitutes (McLaren & Lowman, 1990). The term "prostitute" was far-reaching, and provided Canadian officials with a great deal of power in arresting women who failed to comply to prescribed social and sexual norms. As McLaren (1988) indicates, vagrancy laws in the early part of the century allowed police a great deal of discretion in apprehending women suspected of being prostitutes. These provisions were extremely broad, and allowed police to pick up women who were thought to be streetwalkers, and who failed to adequately account for themselves (p. 333).

Many women picked up under vagrancy laws were examined for venereal disease and were compelled to undergo treatment. In almost every province in Canada, non-conforming women were arrested and tested for VD, regardless of any charges pending (McGinnis, 1990, p. 64). Positive VD-tests among these women, often resulted in convictions for VD-related charges, even if vagrancy charges were dropped (Larsen, 1992, p. 144). While punitive measures were directed at women who failed to conform to white middle class ideals (Backhouse, 1985; Daly, 1988; Kinsman, 1987), no such provisions were ever directed at men (Buckley & McGinnis, 1982, p. 349).

Provincial and federal legislation was also enacted, shortly after the war, to deal with social undesirables, including prostitutes. Under the provincial *Venereal Disease Prevention Acts*, prostitutes, along with residents of penitentiaries and other provincial institutions, were compelled to undergo medical examinations. These Acts were passed in a number of provinces between 1918 and 1929. Ontario was the first province to implement an Act, and was quickly followed by Alberta, New Brunswick, Nova Scotia, Manitoba, British Columbia, and Saskatchewan. Quebec and Prince Edward Island were somewhat slower to respond, enacting statutes in 1920 and 1929 respectively (Cassel, 1987, p. 162-163). The legislation allowed for testing of persons incarcerated for any Criminal Code or provincial offence. As Chunn (forthcoming) indicates, however, these laws were indiscriminately used against young non-conforming women (p. 24, 26).

The federal government also amended the *Criminal Code of Canada*, making it an offence to communicate venereal disease (knowingly or not) to another person. This was punishable by a $500 fine, six months imprisonment, or both (McGinnis, 1990, p. 57). Social undesirables,

prostitutes in particular, were apprehended under these laws, and forced to undergo treatment. In failing to begin (or continue) treatment, these women were often sought out by police and incarcerated until declared non-infectious (McGinnis, 1988, p. 138).

VENEREAL DISEASE, SCIENCE, AND MEDICINE

By the end of World War I, medicine and science began gaining prominence. Social problems which had previously been understood through moral and religious discourse were becoming increasingly professionalized and medicalized. During the post-war period, conceptualizations of VD were influenced by the expansion of medicine and science. Venereal disease was now being defined as an illness, with specific symptoms and cures (Bland, 1985b). The medicalization of VD did not replace moral and religious discourse, however. Rather, these discourses were subsumed into the new scientific/ medical approach. Doctors still relied heavily on moralism, and continued to establish a connection between VD and social and moral decay (Epstein, 1988, p. 8). The causes of VD were still explained through illicit sex, and those who contracted the infection continued to be branded as immoral and promiscuous. Through science and medicine, however, doctors were able to justify and legitimize their moralistic views (Bland & Mort, 1984; Donzelot, 1979).

From the nineteenth century onward, medical practitioners and professionals experienced difficulty establishing their status. In efforts to professionalize and specialize, many doctors began dealing with issues not only relating to medical health but also social health (Mitchinson, 1979, p.15). Medical practitioners felt that many of the prevailing social problems of the time could be more adequately dealt with through medical intervention (McLaren, 1986, p.130). Thus, along

with non-medical issues such as childbirth and pregnancy (Arnup, 1990,1994; Strong-Boag, 1988), VD provided doctors with an opportunity to extend their hold over the newly formed domain of public health.

During the late nineteenth and early twentieth century, medical developments in the area of venereology proliferated. Advances in diagnosis and treatment - the Wasserman test, arsphenamine, salvarsan, and chemical prophylaxis - all legitimized medical hegemony over the definitions and approaches to dealing with venereal disease (Cassel, 1987; Brandt, 1985; McGinnis, 1986). These scientific advances paved the way for state involvement, and allowed public health officials to take a more aggressive stance on the issue of sexually transmitted diseases (Brandt, 1985, p. 41).

Medical professionals were able to maintain a monopoly over VD in a number of ways. Their growing reliance on scientific discourse, along with the increasing dominance of disease models, provided physicians with a claim to authority (Weeks, 1981, p. 42). Furthermore, as doctors became central to the discourses around VD, they were able to successfully define medical knowledge as the only "legitimate" knowledge available on the topic (Brandt, 1985; Cassel, 1987; Hall, 1991). In order to defend their newly found domain, medical practitioners worked diligently to stamp out "quackery" along with other self-help medicine (Finch, 1993; Hall, 1991).

Advertisements and educational propaganda continually warned the public of the dangers involved in turning to non-professionals for help. "Quacks" were depicted as untrustworthy and inexperienced individuals who were concerned solely with economic gain and who could be potentially harmful, as their lack of knowledge could exacerbate the conditions of diseased

persons. Thus, infected women and men were encouraged to seek the advice of "reputable medical men" (Hall, 1991, p. 128), while governmental legislation and policies were enacted to deter non-professionals from entering the area of venereal disease control (Brandt, 1985; Cassel, 1987). Furthermore, much of the advice literature and information, both for medical and public consumption, was written and published by medical practitioners and professionals.

As Brandt (1985) points out, very few doctors had any knowledge about venereal disease. During the nineteenth century, doctors had virtually no expertise relating to syphilis and gonorrhea, because venereology was an unpopular field, and received little attention within medical education (Hall, 1991; Walkowitz, 1982). Medical practitioners relied extensively upon clinical observation to diagnose and treat patients (Cassel, 1987, p. 25) and many of the developments taking place within this field were the result of luck rather than expertise (Brandt, 1985). Until 1906, with the emergence of the Wasserman test, and 1909 with the discovery of salvarsan, diagnosis and treatment lacked any scientific basis (Brandt, 1985; Backhouse, 1985; Cassel, 1987; Hall, 1991; McGinnis, 1982; Walkowitz, 1980). In fact, many of the symptoms earlier attributed to syphilis were later traced to overdoses of mercury (Brandt, 1985, p.12). Their lack of knowledge in the area often made it difficult for doctors to distinguish whether physical abnormalities were manifestations of venereal disease itself, or a result of the dreadful treatments (Brandt, 1985).

The domain of public health was solidified as a scientific area through medical breakthroughs including the acceptance of germ theory (Cassel, 1987; Sears, 1992, p. 69). Thus, the growing dominance of scientific discourse, along with medical advancements and the professionalization of medicine, all contributed to the development of a public health system in

Canada. Public health laws and policies enabled intervention into the lives of individuals and populations in new ways (Donzelot, 1979; Foucault, 1978; Mort, 1987; Sears, 1994). Sears (1995) points out, however, this intervention was justified by public health officials who saw their involvement as beneficial and necessary for improving the health of individuals and the nation (p. 176).

The federal government assumed a large role in the establishment of a public health system in Canada (Cassel, 1987; McGinnis, 1981). In 1919, the (federal) Dominion Department of Health was established, with one division responsible for overseeing the control of venereal disease (McGinnis, 1981). The federal department of public health was responsible for overseeing 102 VD clinics which were established in all provinces except Prince Edward Island (McGinnis, 1988, p. 127). The government provided the provinces with approximately $100 000 per year for the prevention and control of venereal disease (Buckley & McGinnis, 1982, p. 346). In order to receive public money, provinces had to meet the following criteria. Each province was required to; (1) establish free public clinics staffed by specialists; (2) provide beds in hospitals where treatment would be free; (3) establish diagnostic labs; (4) treat all infected inmates of Provincial institutions; and, (5) provide staff specialists in provincial VD departments, who would be responsible for overseeing the above requirements along with educational initiatives (Cassel, 1987, p. 169). While the federal government attempted to attain inter-provincial unity by setting out these guidelines, provincial initiatives aimed at the eradication of VD remained diverse and disparate.

Eradicating VD among the civilians

By the close of World War I, Canadian officials reported an increase in the rates of venereal infection among the civilian population (Cassel, 1987). The growing prevalence of VD among Canadians transformed it from a military to a civilian concern. Reformers attributed this increase to a number of factors, including the changing social conditions in Canada. Many believed that the war had negatively effected the relations between women and men. Due to the demand for labour during the war, for example, women experienced a new independence by entering into the public realm of paid employment (Snitow et al., 1983, p. 17). An unprecedented number of single women were living in the city, and were exploring their newly acquired freedom through commercial entertainment and sexual pleasure (Strange, 1988, 1995).

Furthermore, reformers expressed concern about the increasing number of "social undesirables" and "feeble-minded" in Canada. These groups were feared, as it was not only believed that they were spreading immorality and disease across the nation, but also that they were outbreeding the "good stock" of white Canadians (Bacchi, 1983; Stephen, 1995). Reformers were troubled by these conditions, and argued that if they persisted, the end result would be sexual immorality, VD, and racial decline.

Efforts to eradicate venereal disease among the civilian population in Canada were diverse. Through medical and scientific "breakthroughs," reformers were becoming increasingly amenable to the view that, while venereal disease was primarily spread through sexual means, it could also be transmitted non-sexually (Brandt, 1985; Taylor, 1995). Consequently, VD could no longer be attributed solely to "social undesirables," as it had been previously. Rather, the "good" were at risk along with the "bad." Since Canada could no longer afford to lose its "good stock,"

an array of strategies, in addition to public clinics and treatment, were implemented to control the spread of disease.

Science, law, and the unworthy

In the post-war period, social undesirables in Canada increasingly were being viewed in scientific and medical terms. The category "feebleminded" was constructed to account for these social types (Stephen, 1995). The label was applied quite loosely, and included many women and men who did not conform to white-middle class ideals. After the war, these defective groups were believed to be a growing population and were held responsible for all the social problems of the time (Stephen, 1995). Prostitutes, "loose" women and immigrants found themselves among this population. According to white middle class standards, all of these groups were sexually depraved and mentally defective, and were responsible for the growing prevalence of immorality and venereal disease within Canada.

While the elimination of prostitution was a main focus of venereal disease control within the army, it was also an important strategy for eradicating disease among the civilian population. Many attempts to control venereal disease were aimed at controlling prostitution, as reformers argued that regulating prostitution was the surest way to prevent the spread of VD (Daly, 1988; Walkowitz, 1980). The rhetoric of moral reformers, the emergence of "scientific" literature in the United States and Britain (Cassel, 1987), as well as the label of "feebleminded" (Buckley & McGinnis, 1982; McLaren & Lowman, 1990), all worked to closely connect prostitution and VD. "Innocent" men were continuously warned ,by doctors and experts, that prostitutes were "dangerous" and a prolific source of infection (Azjenstadt, 1992; Brandt, 1985; Buckley &

McGinnis, 1982; Cassel, 1987; McGinnis, 1990; Showalter, 1990). Moral reformers and physicians believed that if prostitutes were apprehended, examined and treated, the rates of VD would decline (Cassel, 1987, p. 190).

During the war, the prostitute had been the most identifiable threat of venereal disease. However, by the post-war period, all single working-class women posed a danger, and "the threat of the prostitute was replaced by the threat of the amateur" (Bland & Mort, 1984, p. 139; Mort, 1987; Weeks, 1981). While prostitutes remained an enormous problem for reformers concerned with sexual immorality and venereal disease (McGinnis, 1990), the amateur was a new, more serious problem. Amateurs differed from occasional prostitutes, as they did not exchange sexual favours for money, but rather, engaged in sex for a night on the town, for presents, or for fun. According to Peiss (1983), the "charity girl" or amateur "bought into the system for treating and sexual exchange by trading sexual favours for varying degrees of gifts, treats, and a good time" (p. 81).

By the post-war period, amateurs were perceived to be more dangerous than prostitutes. Reformers believed that a man would be reluctant to engage in sex with professional prostitutes, as this would reflect "badly on his ability to obtain gratuitous female sexual companionship" (Hall, 1991, p. 51). Since amateurs were more "respectable" than professional prostitutes, they were thought to be appealing to all classes of men. Amateurs also posed a greater threat than prostitutes, as reformers felt that men would be less likely to use prophylactic devices in their sexual encounters with these types of women, and hence, would be more likely to contract VD (Hall, 1991).

Concerns around amateurs and prostitutes were translated into an increased policing of working class women. Strange's (1988) work in Toronto indicates an increase in the arrest and detention of "sexually immoral women" during the early part of the century. Arrest and prison records revealed that single women who were in public places during non-working hours, were apprehended and charged under vagrancy laws if they could not adequately account for their whereabouts. As she points out, the underlying assumption in virtually all of the juvenile delinquency or vagrancy violations was that, these women must have had an "immoral purpose" for being out during non-working hours (p. 267). Along with prostitutes, the working class woman became a major concern for social reformers concerned with venereal disease.

While the sexual practises of non-conforming women were threatening to national health, so was the sexual depravity of the immigrant. Like prostitutes and single women, immigrants also were seen to be a source of contagion. Massive immigration during the early part of the century left Canadians concerned about preserving the white race. Immigrants arriving in Canada were seen to bring infection into the country, while those already settled, were seen as threats due to overcrowding and "unsanitary" conditions (Anderson, 1991; Brandt, 1988; Roberts, 1988; Sears, 1992). The strategies implemented to deal with immigration and the spread of disease included medical inspections of those coming into the country along with efforts to "Canadianize" those already settled (Chapman, 1977; Sears, 1992).

Throughout the century, race, sexuality, and disease were closely connected, as women and men of colour were seen to represent sexual immorality, filth and contagion (Anderson, 1991; Epstein, 1988; Fee, 1989; Gilman, 1985, 1988; Stoler, 1995; Valverde, 1991, 1992; Whitehead, 1995; Young, 1995). Non-white immigrants were not only viewed as poor and unskilled, but

were seen as "savages," who were unable to exercise self-control over their sexual desires. Non-whites were particularly dangerous to the nation, as they were seen to have uncontrollable sex drives and limitless fertility (Young, 1995, p. 181). While the immigrant man was of concern to reformers, the immigrant woman posed an even greater threat.

Reformers relied upon "science" and "medicine" to deal with the non-white foreigner. Since the immigrant woman posed the greatest threat, she was the one most frequently targeted by medical examinations and deportation. As McLaren (1990) indicates, compulsory medical examinations were necessary for only certain types of immigrants, including unaccompanied women (p. 64). In addition, deportation rates in Canada indicate that immigrant women were judged more harshly on the basis of sexual morality than were men. The most significant factors for deporting women during the early twentieth century were illegitimacy and immorality, while men were deported for unemployment (Stephen, 1995, p. 428).

Reformers relied on medicine and science to change the *Canadian Immigration Act*, early in the century. The amendments allowed Canadian officials to compel all immigrants to undergo medical examinations, and deny entry to those who fell into the "prohibited classes." Those prohibited from entering Canada included; "the feeble-minded, idiots, epileptics, insane, deaf, dumb, blind, infirm, and those affected with loathsome, contagious, or infectious disease" (McLaren, 1990, p. 56). Furthermore, detention and deportation were used to eliminate those immigrants who were dangerous to national health. As Roberts (1988) points out, deportation was "a necessary part of immigration, the equivalent of the sewage system of cities" (p. 3).

The "unworthy" were subjected to repression and coercion not only through law, but also through the newly emergent eugenics movement. Eugenic policies including sterilization and

segregation most often targeted immigrants (Chapman, 1977) and single non-conforming women (McLaren, 1986). Reformers believed if these populations could be eliminated through these various means, the result would be a clean and healthy white nation. Thus, women who did not conform to the idealized (white middle class) notions of motherhood were often met with severe sanctions (Smart, 1992). Since immigrants and prostitutes were thought to make bad mothers, moral reformers in Canada demanded that these women be segregated during child bearing years (Azjenstadt, 1992, p. 201; McLaren, 1990). The implications these concerns had for women were far-reaching, as they "redefined the mother's health especially her reproductive traits and her moral behaviour as matters of state concern" (Azjenstadt, 1995, p. 110).

(S)experts, education and the "respectable" classes

The threat of venereal disease among the civilian population, and in particular, among the "respectable" classes, encouraged public discussions to emerge around sex and sexuality. Increasingly throughout the century, reformers and professionals believed that the two major factors which contributed to the spread of venereal disease were; ignorance and misinformation (Casselman, 1981; Sears, 1992; Valverde, 1991). By the post-war period, a major initiative was undertaken to "end the veil of secrecy concerning venereal disease" (Brandt, 1985, p. 24) and to ensure that "respectable" women and men were aware of the ways in which VD was transmitted, as well the devastating consequences it had for both the individual and the nation.

Much of the education in Canada was undertaken by the Canadian National Council for Combatting Venereal Disease (CNCCVD) (Cassel, 1987). Provinces relied extensively on the advice literature published by the CNCCVD, other federally published materials, and also advice

literature published in Britain and the United States (Cassel, 1987). Sex-specific instruction through radio broadcasts, public lectures, films, pamphlets on VD, along with periodicals, became instrumental to mass education (Brandt, 1985; Cassel, 1987; Kuhn, 1988). Reformers were of the view that some degree of education was necessary to eliminate vice and disease. They believed that through preventative measures, and advice literature written by experts, Canada would see a reduction in the incidence of venereal disease.

Sex and venereal disease were closely connected. Discussions of venereal disease within public education warned women and men, about the dangers of illicit sex and sexual excess (Brandt, 1985; Cassel, 1987; Hall, 1991, 1992; Mort, 1987). Reformers argued that sexual excess in the forms of "masturbation, nocturnal emissions, [and] sexual intercourse itself, all represented outpourings of vital energy, the preservation of which was absolutely essential to the well-being of the human organism" (Bliss, 1970, p. 101). These sources emphasized that all sex was illicit, except that which took place between married heterosexuals, for the purposes of procreation (Bliss, 1970; Finch, 1993; Foucault, 1978; Jackson, 1987; Kinsman, 1987; Rubin, 1984; Singer, 1993; Snell, 1983). The educational propaganda urged women and men that in order to prevent the spread of disease, sex needed to be restricted and restored to heterosexual, married, reproductive relations (Brandt, 1987; Cassel, 1985; Kuhn, 1988).

Although early sex manuals addressed the importance for both women and men to control their sexuality, men were seen to have normal sexual urges, whereas women were depicted as asexual and passionless (Dubois & Gordon, 1984; Dubinsky, 1992; Epstein, 1983; Valverde, 1991; Vance, 1984; Weeks, 1981). While sexual urges were often associated with normal manhood, the good woman (or wife) did not have sexual desires, nor did she engage in sex for

pleasure. Rather, sex for women was closely associated with motherhood, and was to be used strictly for reproductive purposes (Daly, 1988, p. 177; Vance, 1984).

As Brandt (1985) indicates, the meanings of venereal disease were very different for women and men (p. 17). Much of the advice literature had sex-specific messages about the dangers posed by VD. For men, venereal disease was often discussed in terms of the threat it posed to individual health. Thus, pamphlets and lectures often described the physical manifestations of syphilis and gonorrhea in graphic detail (Cassel, 1987; Brandt, 1985; Pierson, 1981; Showalter, 1990), while such descriptions were rare in the literature aimed at women. As Cassel (1987) points out, educational initiatives aimed at men often resembled horror shows, and men often fainted during public lectures. The dominant idea within much of this literature, was that men needed protection from "dangerous" women and not vice-versa (Pierson, 1981, p. 44).

The literature aimed at women was very different and discussed the importance of chastity and the effects that promiscuity would have upon women's roles as mothers (Kinsman, 1987, 1996; Mort, 1987). Literature for women held them responsible for their own behaviour, as well as for the behaviour of men. Throughout education, women were discouraged from tempting men through provocative dress or inappropriate behaviour (Brandt, 1985; Daly, 1988; Hall, 1991; Mort, 1987). While promiscuity was acceptable to some degree among men, it was inexcusable and unforgivable for women as sex could not be separated from women's natural roles as mothers (Bland, 1982; Bland & Mort, 1984; Kinsmen, 1987; Kuhn, 1988).

Regulating reproduction

Concerns around venereal disease during the post-war period were translated into concerns around motherhood and reproduction. Throughout the century, women were increasingly defined through motherhood (Bacchi, 1983, p. 104). Motherhood was personified as the "symbol of a future for the nation and a guarantor of peace and prosperity at the end of the war" (Rowan, 1984, p. 152). During this time, the responsibilities and expectations placed upon women expanded dramatically, and discussions of female sexuality and nature elevated women's reproductive capacity into a "moral and social duty" (Lewis, 1990, p.3; Mitchinson, 1979).

Throughout the century, normal womanhood was closely associated with motherhood (Mitchinson, 1979). It was no longer enough for women to "just have babies," however, as quality rather than quantity was viewed as the key to a strong and powerful nation (Kinsman, 1987; Mort, 1987; Valverde, 1992). Women were no longer just mothers, but rather, were "guardians of the race" (Bland, 1983). Since mothers were needed to produce strong healthy babies to replenish the labour force and the army, child rearing became a national responsibility (Arnup, 1994; Davin, 1978; Donzelot, 1979; Kinsman, 1987; Rowan, 1984; Sears, 1994; Valverde, 1992).

The rapidly growing area of public health provided the impetus behind the production of healthy babies and the education of mothers (Arnup, 1990). As Rowan (1984) points out, it was through the discourse of public health that the state and voluntary sector were able to construct a national ideology of motherhood (p. 152). Public health discourse along with the emergence of experts and social workers, with their focus on domestic labour and working class women, individualized the problem of infant mortality (Sears, 1995, p. 179). Thus, poor maternal training

was seen to be the cause of the large numbers of infant deaths; "[i]f babies were dying, it must be the result of faulty maternal care" (Arnup, 1994, p. 36), while the economy and the deplorable living conditions of the working class were largely ignored.

During the post-war period, public health officials argued that the solution to the problem of infant mortality was to be found in the "scientific" education of working class mothers. If mothers were instructed on domestic hygiene and infant management, the nation would be stronger (Rowan, 1984). Thus, a proliferation of "expert" discourses surrounding mothering techniques emerged during this time. Doctors, psychologists, and social workers all contributed to these discourses by shaping beliefs and strategies of effective parenting. In Canada, there was an explosion of educational material directed at women, on the topic of maternal and infant care, that included, Helen McMurchy's "Little Blue Books" (Arnup, 1994; Strong-Boag, 1988) as well as maternal clinics, classes, and baby contests (Strong-Boag, 1988). Traditional methods of child rearing were condemned by the new "experts," as motherhood became increasingly medicalized.

The growth of eugenics, along with concerns about population and race suicide at the beginning of the century also raised many issues and concerns relating to reproduction. Doctors became increasingly preoccupied with the importance of heredity in human reproduction and development (Bliss, 1970). Social problems including alcoholism, feeblemindedness, and venereal disease, lent strong support to those who advocated eugenics, since many believed that these undesirable characteristics could be transmitted from parents to children. "Good" women were increasingly targeted by regulatory measures, as they could easily transfer their genes to their offspring.

Concerns around heredity also manifested themselves in the attempts to improve the race through the regulation of reproduction (Bland & Mort, 1984, p. 138). While mothers became vital to the production of "good" citizens, pregnancy became a medical responsibility. According to Bliss (1970), pregnant women during the early part of the century were encouraged to think pleasant thoughts while avoiding unpleasant ones, as mental impressions felt by pregnant women could be transmitted to foetuses;

> making it possible for women to shape the characteristics of their unborn children by thinking beautiful and uplifting thoughts during pregnancy, and also making it necessary for mothers to avoid upsetting experiences such as the sight of the physically deformed for fear of transmitting the same deformity to the infant in the womb (p. 96-97).

Thus, while pregnancy and motherhood became increasingly medicalized, the result was greater intervention into the lives of women.

Concerns around venereal disease also increased and justified medical intervention in reproduction. Because syphilis and gonorrhea could be passed from mother to child, and hence, could jeopardize the well-being of the (white) race, women became increasingly important to moral reformers and officials concerned with venereal disease control. As producers of future generations, women's health became an important issue as well as a site for further intervention and regulation. Contracting venereal disease was particularly abhorrent for women; "for a woman to risk her health through risking VD was to violate this [childbearing] moral and national duty" (Bland, 1982, p. 378).

Medical practitioners argued that congenital syphilis was far more serious than any other forms of VD, as it not only threatened individual health, but more importantly, it impeded the construction of the nation (Bacchi, 1983; Cassel, 1987; Evans, 1992; McGinnis, 1988; Showalter,

1990). Syphilis was seen to be a major cause of miscarriage, congenital defects and sterility. In the US alone, it was estimated that approximately 60 000 children were born with congenital syphilis each year (Brandt, 1985, p. 129). Due to the potentially disastrous consequences of this disease, health officials along with moral reformers advocated for the implementation of prenatal testing. While debated but never implemented in BC (Chunn, forthcoming, p. 15-16) testing procedures were instituted in certain parts of the US as early as 1916 (Brandt, 1985, p. 149).

FEMINIST RESISTANCE, MALE LUST AND VENEREAL DISEASE

During the post-war period, a counter discourse on venereal disease emerged. Feminists began conceptualizing VD as a sexual and political matter, and linked venereal disease to the sexual double standard. Feminist discourse was central to transforming VD from a private to a public issue (Bland, 1985b; Walkowitz, 1980). Public discussions of venereal disease were taboo until the early twentieth century. Venereal disease and sex were viewed largely as "private" topics and were seen to be unsuitable for discussion and debate. By the early twentieth century, however, feminists and women's organizations assisted in proclaiming VD and sex as public concerns requiring state intervention.

Early feminists were among the first to break the "conspiracy of silence" which surrounded issues of sex (Bland, 1985b; Roberts, 1979; Weeks, 1981). For many feminists, venereal disease was yet another indicator that the sexual double standard was alive and well. From the nineteenth century onwards, women had become increasingly critical of the double standard, and were voicing their concerns within debates surrounding prostitution (Cott, 1978; Walkowitz, 1980, 1983). During the nineteenth century, feminists had loudly condemned the

Contagious Diseases Acts and other laws which unfairly targeted prostitutes. This resistance continued well into the twentieth century, as feminists furthered their claims by pointing out that, while prostitutes were severely chastised for their non-conformity to sexual norms, sex with prostitutes was acceptable and even expected among men (Backhouse, 1985; Bland, 1986; Epstein, 1983; Jeffreys, 1982; Mort, 1985; Trustram, 1983; Walkowitz, 1980, 1983).

While reformers were preoccupied, throughout the century, with blaming VD on prostitutes, "promiscuous" women, and other social undesirables, early feminists had a different perspective on the issue. Many of these women criticized the woman-blaming strategies which had been implemented since the nineteenth century, and refocussed the blame for VD and racial decline on to men. Feminists argued that, while women were being "accused of irresponsibility in their maternity, and selfishness and degeneracy in their sterility," (Bland, 1986, p. 136) little attention was being paid to the role of men

By the early twentieth century, feminists began to criticize the efforts implemented to deal with venereal disease. They argued that VD control was extremely biased as it targeted women, while failing to acknowledge the actions of men. These women vociferously argued that the growing prevalence of VD among the civilian population was not the result of prostitution or sexual immorality among women, but rather, was the outcome of male lust. Feminists defined VD as the "punishment for the 'unnaturalness' of male sexual morality" (Bland, 1983, p. 14), and argued that men contracted VD by "sowing their wild oats," and brought it home to their families and children. Thus, many innocent women were the unsuspecting victims of venereal disease which they caught from their licentious husbands (Bland, 1985b, p. 192; McGinnis, 1990; Mort, 1987).

During the nineteenth century, women entered into discussions around sex in efforts to criticize the sexual double standard underlying prostitution and venereal disease control. By the early twentieth century, much of the concern expressed by feminists was that women's ignorance around sexuality often had devastating consequences. Many feminists argued that there was an urgent need to educate women about sex and sexuality, as the "conspiracy of silence" left many women vulnerable, and particularly "at risk of being infected with venereal disease by their husbands and suffering irreparable damage to their health" (Savage, 1990, p. 35). Thus, "a certain degree of sexual knowledge acted to *protect* girls and young women" (Bland, 1982, p. 374, emphasis in original) from prostitution, vice, and venereal disease.

The resistance from feminists did not go unnoticed. Rather, reformers (some of whom were feminists) also began to denounce the double standard of morality, arguing that venereal disease control was the responsibility of both women and men. This was conveyed throughout the educational materials which were circulated later in the century, as they emphasized the need for self-control and abstinence among both sexes (Brandt, 1985). In spite of this growing emphasis on a single standard of morality, however, women were still perceived as potential carriers of infection. By the 1920's, feminist discourse around VD declined, and was subsumed in the dominant discourses of science and medicine.

CHAPTER SUMMARY

As this chapter has revealed, the anti-venereal disease initiatives in Canada were diverse and sometimes contradictory. Throughout the twentieth century, definitions of, and responses to VD underwent significant shifts. At the turn of the century, venereal disease was defined

primarily as a moral problem, and anti-VD initiatives were directed at soldiers and prostitutes. Throughout the century, however, this changed, and VD was transformed into a medical problem which could be contracted by the entire population, "respectable" and "non-respectable" classes alike. All of the strategies implemented to deal with VD during this time, were influenced by science and medical breakthroughs, and targeted the population in distinct ways. These new approaches did not replace the old moralistic views which had been dominant during war-time. Rather, moralism was now justified and legitimized through scientific and medical discourse. Feminist conceptualizations of VD also emerged during the century in resistance to these other approaches. However, feminist discourses failed to dislodge the dominant moral and medical defintions of the issue, and were eventually submerged.

A review of the literature indicates that while attention has been paid to the study of venereal disease in Canada, much of the work in this area has been concerned with the repressive aspects of VD control (Buckley & McGinnis, 1982; Chunn, forthcoming; McGinnis, 1990). The legal repression of sex, or the "social control" of marginal populations has been of central importance to much of the earlier work. While public education in other jurisdictions has been addressed, often briefly (Bland, 1983; Bland & Mort, 1984; Brandt, 1985; Kuhn, 1988; Mort, 1987), educational initiatives in Canada have not been studied in depth. Cassel (1987) provides an invaluable overview of anti-VD education within the Canadian context, but his work is descriptive, and non-feminist.

The following chapters entail an analysis of mass public education in Canada, making continual reference to BC. Relying on a critical feminist Foucauldian perspective, the productive aspects of power are illustrated. In the subsequent chapters, I demonstrate that attempts to

control venereal disease, through mass education, did not merely result in the repression of sex and the social control of marginal populations, although this did occur to some degree. Rather, I argue that through public education new regulatory systems, and new identities (particularly for women) were generated.

Chapter Four
VD, Public Education, and the Construction of 'Sex'

> Venereal disease is mainly the fruit of vicious living...even if venereal disease were stamped out to-morrow, the problem of getting men and women to view the problem of sex outright, to see it in its proper relationship to life in general, both individual and social, remains to be solved...sex is an instinct that plays a vital part in life.[1]

During the first several decades of the century in Canada, sex and VD were transformed from "private" to "public" issues, which were constantly discussed and debated. Public education was a vital aspect of VD control, and brought with it a proliferation of new knowleges and discourses about sex. Educational initiatives were generally sex-specific, and tailored for professionals (including doctors, nurses, teachers and ministers), parents, children, women, and men. Throughout the century, discussions of sex and VD within the literature were increasingly medical and professional. While scientific and medical discourses became hegemonic, moral discourse was still prevalent, and for the most part, was subsumed in these dominant discourses. This chapter entails an analysis of "sex" within anti-VD education. Of particular importance will be the ways in which sex was constructed, talked about and regulated within the venereal disease crisis, and how these discussions were mediated by gender, age, and race.

THE VENEREAL DISEASE PERIL IN BRITISH COLUMBIA AND CANADA

In British Columbia, as well as throughout Canada, venereal disease became a topic of concern during World War I. High rates of infection among soldiers, and the loss of manpower resulting from the war, all facilitated a fertile climate for VD control. By the end of the war, most reformers were concerned with "white race suicide," and were preoccupied with developing

strategies for "reconstructing" Canada. Venereal disease was a major obstacle to the "nation-building" process. Reformers described VD as "one of the worst scourges of mankind" and "one of the most serious afflictions of the human race,"[2] as it took enormous tolls on the health of the nation. Not only was VD responsible for the high rates of abortions, miscarriages, and infant mortality, but future ailments including insanity, paralysis and heart disease were also attributed to the diseases.

Reformers argued that if the venereal peril was not eradicated, the effects on the nation would be disastrous. Not only would the "good" citizens of Canada be outnumbered by "social undesirables," but the prevalence of VD would lead to a decline in the quality of citizens, and would eventually result in imperial down fall. As Gordon Bates, the National Director of the Canadian Social Hygiene Council described it, if the venereal diseases "are not solved we will be slow in building up the strong race of Canadians we should have if we are to take our place among the great nations of the earth. For no nation is greater than the people who make up that nation..."[3]

During the war, VD was viewed to be a national menace. The prevalence of disease among the army provided Canadian reformers with a taste of how disastrous wide-spread infection could be for the race. As the consequences of disease were so severe, it became a "national concern to see that persons infected with it received proper and adequate treatment."[4] Since the disease posed a threat to national health, reformers in BC argued that it could only be combatted through a nation-wide campaign which focused on "better living, better, stronger, healthier men and women, and a more powerful nation."[5] By the end of the war, BC and most other provinces in Canada had established methods to eradicate venereal disease.

The ravages of venereal disease were met with a number of strategies. Generally, efforts to eliminate these diseases in BC, and elsewhere in Canada, were three-fold: treatment, law and prevention. Treatment, in the way of public clinics, was made available for the "deserving" and "undeserving" who needed to be cured, and was an important aspect of the anti-VD campaigns. In BC, there were two clinics established to provide free treatment to those persons already infected with the disease. One clinic was established on Vancouver Island in Victoria, and one on the mainland in Vancouver. By 1921, arrangements were being made to establish public health clinics at Jubilee Hospital in Victoria and at Vancouver General Hospital.

Clinics along with preventative work were made possible through Federal grants. The Federal government put aside $200 000 for venereal disease work in the Provinces. The sum was divided up according to population, and BC received just over $14 000, the fourth largest sum awarded.[6] In order to receive funding, the provinces had to make provisions to establish clinics which would supply free medicine and treatment. Furthermore, provincial clinics were to be staffed by VD specialists, who would provide diagnosis, treatment and educational propaganda.[7]

Public clinics were instrumental in treating patients with VD. Most of the persons attending these clinics could not afford the luxury and privacy of private practitioners. Clinics also provided free Salvarsan to private physicians who were treating more affluent patients.[8] Overall, the BC clinics had a good attendance record, and were growing at a rapid pace. By 1924, the Provincial Board of Health reported that the two VD clinics in BC were receiving approximately 200 new cases per month.[9] The report also indicated that, 1500 syphilis cases were made non-infective in BC each year.[10]

Along with medicine, the law was also central to the fight against venereal disease, and was used particularly for "deviant" populations who posed a threat to the white race. Legal machinery was often mobilized alongside of public clinics to ensure that those who were infected would not only seek treatment, but would continue until they were no longer infectious. Like most other provinces in Canada, BC passed a *Venereal Disease Prevention Act* in 1919 (Cassel, 1987). The statute was modelled after the Ontario act, and granted the Medical Health Officer of the Province enormous powers to intervene into people's lives. All cases of VD were to be reported to the Provincial Board of Health. Under the law, it became a summary offence to knowingly transmit venereal disease to another person, and to discontinue treatment before being cured.

Reformers were extremely supportive of the *VD Prevention Act*, and in some cases, argued that it was too lenient, and more stringent measures were needed. In BC, some reformers went so far as to urge the Provincial government to build a detention home to segregate those infected persons who refused to undergo treatment. Dr. H.E. Young, at a meeting for the Vancouver Island Council of Social Hygiene, pleaded that the BC government establish a containment facility. He argued that such a facility was necessary to protect the community from those who were "vicious and uncontrolled," and who were carelessly spreading infection throughout the Province.[11] Due to fiscal restraint, however, no such facility was established in BC.

While treatment and law were crucial to the fight against venereal disease, throughout the century, reformers began to emphasize the need for prevention. After the war, it was estimated that approximately 15 to 20 percent of Canadians were infected with VD.[12] Reformers argued

that treatment and legal measures were not always effective in reducing and/ or eliminating the threat of infection. Venereal disease was difficult to diagnose and treat.[13] Furthermore, treatment was prolonged and painful, and patients often disappeared before they were fully cured. Clinics were often inefficient due to various problems including, overcrowding, lack of adequate facilities, and lack of expertise.[14] Thus, moral reformers emphasized prevention through education as the most promising way to reinstitute "order" to society.

Shortly after World War I, it was agreed that "the best means of combatting" venereal disease was through "education of the public."[15] As Dr. Douglas White, an American social hygienist, described:

> We shall not suddenly stamp out syphilis and gonorrhea - neither can it be done by compulsion - but we shall gradually create a public opinion and a public intelligence on this subject in the light of which, with the cooperation of modern medicine and with a more enlightened conception of sexual ethic, these forms of disease will gradually cease to menace our social life.[16]

Reformers argued that the ravages of venereal disease could only be prevented if the public was properly informed. They urged the provincial and federal governments to stop the "crime of silence"[17] and to begin broadcasting knowledge about venereal disease and sex.

It is important to note that educational initiatives were not embraced by all reformers. Rather, many were resistant to public education and viewed it as inappropriate. Some reformers argued that too much education could lead to excess knowledge about sex, which in turn would lead to impure thoughts and an increase in sexual immorality. In particular, there was an enormous amount of controversy surrounding educational films. Some citizens were extremely critical of films, and argued that they were inappropriate and their influence on women and men "may not be good."[18] While reformers argued that *some* knowledge about sex and venereal

disease was important, too much could be potentially dangerous. In spite of this resistance, however, a broad-based educational campaign was launched throughout Canada.

A common theme throughout all strategies implemented to eradicate VD, was the growing dominance of medicine. During the century, venereal disease became increasingly medicalized. The "spirochaeta pallida, the Wasserman reaction and...606,"[19] all changed the ways in which venereal infection was defined and dealt with. While there were many conflicts amongst professionals, the expansion of medicine throughout the century created an alliance between morality and medicine.[20]

During the century, lay reformers and professionals became increasingly supportive of science and medicine. The growing dominance of medicine was evident within the VD crisis, as reformers were convinced that "the medical profession should lead in educating public opinion and influencing the course of legislation"[21] dealing with VD. In spite of the growing scientific basis of VD control and medical break-throughs, however, the moralistic definitions of the disease still prevailed, as VD remained "more than a medical problem."[22] As one doctor, writing for the *Public Health Journal* pointed out, the "causes and source of disease do not end with the spirochete and gonococcus, but go deeply into the make-up of society and the individual."[23] Since the causes of disease were traced to immorality and not just a micro-organism, VD-control could not rely on medicine alone, but also required a moral solution. The medico-moral approach to VD was evident throughout treatment, law and education.

CREATING A CAMPAIGN FOR PUBLIC EDUCATION

The anti-VD educational campaign launched after the war was unprecedented, Canadians had never before seen anything like it (Cassel, 1987, p. 206). An educational campaign was already underway in BC by 1918,[24] and by 1920, the BC Council for Combatting Venereal Disease was established in Victoria.[25] The council was responsible for educating the public throughout the province, and for "securing public support for the campaign against diseases."[26] Educational initiatives were diverse and included radio broadcasts, films, popular advice literature, public lectures, exhibitions, and popular and medical journals. Much of this propaganda was "imported" to BC from elsewhere in Canada, and from abroad. Professionals hoped that the diversity of educational materials and strategies would reach a wide range of audiences.

According to Canadian authorities, VD prevention in BC was "in advance of the other provinces of the Dominion,"[27] while the public health system was seen to be very well organized.[28] As early as 1914, church officials had begun encouraging medical practitioners to participate in sex education.[29] By 1918, speakers were already active in giving public lectures to sex-specific audiences, and public exhibitions were being held within provincial fairs. In 1919, the venereal disease exhibition at the BC provincial fair was the "biggest inside attraction."[30] By 1923, 80 000 pamphlets[31] on venereal disease had been distributed throughout the province,[32] and by the 1920's, BC was a leader in the fight against venereal disease.

The educational campaigns were designed to meet several objectives. First, education was needed to ensure that people had adequate knowledge about the signs, symptoms, and consequences of venereal disease. Moral reformers argued that education was necessary to ensure that people would recognize if they were infected. Much of the literature described the

early manifestations of syphilis and gonorrhea. As a pamphlet by the Health League of Canada described:

> The first sign of syphilis is the appearance of a small ulcer, or chancre, on or about the sex organs two to four weeks after intercourse with an infected person, although it may be earlier or later. This chancre may be thought of no importance because it may not be painful and may even clear up without special treatment. But through it the organisms of syphilis have made a gap in the body's defences and are thus able to spread to vital parts.[33]

Since the symptomatology of both syphilis and gonorrhea were often mild and undetectable, reformers argued that many infected persons were unaware of their condition. Ignorance about VD posed a serious risk to the nation, as infectees were capable of unknowingly transmitting infection to others. Reformers believed that the level of ignorance and rates of VD would be reduced drastically through education.

The second function of education was to ensure that those who exhibited signs and symptoms would come forth for testing and treatment. Throughout public education, women and men were informed that "undertaking treatment at the earliest possible moment,"[34] was crucial for good health. Since syphilis and gonorrhea carried an enormous amount of stigma, patients were often reluctant to attend clinics for treatment. As Dr. Homer Swift, writing for the *Canadian Nurse* remarked, the syphilitic patient "is regarded as a criminal, and the stigma attached to the name, syphilis, is more efficient in excluding him than the frightful results of the disease are in providing a proper place for treatment."[35] The stigma surrounding VD created many obstacles, and also created difficulties for medical professionals in obtaining accurate statistics with regards to the prevalence of VD.[36] Thus, reformers felt that education should be directed at reducing the negative connotations associated with venereal disease.

To eliminate the stigma around VD, efforts were made to separate syphilis and gonorrhea from immorality. Through education, the public was informed that, while the disease was frequently acquired through illicit sexual relations, it could also be contracted non-sexually. Both syphilis and gonorrhea could be "innocently" transmitted through dishes, table cutlery, towels, pipes, public lavatories and other articles previously used by infected persons.[37] Reformers argued that the possibility of acquiring VD "respectably" would make it difficult to differentiate between classes of people, as the entire population would be at risk. According to Frances Brown, a public health nurse, venereal disease could no longer be confined to any one class in society,[38] and the "innocent" were as much at risk for infection as the "guilty." In fact, medical sources estimated that twenty-five per cent of those who had either syphilis or gonorrhea were innocent of any moral wrong.[39] In spite of persistent efforts throughout the century to separate VD, immorality and illicit sex, those who contracted infection continued to be viewed as "social pariahs."[40]

Education also emphasized the importance of treatment. Patients who attended public clinics were given propaganda informing them that treatment was a national responsibility. As Dr. Thomas Barlow, a British reformer, described:

> We want all to realize that it is the imperative duty, not for his or her own benefit only but as a civic obligation, of every man or woman who has been exposed to sexual infection to get treated at the earliest possible moment and for as long as it is necessary.[41]

Those who attended public clinics were given propaganda which not only emphasized the importance of treatment, but which emphasized the need to continue until cured. For those who refused to continue treatment, public health nurses were sent to make home visits, and were compelled to report incorrigibles to the provincial authorities.

The final, and perhaps most important function of public education, was to provide women and men with "proper" knowledge about sex. Throughout the century, the dominant view was that venereal disease was caused by sexual immorality. Reformers believed that, by educating women and men about "proper" sexual behaviour, there would be a drop in rates of illicit sex and venereal infection. Thus, most of the educational initiatives dealing with venereal disease focussed on sex. While children were educated privately by their parents, women and men were educated publicly on "appropriate" forms of sexual expression. All three groups were instructed, through scientific and medical discourse, on the importance of conforming to white middle class sexual and social norms.

PUBLIC DISCUSSIONS OF VD AND SEX

The growing emphasis on public education about venereal disease marked a profound shift in attitudes and approaches to sex and sexuality. Throughout the nineteenth century, sex had been a tabooed subject, and inappropriate for public debate. However, the venereal disease "crisis" and the threat of sexual immorality during the early twentieth century transformed this view. Medical practitioners and professionals became increasingly critical of the "conspiracy of silence," and argued that VD was the end result of "a lack of education in the whole sex question."[42] The Health League of Canada along with other organizations, denounced the secrecy surrounding these matters. They argued that the public, "must get rid of the idea that these diseases must not be spoken about. We can stop them only if we all know what they are; how they are spread, how they can be avoided and where they can be cured."[43] Since the spread of VD was "largely due to ignorance,"[44] doctors and professionals, called for mass public education,

to instruct women and men about the perils of disease, and to remove the "cloud of secrecy and vagueness"[45] that surrounded both sex and VD. Thus, the threat of venereal disease during the early part of the century redefined sex from a "private" issue to a "public" one.

The educational campaign aimed at eradicating VD brought with it a proliferation of scientific, medical, moral, and other discourses around sex. The advice literature of the time became increasingly professional, and relied upon these discourses to talk about sex, the dangers of illicit sexual activity, and the joys which followed from proper sexual behaviour. Doctors and professionals supported and participated in the construction of these discourses and argued that these new knowledges were crucial for discussing and understanding issues related to sex and its functions. A pamphlet, published by the Oregon Social Hygiene Society, describes the emergence of sex as a public concern:

> Formerly, the subject of sex was associated with secret and vicious practises; to discuss it was indecent. Now, men and women are coming to understand that the sex function is intimately connected with the physical, mental and moral development of the individual and with the welfare of the entire race.[46]

Although they advocated a repressive view of sex by denouncing extra-marital sex and sex for pleasure, professionals did not view sex in terms of repression alone. Rather, they argued that sexual knowledge was necessary as ignorance around these matters would lead the nation to immorality, venereal disease, and social disaster. Professionals believed that if people were correctly instructed (through science and medicine) on sex and the dangers of sexual immorality, they would alter their behaviour and would avoid all forms of illicit sexual activity. The result would be a decline in vice, sexual immorality, and venereal disease.

During the century, discussions of VD and sex became increasingly medicalized. After World War I, there was a general consensus among Canadians that the country was in need of "the maximum possible number of good citizens, sound in mind and body...to rebuild national prosperity on broader and higher lines."[47] As a result, individual and collective health became vital. According to Dr. Hodgetts, writing for the *Public Health Journal*, "[t]he fact has at last come to be realized that in Canada the health of the people must take a foremost place. We must realize that the nation's health is its true wealth."[48] Since venereal disease posed an enormous threat to the health of the individual and population, it became a topic of concern for medical professionals. While medical discourse was gaining prominence in matters around VD and sex, moral discourse was not eliminated, but rather, was subsumed in the discourses of science and medicine

Throughout education, the causes of venereal disease were attributed to illicit sex and extra-marital relations. In spite of earlier efforts by medical professionals to break the connection between immorality and VD, they remained closely linked. The Health League of Canada, for example, insisted that VD could not be acquired innocently, as there were no grounds for the common assumption that the disease could be contracted outside of sexual intercourse. Rather, they argued that, "[i]f we abstain from free-and-easy sexual intercourse we need not fear that we shall contract the disease." Consequently, doctors and professionals defined self-control as "the only sure way of escaping venereal disease."[49] Keeping free of disease was a national responsibility for both women and men, and was necessary for the "happy development of that family life on which the security of the race and the progress of civilization depend."[50] While "science had now provided weapons with which the disease could be fought,"[51] VD and sex could

not be viewed as only medical problems. Armed with scientific and medical discourse, the professionals continued to rely on their moralistic views.

An article by Frances Brown, in the *Canadian Nurse*, describes the merger between medical and moral discourse:

> Medical authorities have long contended that, in dealing with venereal disease, they were concerned with the physical and not with the moral sides of the question. Experience has proven, that in considering this disease, the physical and moral sides of the question are so intimately connected that they cannot be dealt with separately.[52]

Since "cleanliness, or rather the lack of it" was "largely responsible for venereal disease,"[53] instructing women and men on "good" values and morals became central to education and the fight for a "clean" nation. According to Dr. Gordon Bates, a VD specialist, VD education was not "confined to the imparting of knowledge as to the physical results of venereal disease," but rather, was made "to go as far beyond this as possible in the inculcation of the view that correct moral standards" were "fundamental in all classes of society if the venereal disease problem" was to be solved.[54] Thus, as one professional pointed out:

> The greatest good which may come from the sex education movement is not prevention or elimination of social diseases, it is not improved health, it is not general acceptance of the moral law of sex - it is not one nor all of these that are devoutly to be hoped for; but far greater than such possible results from sex education, it will bring to many a man and woman a deeper, nobler, and purer knowledge of what sex means for the coming race.[55]

Relying on scientific and medical knowledge, professionals attempted to teach women and men the "correct" standards of good health. They argued that, if individual health was improved, the rates of VD would be reduced, and Canada would become "a nation of strong, healthy citizens."[56]

Much of the anti-VD advice literature focussed on "character-building." As one doctor described, the object of education was "the development of standards of conduct...the formation

of character,"[57] and the inculcation of "good" morals and values into women and men. Professionals argued that if women and men developed "good character," social problems, including venereal disease, would be reduced. Doctors and (s)experts believed that sexual deviations were underlying all of the existing social problems, hence, moulding the sex instinct became crucial to the character-building process. As the Health League of Canada described:

> People are realizing that the greatest health and happiness can be attained only through complete physical, mental and spiritual development, and that such development is possible only when the sex instinct is used for the upbuilding of the individual and the race.[58]

While "bad character" was defined by medical practitioners and professionals in terms of sexual immorality and perversity, "good character" was synonymous with white middle class sexuality, and was defined through abstinence, except of course in marriage. As Dr. Lincoln, writing for *Social Welfare* pointed out, the "only cure for the social evil," was "a high standard of morals" that would "instill in the minds of young men and women that the sexual functions" were for a "high and noble purpose," and their misuse would "inevitably to disaster."[59]

Medical practitioners and professionals also relied on fear in their discussions about sex and VD. Doctors were convinced that simple facts about VD would do little to prevent its spread. Rather, they argued that the public needed to be given information that would focus on the "rousing of suitable emotions and the training of the will."[60] Many educational initiatives were attempts to "scare" women and men out of immoral behaviour. The literature of the time continually warned that venereal infection was disastrous for individual and national health, and would lead women and men to "hell in a hand basket." While women were told that VD would jeopardize their life-long dreams of marriage and family, men were warned that disease would

lead them to a life of physical suffering and humiliation. According to Dr. Watson, a medical doctor, writing for the Department of Temperance and Moral Reform of the Methodist Church:

> The powers of nature are so dense that no evil can be perpetuated forever, but will destroy the persons affected in order to preserve the race. Noxious disease in any man ultimately destroys him, extinguishing his life, wiping out his name, and removing his memory from the earth.[61]

Through medical and professional discourses professionals attempted to scare women and men straight. Both sexes were told that immorality had devastating consequences and would take serious tolls upon their health, and the health of the nation.

While medico-moral discourses were hegemonic throughout the century, by the 1920's, a counter discourse on sex emerged. Feminists constructed their own discourse in arguing that the cause of venereal disease could not be attributed to sexual immorality alone, but rather, was "a direct effect of the double standard of morals."[62] Professionals worked with feminists, and throughout education, encouraged a single standard of morality for both women and men. They argued that society needed "a new ideal of the worth and dignity of human life which must be founded upon the single standard of morality."[63] Popular literature urged people to abandon the double standard, arguing that the eradication of venereal disease was the responsibility of both women and men, and could only be obtained through abstinence in both sexes.

Throughout health manuals, medical discourse had previously supported the belief that sexual activity was necessary for men, as it ensured healthy development. However, during the century, this view shifted, and was vehemently criticized by doctors and professionals. As one pamphlet pointed out;

> some ignorant men hold that sexual intercourse is necessary to physical health, this is contrary to the best medical authority...Men who act upon this false idea of sex often find out to their sorrow that sexual intercourse for them has resulted in disease not health.[64]

Feminists and professionals argued that this "misinformation" was responsible for the spread of VD, as it encouraged promiscuity among men. They argued that, if;

> most men should become as chaste as most women are under present conditions, there would result a great diminution of these abominable evils. If the same standard of chastity should be effectively applied to men and women, they would gradually disappear.[65]

The emergence of this counter discourse, along with more general shifts in approaches to sex, led doctors, professionals, and reformers to discount the earlier theories about sexuality. As Sir Thomas Barlow, an English reformer, writing for *Social Welfare* pointed out, "the lay advice so confidently given that the youth should have recourse to sexual intercourse is not only wrong but foolish and futile."[66] Drawing from medical and scientific discourses, professionals and reformers argued that both women and men needed to maintain strong morals and self-control for the development of their health and of the race:

> The same virtue is needed in both sexes for the happy development of that family life on which the security of the race and the progress of civilization depend...In the light of modern science, it is plainly to be seen that these virtues in men would have the same uplifting and consecrating effect on the family and the race.[67]

It was only when men lived up to the same standards as women that VD would be eliminated. Emmeline Pankhurst, a feminist speaking at a public lecture on Vancouver Island, asserted that if "there was no double standard of living there would be no disease....It literally could not exist at all if the standard of moral conduct imposed on women was also imposed on men."[68] Thus, within public education, doctors and professionals urged a single standard of continence for both sexes.

DEFINING SEX: "GOOD" VS. "BAD"

As medical and scientific discourse became central to anti-VD education, doctors and professionals, including (s)experts, were increasingly called upon to determine "normal" sexual behaviour. Throughout the advice literature, heterosexuality, monogamy, and reproduction were defined as the norm, while all other forms of sex, including sex for pleasure, were described as pathological, perverse, and dangerous. Medical and professional discourses constructed sex in competing ways, as "good"/ "bad," "healthy"/ "unhealthy." In spite of these dichotomies, however, sex was always constructed in an essentialist way, as natural, innate, and biological.

Unlike the Victorians, professionals did not espouse a purely repressive view of sex. Instead, they differentiated between "good" sex and "bad." Doctors and (s)experts defined "good" sex in terms of monogamy, heterosexuality, marriage and reproduction. This type of sex was described through medical and professional discourses as an important function of "normal" life, and "one of the most fundamental instincts of the human race."[69] While "good" sex was necessary for health, happiness, and national prosperity, reformers argued that it was often misused to become "bad." Through education, they attempted to guide women and men away from the misuses of sex, by instilling them with the "correct" and "purposeful" uses of the sex instinct.

According to professionals, sex education was to describe the beautiful aspects of "good" sex, and was to "work against the ideal that sexual processes are inherently vulgar, degraded, debased, and impure."[70] Rather, this negative interpretation was only correct when sexual instincts were "uncontrolled and thereby out of harmony with the highest ideals of life."[71] Relying

on medical discourse, educational literature emphasized the positive aspects of sex. According to one doctor, writing for *Social Hygiene*:

> Sexual activity can have a rightful place in human relationships only as an expression of mutual love in marriage. Outside that field it becomes at once degrading to every noble sense, for it is a selfish animal act which uses another person as a mere convenience without regard to personality.[72]

As doctors pointed out, when sex was expressed within the "right type" of relation, between husband and wife, it was an "essential source of the dignity, beauty and power of life."[73]

Medical practitioners and professionals also defined "good" sex as useful and (re)productive. Women and men were told throughout the literature that they could only experience the fulfilling aspects of sex by reproducing the race. As a Canadian pamphlet entitled, "Necessity of sex education," describes:

> In so far as human society is based upon the family and on the spirit which produces and is fostered by the family, sex and reproduction have done much to give its fundamental form to human society at every stage.[74]

All sexual relations were to have a purpose. The most important part of sex was, the continuation of the race and the perpetuation of the nuclear family, for "the home is the nest whence springs all future life."[75] Sexual relations which took place outside the confines of marriage and family were pathological and disastrous to both the individual and the nation.

Reproductive sex was described as the "highest and most revered of physical powers."[76] According to *Healthy Happy Womanhood*, a pamphlet published by the Health League of Canada;

> the marriage of one man with one woman has come to be considered the best method of carrying on the life of the race. Through such a relationship, the sex instinct finds its most wholesome satisfaction...More than this, indulgence in sex relations among persons who

> are not married to each other exposes them to a serious physical danger: they are likely to become infected with a venereal disease.[77]

Relying on medical discourse, professionals argued that reproductive marital sex was not only the most fulfilling, but was also the safest. According to an article in *Social Hygiene*, venereal diseases were "practically never spread through sex relations between a man and a woman who remained continent until their marriage."[78] Even after marriage, reformers encouraged women and men to refrain from too much sex. While marital sex was defined as a prophylactic against disease, sexual excess within marriage was still defined as abnormal, and was dangerous to both body and mind.

While doctors and professionals defined "good" sex as a "tremendous power in life," which brought happiness to the individual and the race, they argued that "bad" sex "lead to serious suffering and unhappiness."[79] The definition of "bad" sex was extremely broad, and included any sexual relations which deviated from marriage and reproduction. Sex for pleasure was included in this category, as it was unproductive and served no purpose. According to a pamphlet published by the Nova Scotia Department of Public Health:

> While the sexual instinct is one of the primal instincts, it differs from the other primal instincts, as hunger and thirst, in that its purpose is the perpetuation of the species rather than the preservation of the life of the individual, and consequently its satisfaction is not necessary to the health of the individual.[80]

Frequent sexual intercourse, and sex for pleasure, were "responsible for much of the indulgence" which brought on disaster.[81] These relations, especially between unmarried women and men were unsafe, and inevitably resulted in disease, as both syphilis and gonorrhea were spread by "immoral sexual intercourse."[82] Professionals repeatedly drew upon medicine and science to argue that all extramarital sex was unsafe, and guaranteed exposure to VD.[83]

The definitions of "good" and "bad" sex were pervasive throughout anti-VD education. While all British Columbians were warned about "deviant" sex, and the dangers which followed, the literature was tailored for specific audiences, and was based on underlying beliefs about the role of sex. As Allan Brandt (1985) indicates, venereal disease meant very different things for women, and men. This is evident throughout the advice literature. Much of the educational material disseminated was sex-specific and was published for particular audiences. It is apparent that the messages conveyed about the causes of VD and methods of prevention, were mediated by social relations, the most salient being age and gender. The following two sections will discuss the conflicting constructions of sex, based on age and gender respectively.

AGE: SEX EDUCATION FOR PARENTS AND CHILDREN

From the eighteenth century onward, the dominant view was that children did not have a sexuality. Consequently, discussions of sex were forbidden among young people. Within early discussions of education for children, doctors maintained that youth would understand matters of sex through experience as adults, rather than through instruction. As one doctor proclaimed;

> until you yourself have married your true mate, and have known the joy of being a father or mother, you cannot really understand the beautiful truths of a baby's creation...As you learn for yourself the big things of life, you will learn too, why they aren't talked about by fine people as other things are. They are the big sacred realities, and too holy for easy discussion.[84]

Sex was excluded from all of the discourses relating to children. Professionals argued that sexual information would arouse curiosity among young people, and would corrupt their innocence, and lead them to immorality. Ignorance was believed to be innocence, and was the desired state for children during this time.

By the post-war period, the repressive views towards sex education for children changed dramatically. While ignorance in children was previously sought, by the 1920's, professionals in BC began arguing that education for the young was crucial. Since the children of today would be the leaders of the race tomorrow, the younger generations "were most in need of proper knowledge."[85] As pointed out by Dr. Ernest Hall, a VD specialist in BC:

> In view of the destruction of the family and society through these diseases, the time has come when the barriers of concealment and silence behind these be broken down...Children should be educated in the matters of sexual hygiene. They should be taught the evils and dangers which beset the pathway of dissipation; they should be instructed in the knowledge that venereal diseases are almost always the result of licentious living.[86]

Professionals pointed out that, the absence of any formal instruction regarding sexual matters enabled children to grow up in ignorance. Ignorance was now viewed as potentially dangerous, as young people who were not properly educated, acquired knowledge about sex "by stealth and through entirely wrong channels."[87] Education could benefit young women and men, and could protect them from straying down the wrong path. Professionals argued that the child "who is well equipped for life knows the truth about his body and how precious each part of it is,"[88] and hence, is more likely to be responsible in matters of sex.

While professionals believed that children needed proper education to understand the "great truths of life,"[89] sex instruction for children took a completely different form than education for adults. While women and men were instructed "publicly" by professionals and doctors, children were taught "privately" by their parents. Throughout the century, the home was the designated sphere of education for children, and was described by professionals as, the "the first" and "most important educational institution."[90] Doctors and professionals believed that parents

should be responsible for educating their children. According to a pamphlet entitled, "Information for Parents:"

> The information concerning sex should be given by the parents to their children; it is from them that the child should receive its knowledge and have its natural curiosity satisfied with truthful answers. Curiosity is only awakening intelligence in the child.[91]

Since many women and men were ignorant on how to "properly" educate their children, professionals and medical practitioners developed new discourses and knowledges. Parents were to learn these new discourses, and to use them, to teach their children the "truths" about sex and related functions:

> Adults must learn specifically, how to train and educate the young, while they are young and all through their developing period, in personal sex conduct, habits, knowledge, attitude and character. This must not be done as a routine task, but in ways and at such times as will give the best results in personality. This it may be repeated, is the most vital of all, since character in the young is the greatest product of any generation.[92]

The twentieth century saw a proliferation of literature published by experts. Much of this literature was concerned with educating parents on matters of sex. Some titles included; "What mothers must tell their children" (1920), "The wonderful story of life" (1921, 1924), and "Sex in life: For adolescent boys and girls" (nd).[93] The growing dominance of science was evident within these publications as biology, zoology and plant life, were emphasized as the appropriate discourses to be employed in discussions of sex with children. The advice literature encouraged parents to draw upon these discourses, and to instruct their children "scientifically." When children asked about matters of sex, parents were to "tell the story of flowers - how the male and female part of the plant each contribute half, and how the mother plant protects the little plant till it is ready to start for itself."[94] After children reached this level of understanding, parents were to "go on to the life story of the birds, and gradually work up to the animal kingdom, telling the

truth, but not all of it at one time."[95] Professionals argued that children needed to be "instructed and trained" (scientifically of course), so they would "develop proper attitude and conduct with regard to the sex side of life and its successful management."[96]

Much of the literature for children emphasized the importance of continence. Throughout scientific and medical discourses, children were constructed as asexual. Education continually warned parents that sexual expression in children was abnormal, deviant, and abhorrent, and would lead to disease and other perversions. The advice literature emphasized abstinence, and warned that active sexuality among children would always result in VD. This was a crucial point, and as one doctor argued, every boy and girl was to "have it drilled into them that sexual intercourse outside of the marriage relationship" was "a source of great danger," not only to themselves, but also to "those they love best."[97]

While education for children was negative and focused on the repression of sex, it also emphasized the positive aspects of sex. According to doctors and professionals, the "proper" sphere of sexual expression for children was within responsible parenthood. While parents were to "guard their children against sex mishaps," they were also to emphasize the importance of "health, character formation, preparation for marriage and the ultimate assumption of the duties of parenthood."[98] Children were to be taught that the greatest health and happiness could be "attained only through complete physical, mental and spiritual development," and that such development was only possible when the sex instinct was used for "the upbuilding of the individual and the race."[99]

While young people were to be educated about sex, parents were encouraged to regulate the behaviour of their children, and to divert them away from thinking and talking about sex.

Professionals argued that, young women and men needed guidance away from bad habits, bad company, and "sexual indulgence."[100] Parents were to be "thoroughly acquainted with the friendships of their young folks and to encourage early marriage and frugal living."[101] Furthermore, reformers encouraged parents to promote "respectable" forms of recreation for children, including "athletic sports, music, art, literature [and] all the finer things of life."[102] Consequently, parents became vital to policing the sexuality of children.

GENDER: SEX EDUCATION FOR WOMEN AND MEN

The construction of sex and sexuality within anti-VD education also was mediated by gender. Throughout the advice literature, male and female sexuality was represented as opposed and complementary. While men had natural sexual urges, women were sexually passive. This gendered view of sexuality is summarized in an American pamphlet entitled, "Talks to a young woman about sex:"

> From the very nature of their physical constitution, woman's sex impulses are not so easily stirred as man's. She is passive and negative in her makeup where he is positive, active and energetic. When the great primal forces of nature come surging up through the individual, driving relentlessly toward the expression of creative powers, it is natural that these forces should exert upon man the compelling power of an explosive energy which he is almost powerless to resist. The sex instinct of a woman is more of an impelling, rather than a compelling force, coming gradually into existence and, therefore, more easily controlled and diverted.[103]

These gendered constructions of sex were rarely challenged. While feminist discourse was critical of the sexual double standard, feminists did little to challenge the underlying assumptions of male and female sexuality. The advice literature on VD repeatedly acknowledged the uncontrollable male sex drive and, while condemning extra-marital sex for men, provided scientific and medical

justifications for it.

While men were constructed as sexually aggressive, constructions of women were fundamentally different. Doctors and (s)experts defined female sexuality through love, marriage and motherhood. As Edward Carpenter, an American sexologist describes;

> [for a woman] sex is a deep and sacred instinct, carrying with it a sense of natural purity; nor does she often experience that divorce between the sentiment of Love and the physical passion which is so common with men, and which causes them to be aware of a grossness and a conflict in their own natures; she is, or should be, the interpreter of Love to man, and in some degree his guide in sexual matters. More, since she keeps to the great lines of evolution and is less biased and influenced by the momentary currents of the day; since her life is bound up with the life of the child; since in a way she is nearer the child herself, and nearer to the savage; it is to her that man, after his excursions and wanderings, mentally and physical, continually tends to return as his primitive home and resting-place to restore his balance, to find his centre of life, and to draw stores of energy and inspiration for fresh conquests of the outer world.[104]

Throughout the century, these underlying views of male and female sexuality were repeatedly constructed through scientific and medical discourse as "truth," and provided the cornerstone for all educational initiatives aimed at women and men.

Sex education for women

Until the early twentieth century, women were viewed as child-like, and knowledge about venereal disease and sex was unsuitable for them as it had been for children. Medical practitioners believed that women were "too virtuous" to discuss these matters, and hence, needed to be spared the degrading knowledge. Doctors argued that knowledge of VD and sex was dangerous for a woman, as it could potentially corrupt her innocence, and encourage her toward promiscuity. By the end of World War I, however, rates of venereal infection were increasing in BC, particularly among "innocent" women and children.[105] During this time, education was viewed by doctors,

feminists and professionals, as necessary for the protection of women and for the preservation of national health.

Since women were virtuous, innocent, and easily corrupted, knowledge and education became vital to their well-being. Feminists argued that many women were led astray and seduced by deceitful men who promised to marry and take care of them. Medical practitioners supported feminist discourse, arguing that a woman's lack of knowledge made her increasingly vulnerable to sexual immorality and vice. As one doctor pointed out:

> There is a large number of girls who, because of lack of home care and protection, and because of complete ignorance as to the sex organs and instincts, have not the slightest idea as to why certain liberties with their persons are not to be permitted, and are enticed early by boys of the neighbourhood and seduced.[106]

Throughout the advice literature, doctors and professionals encouraged women and girls to be careful and to be aware of dangerous men. As the Health League of Canada warned;

> [b]ecause the sex instinct, which may bring the individual the greatest joy, is sometimes misused, a girl should exercise great care in the choice of men with whom she associates. Chance acquaintances often invite girls on automobile rides and to the use of liquor, with the intention of leading them into sex relations. Such invitation should be refused. A girl does not wish to be considered an easy mark, or to put herself in a position where a man may take advantage of her.[107]

By the post-war period, doctors, professionals and feminists, agreed that knowledge rather than innocence, would protect women and girls from the dangers of vice, promiscuity, and venereal disease.

Drawing from medicine and science, doctors and professionals argued that knowledge about sex and VD, among women, were vital for race preservation. According to the Canadian Department of Health:

> In the past years the discussion of sex hygiene and venereal diseases has been avoided, with the result that most girls have grown up in ignorance as to conditions which are of vital importance to them...Knowledge is power. For her to know the truth about her maternal organs and the diseases which may affect them, is giving her power to guard not only her own future health but also that of her children.[108]

Professionals argued that "medical" and "scientific" knowledge about VD was crucial for the early detection and treatment of disease. Since gonorrhea and syphilis were often difficult to detect, doctors argued that, it was necessary for women to recognize the early signs and symptoms of disease. According to professionals, too many women were ignorant about the ravages of disease. As one source indicated, women learn "the true danger of what may have seemed to them a harmless discharge when a baby loses or almost loses, its eyesight"[109]

Educational initiatives around VD built upon the "true natures" of women. Most of the advice literature emphasized sexual passivity, the ideals of womanhood, motherhood, and the dangers of looseness.[110] Based on beliefs about female sexuality, doctors and professionals described women as essentially innocent, virtuous, altruistic and maternal. Education continually encouraged women to conform to these ideals, as well as to their expected roles as mothers and wives. Professionals argued that education for women was necessary to instruct them about womanhood and motherhood. If women were taught to conform to these prescribed roles, they would never need to worry about problems including venereal disease. As Dr. Rachelle Yarros, writing for the widely circulated *Public Health Journal* pointed out:

> We now know definitely that a clear scientific and frank discussion of the sex organs and instinct, and of the reasons against promiscuous indulgence, has helped thousands of girls to a better understanding of themselves, to better self-control, and decent conduct. It has helped them to realize their responsibility to men, to understand that they must not overstimulate his already powerful urge of sex; and that comradeship and friendship must take the place of playing with sex.[111]

Within the educational initiatives, medical and scientific discourses described female sexuality in terms of reproduction. Motherhood was a woman's most important duty, and the **only** acceptable form of sexual expression. While doctors condemned extra-marital and non-reproductive sex for both women and men, it was severely condemned for women. As one American sex educator described;

> [woman] has no right to give herself in this way [ie. In sex outside of marriage] because she does not belong to herself. She is the mother of the race and she belongs to the race. She has no right to give herself except when it is for the good of the race.[112]

If a woman did "give herself" outside of marriage and reproduction, the consequences were disastrous. Doctors and professionals argued that extra-marital sex for women would result in all types of perversions. More importantly, it would cost a woman her dreams of marriage and motherhood.

Throughout education, professionals relied on fear to warn women of the dangers of illicit sex. They argued that extramarital sex for women was extremely dangerous and always resulted in VD. Women were told that "one act of folly,"[113] even just a kiss, could lead them to a life of corruption, prostitution, and venereal infection.[114] Furthermore, doctors pointed out that venereal disease in women would lead to reproductive problems including sterility.[115]

Education for women warned them that, non-conformity to socially prescribed sexual norms would not only be disastrous for their own health, but would cost the nation enormously. The consequences of illicit sex were dangerous for the nation, as the misery of VD could potentially be passed from the woman to the fetus. Hereditary or congenital syphilis was described by doctors as the worst kind, as it destroyed the "most innocent and helpless of all, the babies and the children."[116] Thus, chastity was not only a woman's duty to herself, but also to the

race. As professionals pointed out, a "woman who sacrifices herself for physical pleasure or mercenary gain leads herself to disaster and sacrifices the opportunity for the greatest love in life."[117] Venereal disease among women was abhorrent and unacceptable, as it threatened her reproductive capacity, the future generations, and the nation.

Sex education for men

Based on the assumptions about the natures of "normal" men, anti-VD education directed at men had two purposes. The first was to provide "accurate information concerning syphilis and gonorrhea and how and why to avoid them," and the second was to "clear up false ideas concerning self-abuse or masturbation, seminal emissions and sexual indulgence."[118] Much of the literature aimed at men relied upon scientific and medical discourses to describe the signs and symptoms of syphilis and gonorrhea. Doctors instructed men of the painful consequences of these diseases, and the effects VD had upon their health, and the health of the nation.

During the late nineteenth century, sexual activity was constructed through medical discourse as a necessary part of healthy development in men. Since men had natural sexual urges, it was acceptable and even expected for them to "sow their wild oats." According to Dr. Charles Eliot, in a pamphlet published by the Department of Temperance and Moral Reform;

> [to] yield to the sexual passion was supposed by young men to be an evidence of virility and boldness. It was commonly believed that incontinence for men was healthier than continence particularly if marriage was long postponed.[119]

However, by the early part of the twentieth century, this view shifted, and all extra-marital sex was seen to result in VD. Drawing from new developments in science, education for men emphasized the importance of abstinence, and argued that previous theories which encouraged

extra and pre-marital sex were inaccurate and, in fact, lacked any "scientific foundation."[120] By the post-war period, medicine and sexology emphasized that sexual continence for men was consistent with good health.[121]

Anti-VD education warned men and boys that masturbation and illicit sex could result in a lifetime of suffering. Medical and scientific discourses defined masturbation as both physically and mentally injurious.[122] While masturbation could lead men to homosexuality (Hall, 1991; Kinsman, 1996), illicit sex, on the other hand, led to all sorts of sexual disfunctions. Professionals continually told men that, an excess of sexual emissions would eventually result in the loss of "sex-enjoyment" and even impotency,[123] while illicit sexual activity would inevitably result in venereal disease.

While anti-VD literature instructed both women and men on the importance of abstinence, it did so in different ways. According to one source, a man "who has illicit sexual relations may get venereal disease THE FIRST TIME. The only safe way is to use common sense and not indulge in any illicit sexual intercourse."[124] Doctors argued that prophylaxis was ineffective,[125] and that continence was the only "effective way of avoiding venereal disease."[126] Men were told that extra-marital sex would cost them and their families enormously.

As doctors and professionals pointed out, abstinence was not only necessary for a man's health, but also for the health of the nation. Boys were discouraged from "sowing their wild oats," and were told of the disastrous effects which could "easily reap a lifetime of suffering for himself or for the girl he makes his partner for life."[127] For men, keeping free of disease was not only an individual responsibility, but also a national one. According to a publication by the American Social Hygiene Association entitled, "Keeping him fighting trim:"

> Your country needs strong, able-bodied men to fight for her, not only in the army and navy, but in the industrial plant, on the farm, and in the home. Your patriotic duty is to be strong, able-bodied and healthy in order that you may now protect the flag that for so many years has protected you, and late return home clean and healthy, a credit to your family and friends.[128]

Professionals believed that, if education for men stressed the dangers of deviant sex, the fear of sterility for himself and for his future wife, and the threat of potential damage to future progeny, would be enough to keep a young man on "the straight path."[129]

While medical discourses provided men with descriptions of the causes and symptoms of venereal disease, they simultaneously attributed the causes of disease to "dangerous" women. As the Canadian Department of National Health described, gonorrhea was "caused by a germ (gonococcus) which a man gets in sexual intercourse with a diseased woman," while syphilis was "caused by a germ (Spirochaeta Pallida)" also contracted though sexual relations with diseased women.[130] Warnings of "dangerous" women pervaded the literature for men. As a pamphlet published by the Council on Health and Public Instruction of the American Medical Association described:

> Vile women have always existed. They are called prostitutes; the Bible speaks of them as whores. You may have seen them prowling about especially at night, trying to attract men. They take their victims to their rooms or to houses where rooms are rented for the purpose, and there they commit all sorts of indecencies with these men.[131]

If men consorted with these types of women, they were told that their health, and the health of their families would be at risk. As Dr. Ernest Hall pointed out, "germs contracted in the bawdy house" by men were sometimes carried home, linking "the prostitute and the virtuous woman"[132]

While the popular advice literature for men emphasized the dangers of sexual vice, it also focussed on the need for "character-building." According to Dr. Mazyck P. Ravenel, writing for

Social Hygiene, education "must be constructive; it must look to the building of moral character rather than the mere imparting of disagreeable knowledge."[133] As abstinence was vital to "good" character, a main theme throughout the advice literature for men was the importance of self-control. While the "natural" sexual urges of men were acknowledged, reformers described the "real" man as the one who was able to control them. According to Dr. M.J. Exener an American sex educator;

> [the] real test of a man's character is the way he governs his native instincts and desires, and keeps them true to the ideals of his best self under usual conditions. His primitive instincts are the raw material out of which his character must be forged - good or bad.[134]

Education provided men with advice on how to build character and control their sexual urges. Among these suggestions were; outdoor sports, keeping the mind busy, associating with good women only, and practising abstinence.[135] Educators emphasized that while vigour and health were promoted through chastity, "the strength of manhood" could be attained through self-control.[136]

Mental purity was also essential to "good" character. The advice literature for men emphasized the importance of pure thoughts. As Bernarr McFadden describes:

> Actions spring from thoughts. Mental conditions are the causes of physical acts. Keep the mind pure and purity of body is an easy matter to maintain. But allow the mind to dwell fondly and eagerly upon sensual thoughts of life and it will not be long before such thoughts become confirmed habits of mind...To the man whose mind is polluted, everything he sees or hears suggests sex-gratification. Every attractive member of the opposite sex awakens lewd thoughts in his mind. Persistence in erotic fantasies leads in the end to insanity upon the subject of sex.[137]

The consequences of "dirty" thinking were often very serious and had a "debilitating effect upon the entire system."[138] Sex thoughts;

> cause a reaction in the reproductive system which results in a continual loss of sex-power. The young athlete who finds his physical prowess lessening may discover that suggestive pictures hung in his bedroom are producing repeated seminal emissions. This is wasting sex-power...The man who allows his mind to revel in thoughts of physical gratification soon finds his will-power so weakened that he can no longer resist the desires thus created. Step by step he advances in the path of self-indulgence until he finds that he has lost his power of sex-enjoyment and that he has become prematurely impotent.[139]

Educational materials encouraged men not only to act "purely" but also to think "pure" thoughts, as both were necessary for virility, vitality, and the prevention of VD.

CHAPTER SUMMARY

This chapter has discussed the contradictory constructions of "sex" and the regulation of sexuality within anti-venereal disease education in Canada, with some reference to BC. During the venereal disease crisis, sex became a public concern - something to be managed and controlled. Rather than repressing sex, as some historians have suggested (Brandt, 1985; Rosow & Persell, 1980), strategies to control venereal disease, specifically through public education, generated a proliferation of knowledges and discourses about sex. Medical and scientific discourses became dominant during this time, and claimed to produce the "truth" about VD, and about sex more generally.

The venereal disease problem generated a constant chatter about sex and VD. Doctors and professionals encouraged public discussions of sex, with the hope of moulding the sex instinct of women and men. As this chapter indicates, however, professionals did not merely espouse a negative and repressive view of sex. On the contrary, they conceptualized sex as an important function of human life, but confined it to marriage and family. Throughout the advice literature, medical practitioners defined sex as "normal" and "abnormal." "Normal" sex was linked to

heterosexuality, monogamy, marriage, and reproduction, while "bad" sex included all extra-marital sex and sex for pleasure. Through the threat of disease and racial decline, public education was preoccupied with guiding women and men away from "bad" sex.

This chapter has discussed the effects of anti-VD education upon the regulation of sex and sexuality during the early decades of the century. The eradication of venereal disease in Canada did not merely depend on the law or the state. While both of these institutions were vital to VD control and the regulation of sex (McGinnis, 1990; Sears, 1992, 1995), public education was also crucial. While the law was often mobilized to deal with "sexually corrupt" populations (Backhouse, 1985; Bland, 1985a, 1985b; Buckley & McGinnis, 1982; Cassel, 1987; McGinnis, 1990; McLaren, 1986), during the century, doctors and professionals became increasingly reliant on education to prevent sexual immorality and disease. "For their own good, and for the good of the nation," women and men were instructed to regulate their sexual thoughts, desires and behaviour, while parents were encouraged to regulate the sexuality of their children.

NOTES TO CHAPTER FOUR

1.Peter Sandiford, "Changing conceptions of social hygiene," *Social Welfare*, Volume 8, 1926, p. 160.

2.Dr. Homer F. Swift, "The problems of syphilis," *Canadian Nurse*, Vol. 7, 1911, p. 552, 554.

3.Dr. Gordon Bates, "The venereal disease clinic," *Canadian Nurse*, Vol. 25, 1929, p. 406.

4.Frances E. Brown, "The role of the nurse in a campaign against venereal disease," *Canadian Nurse*, Vol. 18, 1922, p. 145.

5."Calls on Canada to lead movement," *Victoria Colonist*, May 28, 1921, p. 9.

6."The province's share $14,628," *Victoria Times*, June 12, 1920, p. 1.

7."To combat venereal disease," *Victoria Times*, Dec. 31, 1919, p. 4.

8.BC Sessional Papers, Provincial Board of Health Report, 1921, Vol. 1, p. A7.

9.BC Sessional Papers, Provincial Board of Health Report, 1924, Vol. 2, p. Q8

10."BC is winning battle against social disease," *Victoria Times*, Feb. 8, 1924, p. 2.

11."Council meeting of social hygiene," *Victoria Colonist*, Jan. 25, 1923, p. 6.

12.Lorne C. Gilday, "The social diseases in their relation to public health," *Social Welfare*, Vol. 2 1919/ 1920, p. 165.

13.Major W.T. Lockhart & Captain J.R. Atkinson, "Administration of arsenic in syphilis," *Canadian Medical Association Journal*, Vol. 9, 1919, p. 129.

14.See *Social Hygiene*, Vol. 6(3), July 1920, p. 337 - 356 for a general discussion of problems faced by public clinics. While the discussion pertains to the USA, many of the same problems manifested themselves within the Canadian clinics (see also Cassel, 1987).

15.Dr. Maurice M. Seymour, "Venereal diseases as communicable diseases," *Public Health Journal*, Vol. 9(6), June 1918, p. 259.

16.Dr. Douglas White, "Notification and compulsory treatment of venereal diseases," Association for Moral and Social Hygiene, USA, December 1922, p. 12. United Church Archives (hereafter UCA), University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

17.Dr. Gordon G. Copeland, "Blindness of the newborn - a preventable disease," *Canadian Medical Association Journal*, Vol. 8, 1918, p. 728.

18.Hugh Dobson to unknown, 1918. UCA, University of British Columbia, Hugh Dobson Papers, Box A4(1), File A.

19."The new treatment of syphilis," *Canadian medical Association Journal*, Vol. 1, 1911, p. 76.

20.This is not to suggest that there were never any conflicts between doctors and social reformers, or that the alliance between these two groups was always harmonious. There were often disagreements, especially with regards to the "proper" content and role of public education.

21. "The venereal disease problem," *Canadian Medical Association Journal*, Vol. 7, 1917, p. 742.

22.Dr. Gordon Bates, "Essential factors in a campaign against venereal diseases," *Public Health Journal*, Vol. 12(9), Sept. 1921, p. 387.

23.Miss F.E. Brown, "Mental defect and venereal disease," *Public Health Journal*, Vol. 13(6), May 1922, p. 223.

24.BC Sessional Papers, Provincial Board of Health Report, 1918, Vol. 2, p. G8.

25.While the council was based on Vancouver Island, the idea was to form a council on the mainland and at various points throughout the interior of BC.

26."Organize to combat venereal diseases," *Victoria Colonist*, Dec. 11, 1920, p. 13.

27."Government combats venereal diseases," *Victoria Colonist*, Dec. 29, 1921, p. 5.

28.Dr. P.H. Bryce, "History of public health in Canada," *Public Health Journal*, Vol. 1(6), June 1910, p. 291.

29.Rev. J.K. Unsworth to BCMA, Feb. 9, 1914, p. 15. BC Medical Association Archives, Minute Book 3, 1913-1921.

30.Hugh Dobson to Rev. Manson Doyle, Nov. 14, 1919. UCA, University of British Columbia, Hugh Dobson Papers, Box A4(1), File D.

31.As Cassel (1987) points out, very few pamphlets were actually published within the provinces. Rather, provinces generally relied on materials that were published outside of the province, including literature published by the Dominion Department of Health, along with material from the National Council for Combatting Venereal Disease (London), the American Social Hygiene Council, and other state and non-state organizations. (See appendix).

32."Council meeting of social hygiene," *Victoria Colonist*, Jan. 25, 1923, p. 6.

33.Health League of Canada, "What are the venereal diseases?" No date, Toronto, p. 3. UCA, Victoria College, University of Toronto, Pam RA G44, VA A4.

34.Dr. Gordon Bates, "Essential factors in a campaign against venereal disease," Canadian National Council for Combatting Venereal Diseases, no date, Toronto, p. 389. UCA Library, Victoria College, University of Toronto.

35.Dr. Homer F. Swift, "The problems of syphilis," *Canadian Nurse*, Vol. 7, 1911, p. 553.

36.Frances E. Brown, "The role of the nurse in a campaign against venereal disease," *Canadian Nurse*, Vol. 18, 1922, p. 143.

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38.Frances E. Brown, "The role of the nurse in a campaign against venereal diseases," *Canadian* Nurse, Vol. 18, 1922, p. 144.

39.Dr. Omar Wilson, "Venereal diseases: Their treatment and cure," *Canadian Medical Association Journal*, Vol. 9, 1919, p. 137.

40."Large audience hears experts on social hygiene," *Victoria Times*, March 23, 1922, p. 7.

41.Sir Thomas Barlow, "Brotherhood and the fight against venereal diseases (concluding article)," *Social Welfare*, Vol. 2, 1919/ 1920, p. 333.

42.NCCVD, Bulletin No. 5, Toronto, no date, p. 2. UCA, Victoria College, University of Toronto, Pam RA S44, VA A4.

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44."Information for parents: Teaching of Sex Hygiene to Children," National Publication No. 26, Issued by the Dept. Of Pensions and National Health, Canada, 1929, p. 3. Public Archives of Canada (hereafter PAC), MG 28 I 332, Vol. 81, File 3.

45."Venereal diseases under discussion," *Victoria Colonist*, March 23, 1922, p. 4.

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47.Second Annual Report of the National Council for Combatting Venereal Diseases, London, June 1917, p. 8. UCA, University of British Columbia, Hugh Dobson Papers, Box A3(1), File N.

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49.Health League of Canada, "What are the venereal diseases?" Toronto, no date, p. 6-7. UCA, Victoria College, University of Toronto, Pam NA VA A2.

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52.Frances Brown, "Public health nurses in venereal disease clinics," *Canadian Nurse*, Vol. 19, 1923, p. 99.

53.Dr. J. Ewart Campbell, "Venereal diseases," *Public Health Journal*, Vol. 17, 1926, p. 112.

54.Dr. Gordon Bates, "The relation of the Canadian National Council for Combatting Venereal Diseases to the program of venereal disease control," *Public Health Journal*, Vol. 12(4), April 1921, p. 156.

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57.Dr. J.J. Heagerty, "Venereal disease situation in Canada," *Public Health Journal*, Vol. 13(10), Nov. 1922, p. 485.

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64.Oregon Social Hygiene Council, "Vigorous manhood," Pamphlet No. 8 for men and boys, December 1917, p. 5. UCA, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

65.Dr. Charles W. Eliot, "The double standard of morals and the social diseases," Issued by the Dept. Of Temperance and Moral Reform of the Methodist Church, Toronto, no date, p. 10. UCA, Victoria College, University of Toronto, Pam RC 200 E4 c.2.

66.Sir Thomas Barlow, "Brotherhood and the fight against venereal disease I," *Social Welfare*, Vol. 2, 1919/ 1920, p. 240.

67.Dr. Charles W. Elliot, "The double standard of morals and the social diseases," Issued by the Dept. Of Temperance and Moral Reform of the Methodist Church, Toronto, no date, p. 10. UCA, Victoria College, University of Toronto, Pam RC 200 E4 c.2.

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77.Health League of Canada, "Healthy happy womanhood," Toronto, 1929, p. 15. PAC, MG 28 I 332, Vol. 81, File 3.

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Chapter Five
VD, Public Education, and the Construction of 'Woman'

> The 'lady,' the household drudge, and the prostitute, are the three main types of women resulting in our modern civilization from the process of the past - and it is hard to know which is the most wretched, which is the most wronged, and which is the most unlike that which in her own heart every true woman would desire to be.[1]

During the late nineteenth and early twentieth century, female sexuality was defined as a threat to national health. This view was crystallized in the "venereal disease crisis," and manifested itself within discussions of "woman," and strategies advocated for her management. Although the incidence of venereal disease in Canada was greatest among "young men between the ages of nineteen and twenty-five years,"[2] the spread of disease was frequently attributed to women. Women who did not conform to the prescribed sexual norms of marriage, motherhood and family, along with immigrant and lower class women (and men), were defined throughout medical and moral discourse as "polluters of the race." Throughout the century, however, male and female[3] doctors and professionals argued that married women and prospective mothers were also potentially dangerous. While the wife and mother was initially seen to be a "victim" of VD, the possibility of fetal transmission made her a threat to future generations and to the nation.

The dominant representations of "woman" within anti-venereal disease education were often contradictory. Women were simultaneously portrayed as the sources of contagion and as innocent victims of careless, victimized, or corrupt men. Historically, the unruliness of woman was calculated by her level of non-conformity to dominant ideals of womanhood. From the nineteenth century onward, the prostitute was viewed as the most deviant type of woman, and was singled out as the primary source of venereal disease. During the twentieth century, the

definition of "dangerous" was expanded to include the non-compliant amateur and immigrant. By this time, the "innocent" (and conforming) woman was also included in the "dangerous" category. And by the post-war period, *all* women were potentially dangerous to m[illegible] and the nation.

This chapter investigates the constructions of "woman" which emerged from mass public education around venereal disease. An analysis of recurrent themes and images is conducted, keeping in mind the ways in which the feminine subject is constituted through discourse, and through relations of race and class. The focus is on representations within discourse, and reveals the "truths" produced about woman. A dominant theme underlying these constructions is sexuality. According to doctors and professionals, the sexuality of all women, "good" or "bad," was potentially harmful to the social and moral order, and hence, needed regulation. This chapter also discusses the techniques advocated for managing the sexuality of "woman."

'WOMAN' AS DANGEROUS

Discussions of "dangerous" women within anti-VD education were based on underlying assumptions about women's "true" natures. According to doctors and professionals, many women, due to their physiology, were unstable, immoral, and mentally defective. These "types" were extremely precarious, and their presence was believed to be the cause of immorality, disease and social breakdown. Definitions of dangerousness were both racist and classist, and were most often evoked to describe single non-conforming women and immigrants (see also Stephen, 1995). While the prostitute and amateur were an affront to the desired ideals of womanhood, the immigrant was a threat to both womanhood and whiteness. These images were constructed and

reconstructed through moral and medical discourse, and were pervasive throughout the advice literature on VD.

The prostitute

From the eighteenth century onward, the prostitute was defined as a prolific source of venereal disease (Backhouse, 1985; Boehrer, 1992; Showalter, 1990). This link was pervasive during the twentieth century, and was evident throughout anti-VD education in BC. Dominant discourses described prostitution as the "incubator for the vilest diseases,"[4] and the "most important factor" in the dissemination of VD.[5] As Ella Grant, a Canadian reformer, pointed out in an article in the *Canadian Nurse*;

> The breeding place of all venereal disease, without exception, is the social institution called prostitution...Bred and cultivated in prostitution, it spreads then through the community, attacking innocent as well as guilty, pure as well as impure.[6]

Doctors and professionals relied on "scientific" evidence to support and justify the connection between prostitution and venereal infection. According to the Report from the British Royal Commission on Venereal Disease, VD was worse in "those countries where prostitution was recognized and regulated by law."[7] Similar "findings" were reported in the Canadian context. Drawing from statistics, the Canadian Social Hygiene Council pointed out, "in a typical Canadian reformatory for women, examination showed that 33% had syphilis and 80% gonorrhea. These women were largely of the prostitute class."[8]

The image of the diseased prostitute was pervasive within the educational literature of the time. Throughout the advice literature, the prostitute was constructed as the most dangerous type

of woman. As doctors pointed out, prostitutes deliberately failed to conform to societal expectations;

> [she] sells herself for money; for social advancement; for idle and luxurious living; because of a love of dress and finery; from weak pandering to the favour of the male, and, often, because she recognizes the widespread custom, and feels she is not singular in her action.[9]

Her selfishness made the prostitute an affront to the ideals of womanhood, while her active sexuality made her extremely dangerous to men, their families, and the nation.

The link between prostitution and VD clearly manifested itself within education for men. Men were continually warned that prostitutes were dirty and diseased, and relations with these types of women were *never* safe. Professionals argued that men did not have the "ability to pick out a clean girl by her looks," and urged men that all prostitutes, regardless of appearance, were diseased.[10] According to a pamphlet for men, published by the YMCA, even those prostitutes who regularly attended VD clinics and received medical attention could not be trusted:

> It is very hard to be sure a women is not diseased; it is easy for her to hide it; she may get the germs again from another man five minutes after she gets a clean bill of health from a doctor; it is impossible to catch all the diseased women and lock them up as long as there are diseased men who demand prostitutes.[11]

As the American Social Hygiene Association pointed out, the only way for men to avoid the ravages of disease was to "shun all prostitutes"[12] and to practise clean living and continence.

The prostitute was an enormous concern for reformers during World War I. Army officials and medical practitioners attributed high rates of VD among soldiers to prostitutes. As one American doctor described:

> It is generally admitted that in all the nations engaged in this war, the results of prostitution present one of the greatest, if not the greatest army problem. The extent and the ravages of venereal disease have been appalling. During the first twenty months of the

war, one of the great powers had more men incapacitated for service by venereal disease contracted while in the training camps than in all the fighting at the front.[13]

Throughout the war, prostitutes were held responsible for spreading venereal disease across the nations of the world. Doctors estimated that, at least 95 per cent of all prostitutes were infected,[14] and were transmitting the disease to soldiers, leaving them inefficient, and the nation vulnerable.

The meanings attached to prostitution had serious implications for single women during war-time. Throughout educational initiatives, reformers advocated various policies against prostitutes, and encouraged army officials to take precautions to ensure that soldiers would remain disease-free. These coercive forms of punishment were justified through medical discourse, as prostitutes posed a serious health hazard to military men and the nation. In many garrison towns these recommendations were adopted. In the US, for example, a "'5-mile-zone' was created around each camp under police and military supervision wherein vice, prostitution and alcohol were banned."[15] Similarly, single women suspected of being prostitutes were recruited, removed, and forced to undergo compulsory treatment within Canadian jurisdictions (Buckley & McGinnis, 1982; McGinnis, 1990).

At the end of World War I, the connection between prostitution and VD was ensconced in the public culture. Reformers continued to advocate discriminatory laws and policies against prostitutes within educational initiatives aimed at civilian populations. According to a BC doctor, all those suspected of having VD were to be apprehended, tested, and treated, regardless of whether this process continued "over a long period."[16] Furthermore, contact-tracing was advocated, and in many cases implemented, in clinics throughout Canada. Professionals urged

men to report sources of infection to the "local or provincial boards of health," and to surrender information regarding "bawdy houses and persons of questionable character" to the police for investigation.[17] As Dr. Gordon Bates, a Canadian specialist in venereal disease, pointed out, sources of infection were frequently believed to be prostitutes.[18]

Throughout post-war education, doctors and professionals argued that the closure of red-light districts and the "absolute elimination of prostitution" were crucial to the fight against venereal disease.[19] Regulating prostitution was ineffective, as the prostitute could never be made safe for society. At various points throughout the century, professionals urged the Federal and Provincial governments to introduce legislation to eliminate prostitutes, and to proclaim "prostitution for money a dangerous and unprofitable calling."[20] Drawing from science and medicine, professionals also advocated segregation and institutionalization for non-conforming women. As one professional pointed out, "such specimens" should be taken into the "hands of the properly constituted health authorities."[21] In addition, segregation "for a large number of women," was necessary, as "institutional life until after the child-bearing period" was "the only guarantee" against illegitimacy and venereal disease.[22]

Constructions of prostitutes within anti-VD education were contradictory throughout the century. While the dominant view was that, prostitutes were the vectors of disease, some professionals described them as "victims" of circumstance, who had strayed down the "wrong path." The prostitute as "victim" is described clearly in the *Public Health Journal*:

> The newcomer to prostitution is frequently a runaway girl with not sufficient willpower to abandon the life voluntarily. She has not paused to consider what was before her. She has been drifting. She may have been deserted by the man who promised to marry her and has been turned from home when it was discovered that she was to have a child...The chronic prostitute or the old timer as she is known to the other girls, has given up all hopes of

> escape. She has had no vocational training. She is bound as truly by fetters as though it were a physical servitude. She is confident that the hand of society is raised against her and she cannot believe that there is anyone in the world who, from an unselfish motive, really wishes to help her.[23]

As medical discourse became increasingly dominant, the victim label shifted, and the prostitute was increasingly defined within education as pathological, sick, and "feeble-minded." Some professionals argued that, prostitutes were "not devils, but poor, unfortunate, feeble-minded girls, or girls brought up in an atmosphere of crime," who never had a chance, or who were "betrayed" and "cast out of society."[24] The definitions of mental defective and feeble-minded changed the strategies which were advocated for dealing with prostitutes. Rather than fining and incarcerating prostitutes, which had been continually suggested throughout education, reformers advocated a scientific medical approach through rehabilitation. Throughout the advice literature, professionals argued that prostitutes needed institutionalization to "correct" their abnormality, and hence, needed to "be sent for treatment, physical, mental, and moral."[25]

Reformatories for prostitutes and delinquent girls were established in many Canadian provinces. Helen MacGill, a Vancouver Juvenile Court Judge, describes one institution:

> For the girls there is a good school with a specially qualified, duly certified teacher. There are commercial classes, and cooking, housework, laundering, bread making; dairying, care of small fruits, chickens and cows, gardening, simple dressmaking and sewing are taught.[26]

Through science and medicine, these "special schools" attempted to "rehabilitate" prostitutes by teaching them domestic hygiene, and converting them into "respectable" women, so their uncontrolled sexuality would no longer threaten the race.

The amateur

While the image of the diseased prostitute was dominant within anti-VD education during war-time, in post-war education, a new identity emerged - the "amateur" or clandestine prostitute. According to medical practitioners and professionals, the clandestine prostitute or amateur was pervasive throughout Canada. As Dr. Gordon Bates, pointed out, "clandestine prostitution exists on a large scale in Toronto and other Canadian cities."[27] The label of amateur was extremely broad, and applied to all women who had extra-marital sex and sex for pleasure. Unlike the prostitute, the amateur did not exchange sex for money. Instead, as one reformer indicated, "very few of them ever accept money, and are horrified if you ask such a question. They sometimes accept gifts, but again not always."[28] Money and material gain was not always a concern for the amateur. Rather, she mostly exchanged sexual favours for presents, good times, or just for fun.

Medical practitioners and professionals were appalled by the amateur. While some could understand the motivations of prostitutes- through economic need and poor environment - they could not understand why a young woman would stray from the ideals of womanhood, and would want to have "sex for free." Doctors relied on medicine and psychiatry to explain and understand the behaviour of the amateur. They described her as inherently immoral and feeble-minded. [29] Medical and scientific discourse created a strong link between feeble-mindedness and sexual immorality. It was commonly believed that feeble-minded women had a much greater knowledge about sex than "normal" women. As one professional asserted, "many feeble-minded children show precocious sex knowledge - are noticeably erotic, [and] have immoral habits and tendencies."[30]

The feeble-minded girl or woman posed an enormous threat to the well-being of the nation. Not only was she mentally defective, but she had an active sexuality which was easily corrupted by men. As doctors and professionals argued, a "defective girl, especially the moron type," was frequently approached and seduced by men of normal mentality.[31] This type of woman habitually engaged in illicit sexual relations with men, and in most cases, was unable to understand the consequences of her actions. As professionals indicated, this made the feeble-minded woman even more dangerous:

> whereas the normal girl, if properly instructed, is able to realize the dangers which may result from illicit sexual intercourse, the feeble-minded one is not. Whereas the normal girl is usually able to resist more or less chance solicitation, the feeble-minded one is not. And whereas the normal girl who has happened to fall and contract venereal disease has usually (unless she is a prostitute) learned such a lesson that she is not likely to repeat the offence - the feeble-minded one is lacking in the capacity to profit by such an experience.[32]

Medical practitioners argued that, like prostitutes, amateurs were almost always from the feeble-minded class. Throughout anti-VD education the amateur was described as, promiscuous, un-remorseful, and a persistent source of venereal infection.

Since efforts toward reforming the amateur were futile, with "hereditary proving stronger than environment,"[33] doctors and professionals had great difficulty devising solutions for managing her. While "the public and professional prostitute" could be easily controlled through legal measures, "the problem of private prostitution" was seen to be more difficult, and according to one doctor, was "in some ways the more dangerous of the two."[34] Throughout educational initiatives, doctors argued that measures directed at the control and elimination of venereal disease could not be directed only at prostitution, but needed to also focus on the amateur.[35] The closure of red-light districts, in and of itself, would be ineffective in reducing the rates of venereal

infection, as it would not deal with the problem of the clandestine, and in many cases, would lead to an increase in private prostitution. Warning women and men, through education, about the amateur seemed to be the most effective way of dealing with her.

Throughout the post-war period, education for men warned them about the amateur. Within anti-VD education, doctors continually reinforced the view that women who had extra-marital sex were dangerous and diseased. As one pamphlet entitled, "Talks to a young man about sex," described:

> A woman who will enter into the sexual relation with a man who is not her husband, we must term a loose woman. She may come of good family. She may move in the best social circles. Her license in these matters may not be known publicly. She may have social standing, but she nevertheless is a woman of loose character. The young man must realize that any woman who enters into this relationship with him is liable to enter into it with other men. Physicians today tell us that women of this kind are diseased at some time or other - as it is said, 'some lewd women are diseased part of the time, others are diseased all of the time.'[36]

According to professionals, this type of woman was extremely dangerous, as she was also deceptive. Boys were told that the clandestine prostitute was worse than the public one. As the American Medical Association stated in a pamphlet for men, she "makes you believe she loves you. Many men, older and wiser than you, are deceived by her, especially as she wants no money for her 'favours'."[37] Her incorrigibility, lack of morality, and deceptiveness, made the amateur extremely dangerous to men, and the great nation.

The 'lower orders' and 'lower races'

While all non-conforming women were represented as potentially dangerous, some were described to be more threatening than others. Within the venereal disease crisis, race and class

were important factors, and had a significant impact upon the ways in which women were constructed and regulated. A common theme throughout anti-VD education was that, VD was more prevalent among the "lower orders" and "lower races," as these populations were believed to be lacking in sexual morality and hygiene. An article in *Social Welfare* describes a dominant view of the "lower orders:"

> As might be expected, the lowest class of all, viz, the casual labourers, considering their poor habitations and difficulties of maintaining sexual decency, gives the largest mortality figure for syphilis and its results.[38]

Immigrants were constructed in similar ways. These groups were perceived to be lacking in morality and health, and lowered the standard of living by bringing vice and venereal disease to the areas they inhabited.

Throughout public education, non-white and non-Anglo immigrants were constructed as sexually depraved, and were targeted as the vectors of disease. A common belief was that venereal disease was a "foreign" problem which originated in the "exotic" countries of the East and the South. At a meeting of the Vancouver Medical Association, doctors traced the origins of syphilis to China, India and Greece.[39] Drawing from "scientific" evidence, another doctor tracked syphilis to the voyages of Columbus, arguing that "his sailors acquired the disease among women of the West Indies and brought it back to Europe."[40] In spite of these inconsistencies with regard to origin, however, venereal disease was always constructed within the educational literature as a foreign plague and a disease of the "Other."

By 1912, educational initiatives described Canada to be "one of the greatest immigrant receiving countries of the world."[41] Along with their baggage, immigrants were believed to bring VD into the country. Since venereal disease was more prevalent in the "Orient," doctors feared

wide-spread infection through an influx of foreigners. According to one BC doctor, immigration was at the root of the venereal disease problem, as the "body politic" in the East was "suffering from a disease which was laid at the door of everything from poverty to poodle dogs," but was really caused by "what was 'pleasantly termed social disease'."[42]

Doctors continually pointed out, within anti-VD education, that not all immigrants were equally dangerous. Rather, venereal disease was commonly associated with coloured and non-Anglo immigrants, especially ones who could not easily be Canadianized. As immigration officials noted, it was specifically these "types" which were entering the country at a rapid pace:

> while earlier immigration to Canada was practically confined to Northern Europe, to-day the tendency is the other way, and each year shows an increasing proportion coming from the South Eastern proportion of the continent.[43]

Throughout the anti-VD literature, doctors and professionals urged the government to limit immigration, and to prevent these social types from entering the country.

During the post-war period, fears about the effects of VD and immigration escalated. Doctors and professionals drew upon scientific evidence to support their arguments that immigrants had higher rates of venereal infection, and hence, should be prohibited entry into Canada. According to one doctor, in the *Canadian Medical Association Journal*:

> Many of the immigrants are infected and many of their children show the evidences of the disease. Those people are a grave menace to the communities in which they settle. They comprise a considerable proportion of our hospital population, especially in larger cities, and are therefore a great burden on our charitable funds. The matter calls for action by the government, as it is quite important that those infected with syphilis, as with tuberculosis, be excluded from the country.[44]

A study conducted in 1918 at the Toronto General Hospital also provided support for the relationship between immigration and VD. As one doctor indicated, the results of this study revealed that the rates of venereal disease were in fact higher among non-white foreigners.[45]

Throughout education, doctors and professionals used scientific and medical discourse to demonstrate that immigrants not only had high rates of VD, but comprised a large percentage of those persons found in asylums. As one source indicated:

> The largest percentage of them [immigrants in asylums] are in the age period 25-44 years, the time in life when the struggles for sustenance, wage earning and child-bearing period are the greatest, and their inability to speak the language and their forms of mental defects tend to make them less liable to derive as much benefit from hospital treatment as do others.[46]

These statistics were used by reformers, to support their racist claims, that non-whites were responsible for the nation's social problems including VD, and that immigration needed to be supervised and restricted.

By drawing links between VD and immigration, doctors and professionals recommended stricter immigration policies, calling for "quality not quantity."[47] Fearing the spread of immorality and venereal disease, medical practitioners urged the government to follow the US example, to restrict immigration to Canada, and to institute medical and moral examinations at all points of entry. As one doctor advocated:

> If Canada does not desire to be the dumping-ground of those would-be immigrants to this continent which the United States medical inspection system is weeding out, we must lose no time in keeping close guard at our own ports of entry by adopting the method which is working so successfully with our neighbours to the South.[48]

All immigrants were to undergo medical inspections upon leaving their country of origin, on ship, and upon entering Canada.[49] Medical practitioners argued that these measures would ensure

"only those mentally and physically sound may enter"[50] the country. Upon pressure from doctors and professionals, the federal government instituted medical examinations at all points of entry into Canada. Staff were urged to refuse entry to any individuals who were "either a present or potential carrier of venereal infection."[51] Previously, medical examinations were compulsory in the case of "unaccompanied women, children's immigration schemes, and Government assisted passages."[52] By the 1920's, however, all immigrants were to be "carefully examined for disease," and if "found to be suffering from contagious disease," were to be "ruthlessly excluded from the country."[53]

In addition to medical examinations, deportation was used to rid Canada of social undesirables. As doctors argued, deportation was necessary as "many of those suffering from serious affections prohibited of entry under the law," often slipped through, later to become "public charges."[54] Between December 1902 and March 1913, 17 immigrants had been deported from Canada for venereal disease, while 62 had been deported for immorality.[55] Deportation for immorality was used indiscriminately against foreign women, as they were the ones most frequently expelled for promiscuity, sexual immorality, and illegitimacy (Stephen, 1995).

THE 'INNOCENT' YET DANGEROUS WOMAN

Throughout the anti-venereal disease literature, doctors and professionals drew a boundary to distinguish between the "fallen" and "virtuous" woman. During the century, however, this demarcation line became broader, eventually encompassing all women as potentially dangerous. While the "fallen" woman and the immigrant were constructed throughout education as vectors of disease, and persistent threats to men and the nation, the "good" or virtuous woman

was initially seen as the "innocent" victim of VD. However, this conceptualization shifted during the century, and the "innocent" woman was constructed as harmful to men and the nation.

During the century, doctors, professionals, and feminists argued that the line of transmission for venereal disease was as follows: men contracted VD from prostitutes and "loose" women, and then unknowingly passed infection on to their "innocent" wives and children. Throughout medical and feminist discourse, the pervasiveness of venereal disease in society was "primarily due to the sexual vices of men,"[56] and the sexual double standard. As one professional pointed out:

> Woman has been regarded as the aggressor and as the propagator of disease, whereas man has been placed in the position of the aggrieved and of the sufferer. Apart altogether from the question of disease, immorality in man has been condoned and even sanctioned.[57]

While doctors and feminists both denounced this double standard, feminist critiques were scathing, and were directed specifically at men. However, throughout the literature, both groups urged for a single standard of morality, based on "a new ideal of the worth and dignity of human life."[58] As the Oregon Social Hygiene Council asserted, if a man were to "treat every girl as he expects others to treat his own sister,"[59] society would see an enormous decline in the rates of VD.

After the war, venereal disease among "innocent" women was rampant in BC and Canada. At a public meeting in BC, doctors and professionals relied upon statistical evidence to support this, arguing that, the "largest group in the community who suffered by the ravages of the disease were married women and children."[60] Throughout public education, medical practitioners argued that, "there exists more gonorrhea among married women than among prostitutes."[61] Gonorrhea among newly married women was so common, that doctors referred to it facetiously as,

"honeymoon appendicitis."[62] This view was not specific to gonorrhea. Rather, medical practitioners argued that a large number of women also contracted syphilis "innocently at marriage," from their husbands who swore "to love and protect them from harm."[63]

Throughout the century, doctors, professionals and feminists became outraged by the increasing prevalence of venereal disease among young married women. While feminists were enraged by the sexual double standard apparent within VD control, doctors and professionals were concerned about the effects venereal disease had for future generations. Throughout educational initiatives, doctors repeatedly pointed out that the ravages of disease were dangerous for the family and the nation. As one professional asserted:

> The mind naturally revolts at this outrage upon the sanctity of married life, the wanton cruel destruction of infants born and unborn, and the crucifixion of the innocents condemned to the tortures and infirmities of a syphilitic existence...Once more let the public know that about one marriage in ten is a syphilitic affair - a tragedy, not a holy thing.[64]

Doctors and professionals argued that some action needed to be taken, and suggested a number of strategies to prevent VD among innocent "women" and children.

Within education, medical practitioners frequently suggested that pre-marital testing would prevent the spread of infection. Throughout anti-VD education, doctors and professionals argued that women, and especially men, needed to under go VD testing prior to marriage, to ensure that they were disease-free and would not pass infection on to their families. As one doctor contended, pre-marriage testing was necessary as the "happiness of the family, [and] the strength and virility of the race"[65] were dependant on it. In BC, doctors and professionals urged that a clause for mandatory pre-marital testing be included in the *Venereal Disease Prevention*

Act.[66] In spite of this pressure, however, compulsory marital testing was never implemented in BC or Canada.

Medical practitioners and professionals constructed women as vital to the fight against disease. Throughout education, they argued that if women were selective of the men with whom they associated, and demanded chastity and cleanliness from these men, the rates of VD would drop enormously. According to the Health League of Canada:

> Girls and women have a special job to do, therefore, in helping to build up a high standard of sex conduct. They must demand clean living from the men with whom they associate. Frank, wholesome companionship on the part of the girl will encourage the same sort of companionship from the man. Good manners are born of respect for one's self and for others. A handshake extends a friendly greeting. A kiss should mark a pledge of love. A girl who does not value these expressions highly and use them sparingly makes herself cheap and weakens her power of self-protection.[67]

Throughout public education, the responsibility for individual and national health was placed on the shoulders of "good" women. Advice literature continually emphasized the need for women to demand high standards from men, and warned that their own well-being, and more importantly, the health of their children and the race, depended on it.

While "good" women were constructed as innocent, they were also defined through medical and professional discourses as potentially dangerous. A common belief among doctors and professionals, which resonated throughout educational initiatives, was that, *all* women, "good" or "bad," had an active sexuality, which could potentially corrupt men if not stringently controlled. Thus, anti-VD education for women emphasized that sex was for the purposes of reproduction only. Furthermore, the advice literature urged women to regulate themselves and remain respectable, as "young men should not be subjected to temptation."[68] Since men had natural sexual urges, women were told that responsibility rested upon their shoulders to ensure

that men's passions were not aroused. According to Bernarr McFadden, an American sex educator:

> Woman is the moral guardian of the race and if she, by her feminine charm stirs the passions of men until they are overwhelmed and in turn drag her down into degradation of sensuality, the responsibility resting upon her shoulders is almost immeasurable.[69]

It was a woman's duty to ensure that she did not arouse men through talk, dress or actions. Throughout education, she was encouraged to refrain, "consciously or unconsciously," from inciting "lust by her attire."[70] If a woman was seduced or infected with venereal disease, professionals argued that it was her own fault, and by "her own volition."[71]

By the post-war period, the "innocent" woman was included among the dangerous classes. Along with prostitutes and non-conforming women, she was seen to have an active sexuality which needed constant surveillance and management. Like the "fallen" woman, the "good" woman was also subject to regulatory measures. However, her regulation was benevolent and more difficult to detect. Throughout the literature, doctors and professionals urged the virtuous woman to self-regulate her sexuality by conforming to the desired ideals of womanhood and motherhood.

Woman as mother

During the early twentieth century, particularly in the post-war period, motherhood became vital to imperialism and national growth. Doctors and professionals argued that, to reconstruct the nation, Canada was in need of "the maximum possible number of good citizens, sound in mind and body, to rebuild national prosperity on broader and higher lines."[72] They argued that the most promising way to achieve this was, by focussing on maternal health.

According to Dr. Miller, a VD specialist in Vancouver, discussions of population and child welfare were futile unless preventative measures were taken to ensure that children were born healthy:

> If we are to get child welfare that means anything, we will start with the ancestors. There is no use in talking about nourishment, milk supply and that sort of thing if the child's body, when it came into the world, was below par.[73]

This emphasis on child welfare and prevention led to an increased focus on motherhood.

Throughout anti-VD education, women were described as potentially unruly, and in need of regulation. As doctors and professionals argued, women had an active sexuality which could be effectively controlled through motherhood. If women could be taught to conform to maternity, promiscuity among women and rates of VD would drastically decline. Thus, throughout the advice literature, medical and professional discourse valorized motherhood. As one pamphlet described;

> the greatest honour and reverence in the world is paid to motherhood....Wherever we turn, we see motherhood enthroned by the great creative geniuses of the world's history. In music, in painting, in sculpture and in architecture, woman is used as the symbol of all that is highest and best in the human race.[74]

While the mother became a national symbol, her role became increasingly medicalized and professional. According to a public health nurse in Vancouver;

> Motherhood is a profession. Every expectant mother should prepare herself to take up her work as seriously as she would if she were choosing a profession and preparing herself to enter a field of public activity.[75]

Women were continually reminded through medical discourse, that motherhood was the highest calling, a national duty. In "Sex talks to young girls," an American publication circulated within

BC and Canada, young girls were instructed through moral discourse, of the importance of motherhood and reproducing the race:

> Possibly you do not know much as yet about the joy of motherhood. You may have heard talk about how much your mother has to give up for her children. You may have seen how hard she has to work and how many things she goes without. It may seem to you that a mother's life is a life of self-sacrifice and therefore almost one of unhappiness. But you see, a mother enjoys sacrificing for the sake of her children. There is no joy equal to that of giving up something that you like for one whom you love. A mother's life is full of joy. When you are a grown woman and hold your own helpless little rosebud of humanity in your arms, you will feel a joy such as you have never experienced before and then you will be ready to say that everything you have suffered is but a small return for the great happiness that has been vouchsafed you.[76]

"Woman as mother" became the (sexual) norm, and set the standard for all women during the early twentieth century.

Throughout anti-VD education, women who did not conform to the prescribed role of motherhood were defined as either deviant or ignorant. As one professional indicated:

> Woman realizes her nature to the full only when she has entered into the rich experiences of marriage and motherhood. Many girls of the present time, successful in their profession or business, or carried away with the enjoyment of social life, feel satisfied to continue what they consider 'a life of single blessedness.' They do not realize how little they know of life, living this narrow, selfish existence. They do not realize how little they know of the rich treasures enfolded within their own feminine natures which can only be unfolded through the experiences of love.[77]

Relying on medical discourse, doctors and professionals legitimated the view that, a woman could only achieve fulfilment through love, motherhood, and family.

Since venereal disease affected "the sublime business of motherhood,"[78] it caused great concerns for medical practitioners and professionals. As Marie Douie, a British reformer indicated, a woman who had gonorrhea or syphilis was "not able to have any children," and this was "a great tragedy for the nation."[79] VD had disastrous consequences for the birth-rate, as well

as on the quality of future generations. Furthermore, venereal infection among women was devastating, as it severely impaired women's reproductive capacity. Doctors described gonorrhea as, "the greatest sterilizer of the human race,"[80] as it was responsible for "50% of all surgical operations on the female generative organs."[81] The effects of gonorrhea for women were very serious, as one pamphlet described:

> The woman who becomes infected with gonorrhea may be obliged to undergo a serious operation. She may be made an invalid for life or she may be sent to an early grave. She may be deprived of motherhood, or may bear a child who is deprived of its rightful heritage, or all its faculties and powers.[82]

Syphilis was also dangerous for women and the nation, and was described by professionals as a "serious depopulating factor."[83] Not only was syphilis responsible for nearly half the total number of abortions and miscarriages, but it also resulted in blindness, deafness, mental deficiency, and as one professional argued, caused "grave economic losses to the country."[84]

The effects of venereal disease were not only evident in the birth-rate, but also manifested themselves within the "quality" of citizens produced. Doctors and professionals described congenital syphilis as the most dangerous type, as it destroyed "the most innocent and helpless of all, the babies and the children."[85] According to the National Council for Combatting Venereal Diseases in Britain, congenital syphilis was responsible for;

> a large proportion of the infants who are not born alive, of those who are born only to die, and of those others, more unfortunate, who are blighted from their birth and are never able to play their rightful part in the life of the nation.[86]

Furthermore, doctors argued that a "very large percentage of the unfits" were the result of acquired or congenital syphilis.[87] As one doctor asserted, children born with VD were:

often mentally deficient and drift[ed] into a life of drunkenness, prostitution, or criminality, suffering many things and bearing many burdens, through no fault of their own, but because of the thoughtless act of their parents.[88]

As professionals pointed out, these children were unproductive citizens, comprised a large percentage of the population in mental asylums, and were simply a drain on the public purse.

In spite of the fact that women contracted venereal disease from their husbands, they were defined through medical discourse as potentially dangerous to the fetus, and in many cases, were held responsible for the spread of VD. Throughout the century, doctors advocated state and non-state regulatory measures to ensure that women would fulfill their maternal functions, and that children would grow up to meet the prescribed quality control standards. During the post-war period, mothers increasingly fell under the medical gaze, as doctors needed assurance that women were raising their children "properly." Public clinics were established throughout Canada to instruct women about congenital syphilis and "good" mothering techniques.[89] Through science and medicine, doctors and professionals legitimated their moralistic views of women's natures, and justified the expansion of sexual management techniques directed at women.

CHAPTER SUMMARY

Drawing from feminist critiques of the category "woman," this chapter has discussed the constructions of "woman" within anti-venereal disease education. Throughout the educational initiatives, the feminine body became the object of medical and professional discourses, and was defined in opposed and contradictory ways. Within these discourses, "woman" was "saturated with sexuality" (Foucault, 1978, p. 104), as sexuality was central to her subjectivity and regulation. Within anti-VD education, "woman" was constituted simultaneously as, vectors of

disease and as "innocent" victims. Although women were constructed in conflicting ways, they were always defined as dangerous and in need of regulation (see also Smart, 1992). While non-conforming women were represented as direct threats to men and the nation, through their active sexuality, virtuous women were also potentially dangerous through their ability to transmit VD to the fetus. By the post-war period, the category of dangerousness was expanded to include *all* women.

Previous work on VD education in Canada, done by Cassel (1987), has overlooked the importance of gender and race. While Bland (1983) has accounted for gender in her analysis of VD education in Britain, she too has overlooked the racial sub-texts within the anti-VD literature. Furthermore, Bland (1983) argues that only two sexual identities - the prostitute and the mother - emerged from public education. As this chapter has demonstrated, a variety of conflicting sexual identities were generated within the literature, and were contingent not only on gender, but also on race, and class. While all women were constructed as potentially dangerous, working class women and women of colour posed the greatest threat. These women were perceived to be sexually depraved, and as medical practitioners argued, did not conform to the desired ideals of femininity, motherhood, and whiteness. Consequently, doctors and professionals advocated stringent measures for regulating and managing women from the "lower orders" and "lower races."

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Chapter Six
Conclusions

> Through history we can see the mutability of sexual definitions and practises, the evolution of sexual possibilities.
>
> - Peiss & Simmons, 1989, p. 11.
>
> [t]o say something is a historical fiction is not to denigrate it. On the contrary, it is simply to recognize that we cannot escape our histories, and that we need means to challenge their iron laws and inexorabilities by constructing narratives of the past in order to imagine the present and future.
>
> - Weeks, 1995, p. 98.

The study of venereal disease in British Columbia and Canada has exhibited striking parallels with our current epidemic conditions. Many of the debates surrounding sexuality, disease, and health, which were pervasive at the turn of the century, are still alive today, and have resurfaced with a vengeance in concerns around AIDS. In this final chapter, I first discuss the major findings of my study in relation to the theoretical debates outlined in chapter two. Then, since history is insightful for future social and political struggles (Mort, 1987), I talk about some "lessons from the past," in terms of our current AIDS crisis. The chapter concludes with suggestions for further historical research on venereal disease in Canada.

REVISITING THEORY

The findings of this study support the social constructionist view, that sex and sexuality are socially, culturally, and historically constituted. Over the past several decades, there has been an explosion of writings on marriage, family, prostitution, reproduction, sexual violence, and birth

control (Weeks, 1986). Through historical and contemporary analyses, feminists, lesbian, and gay theorists have problematized issues around sex, and in doing so, have challenged essentialist views of sexuality as innate and biological (Bland & Mort, 1984; Caplan, 1987; Jackson, 1987; 1994; Kinsman, 1987, 1996; Mort, 1987; Weeks, 1981, 1986, 1987). Much of this scholarship has been concerned with deconstructing definitions of sex and sexuality, and demonstrates that these concepts are contested sites which have multiple meanings.

The research findings support Foucault and other Foucauldian theorists who emphasize the decentralized nature of power, and the view of power as productive. This study has emphasized that power is not located in a central point such as the state, but rather, is dispersed throughout society. The results suggest that non-state organizations were vital to the eradication and control of venereal disease, and to social reform, more generally. In short, this thesis supports the contention made by Foucault (1980) and others (Valverde, 1991; Mort, 1987; Weeks, 1981) that, the state does not always enjoy a monopoly over regulatory practises and reform movements.

It should be noted, however, that not all historians agree on this point. Alan Sears (1992) has critiqued this "cultural analysis" view, and has instead argued for an approach which privileges the role of the state. While Sears (1992) is correct in pointing out state involvement in the development of public health, he does not adequately account for the influence of non-state and voluntary organizations. Clearly, philanthropic organizations and non-state agencies have been crucial to social reform in Canada and elsewhere (Mort, 1987; Valverde, 1990, 1991; Valverde & Weir, 1988). This study has showed that, doctors and professionals were vital to anti-VD initiatives in BC and Canada. While it is true that many doctors, including Directors of

Venereal Disease Control Units, were employed by the state (Cassel, 1987), many others were not. And although the federal government did assume responsibility through funding, public clinics, and legal measures, state-involvement was generally a result of public pressure, and persuasion by doctors and professionals. As Valverde (1991) has noted in her analysis of social reform in Canada, various levels of government "lagged behind" the initiatives of voluntary organizations and professional groups (p. 25). This was the case for venereal disease control within the BC and Canadian contexts as well.

The present study has emphasized Foucault's (1978, 1980) analysis of power as productive and constitutive, rather than, negative and repressive. Thus, power produces - it produces desires, pleasures, knowledges, and truths, which not only provide more efficient techniques for surveillance (Grosz, 1994, p. 146). As the thesis has suggested, anti-venereal disease education generated a proliferation of new knowledges and discourses about sex. Increasingly throughout the twentieth century, venereal disease and sex became "public" problems which warranted expert classification and management. During World War I, there began a mass production of pamphlets, books, and expert advice literature, aimed at teaching children, women, and men about the "secrets" of sex. Doctors, (s)experts, and professionals were vital to mass public education, and were pivotal in defining the causes of VD, along with "appropriate" forms of sex and sexuality.

While medical and professional discourses were aimed at regulating sexual behaviour, the goals of doctors and professionals went far beyond punishment and repression. Rather, public education had a much broader purpose, and was directed at changing people's sexual attitudes, beliefs, and behaviours. Doctors did not merely espouse a negative view of sex, but on the

contrary, viewed sex as an important aspect of life. However, they (re)defined pleasure and desire as "good"/ "bad" and "healthy"/ "unhealthy." Doctors and (s)experts described "good" sex in terms of heterosexuality, monogamy and marriage, while "bad" sex included all extra-marital sex and sex for pleasure. Heterosexuality and monogamy became the "norm," while the nuclear family was constructed as the "exemplar of sexual safety and health" (Butler, 1993, p. 7).

The productive aspects of power are evident in the creation of sexual identities. From the turn of the century onward, subjectivity was integral to sexual regulation. While Valverde (1990, 1991) has argued this point in relation to other Canadian reform initiatives, she has not discussed venereal disease, nor has her analysis been specific to women. As this study suggests, however, anti-VD initiatives were mediated by social relations including gender. While the advice literature for both women and men emphasized the importance of "character-building," and was aimed at producing subjects who manifested the desired social and sexual characteristics of the time, the messages conveyed were very different for each sex.

Public education around venereal disease generated a variety of sexual identities for women. Doctors and professionals carved the field of sexual possibilities into the normative and the pathological (Butler, 1993, p. 7), as women were constructed as "good"/ "bad," and "normal"/ "defective." Normality was not only contingent on the idealized notions of womanhood, but also displayed a racial element. "Whiteness" was a crucial aspect of anti-VD education, as women and men were encouraged to aspire to white middle class social and sexual norms. While men were urged to build their masculinity by eschewing "masturbation,

homosexuality or nameless other secret sins," women were instructed "to embody motherhood and purity for the sake of the race" (Weeks, 1995, p. 87).

Building upon the feminist debates about subjectivity and "woman," the thesis supports feminist contentions that subjectivity is complex and contradictory. Women of colour, poststructuralist, and postmodern feminists have been highly critical of the uni-dimensional category "woman" (Butler, 1990, 1990a, 1992; hooks, 1984; Riley, 1988). Many of these feminists have emphasised the exclusivity of "woman" by pointing out the western, white middle class bias inherent within earlier feminist theorizing. Over the last decade, however, feminists have addressed debates around subjectivity through small-scaled analyses aimed at deconstructing "woman"(Smart, 1992). Much of this work has pointed to the complexity of subjectivity, and has demonstrated that "woman" is constructed and reconstructed throughout various discourses.

The study of venereal disease draws upon these arguments, and reveals that "woman" is not static, but rather, is complex and changing. Throughout public education, "woman" was constituted through medical and moral discourses in conflicting and contradictory ways. She was described as "innocent" yet "guilty," "in need of protection" yet "dangerous." While non-conforming women were marked as "deviant" throughout the century, by the post-war period, the "dangerous" category expanded, and *all* women were believed to be potential carriers of VD (see Smart, 1992; Young, 1988, 1990).

My research findings also suggest the saliency of feminist arguments that women are diverse and different. As many feminists have argued, experience and identity are always mediated by social relations including (but not limited to) class, race and sexual orientation (Butler, 1990, 1990a; hooks, 1984; Williams, 1990). Throughout the advice literature, the

meanings of "woman," and the punishments (and rewards) advocated for her, were always contingent upon relations of class and race. Working class and non-white women were defined throughout anti-VD education as vectors of disease, and hence, were perceived to be the most threatening to men and the nation.

BACK TO THE PRESENT

The results from the current study reveal striking similarities to our current AIDS epidemic. As historians have indicated, debates from the past, around sexuality, censorship, and reproductive autonomy, for example, are still alive today (Bland, 1982, 1995; Mort, 1987; Weeks, 1995). Concerns around sexually transmitted diseases are no exception. The historical tensions between science and medicine, on the one hand, and morality, on the other, still characterize current responses to venereal disease and AIDS. There remains a strong continuity between the past and the present, and as Brandt (1988) points out, "it is almost impossible to watch the AIDS epidemic without experiencing a sense of deja vu" (p. 425). As McCombie (1990) describes:

> On the surface, AIDS and the issues it has raised appear unique. To many involved, in the present debates, AIDS is 'different' than any other disease, and recent history provides little in the way of useful comparisons. But to the careful student of history, the issues raised regarding the control of AIDS are little more than a new series of old arguments wearing new hats (p. 21).

Contemporary discourses surrounding health, disease, and sex can easily be traced back to the turn of the century. Historically, responses to VD were rooted in racism, sexism, and homophobia. These same responses have reappeared in our current AIDS crisis.

Historically, VD was defined as a disease of the "Other," and was frequently associated with immorality and "deviant" sex. Prostitutes, loose women and immigrants were targeted as the

sources of contagion. Almost a century later, little has changed, as the causes of AIDS continue to be explained through promiscuity and "deviant" sex. Social stereotypes are still used to distinguish between the "respectable" and "unrespectable," and the "healthy" and "diseased." According to Dorothy Nelkin and Sander Gilman (1988):

> Despite the sophisticated scientific understanding underlying concepts of disease in the late twentieth century, we still seek explanations based on behaviour, ethnicity or social stereotypes. We still use disease to protect our social boundaries or to maintain our political ideals. And, at a time when control over disease is limited, we still blame others as a way to protect ourselves (p. 378).

Current representations within AIDS discourse are analogous to those in the early part of the century. Historically, those infected with VD were continually divided into the categories of "innocent" and "guilty." While women and children were frequently among those considered to be "victims," the "sexually deviant" were "guilty," and believed to be worthy of punishment and disease. Almost a century later, the "innocent"/ "guilty" dichotomy is still pervasive. Babies born with AIDS are the most "innocent," followed by pregnant women, and women who unknowingly marry HIV infected persons (Patton, 1990). Once again, however, the innocence of "woman" is mediated by class, race, and sexual orientation, as white middle class women are more inclined to be perceived as "innocent," than are working class and non-white women, or lesbians. Nevertheless, within contemporary AIDS discourse, the "sexually deviant" category has expanded its historical boundaries, to include gay men, sex trade workers, drug users, Haitians, and other socially marginal populations.

Historically, doctors and professionals seized the threat of venereal disease as a means for restoring chastity and monogamy to society (Showalter, 1990). Women and men were told repeatedly throughout anti-VD education that marriage and monogamy were the only ways to

avoid the threat of disease. Similarly, within contemporary safe sex discourse, the public has been (mis)informed that promiscuity and "deviant" sex are responsible for the spread of AIDS, and that sex is only safe within the nuclear family (Kinsman, 1996; Singer, 1993).

While there are many similarities between the historical reactions to venereal disease, and contemporary responses to AIDS, there are also important differences. The most evident difference is the level of activism emerging from the contemporary AIDS crisis. Historically, "high risk" groups including prostitutes did not (or were unable to) resist representations of themselves within discourses surrounding venereal disease. While resisting in other ways, these groups did not mobilize collectively to speak of their disease (Showalter, 1990, p. 191). Although early feminists were resistant to definitions of venereal disease, they did little to challenge dominant representations about sexuality. Since the early 1980's, however, there has been a steady proliferation of narratives on AIDS. As Watney (1994) points out, the AIDS crisis has generated poems, books, articles, and stories written by, people with AIDS, practitioners, academics, activists, and others. The current resistance and cultural activism by gay men and other groups including feminists has been unprecedented (Grover, 1988; Watney, 1994). These counter-discourses have shaped our understandings of, and responses to the current crisis.

The threat of AIDS and the social responses to it have made the fight for sexual autonomy extremely difficult for sexual minorities and women. In the early decades of the century, venereal disease justified and legitimized heterosexual hegemony and reproductive sex, as doctors proclaimed all extra-marital sex as exposure to disease. In a similar vein, the new right has currently attributed the spread of AIDS to an increased sexual permissiveness and breakdown of social and political authority. The threat of disease has been used to re-medicalize homosexuality,

and has facilitated an enormous backlash against gay men and lesbians (Kinsman, 1996). Furthermore, the historical metaphors of venereal disease, degeneracy, and death have re-emerged. As Watney (1994) indicates, heterosexuality or death (p. 274) are the two choices which emerge from contemporary AIDS discourse.

Since sexual autonomy is crucial to women's personal and political fulfilment (Vicinus, 1982, p. 134), the conservative backlash has serious implications for women as well. Historically, the sexual management of "woman" was central to the eradication of disease. While non-conforming women were punished, "good" women were increasingly regulated to ensure their offspring would be healthy and disease-free. Almost a century later, women who do not conform to heterosexuality, marriage, and motherhood continue to be disciplined (Bland & Mort, 1984), while "good" women also are subject to regulatory practises. For example, as Patton (1990) points out, potential mothers in many American jurisdictions are urged to participate in "voluntary" AIDS-testing programs.

According to McGinnis (1990), we would "do well to try to apply the lessons hard-won in the past in coming to grips with AIDS" (p. 53). Perhaps we can learn from our mistakes, and use history to understand that monogamy and heterosexuality do not guarantee a clean bill of health. And that discriminatory laws will do little to prevent the spread of disease. As Elaine Showalter (1990) asserts:

> We must not allow fear to push us into a cruel homophobia, make us abandon our commitment to women's sexual autonomy, or lead us to repudiate the fin-de-siècle vision of a future in which sexuality is a source of pleasure, comfort and joy (p. 207).

FUTURE RESEARCH

The growing contemporary backlash against sexual diversity, in addition to our lack of understanding about AIDS, indicates an urgency for more historically informed research. Over the last several decades, sexuality has become a site of contestation and struggle, as feminists, lesbians, gay men, and the new right have all worked diligently to place issues around sex onto the political agenda (Weeks, 1995). While women and sexual minorities have made advances in attaining legal recognition around sexuality for example, the threat of AIDS has justified a repressive view of sex, and conveniently, has been used to reinstitute sexual constraints and gender divisions (Epstein, 1988; Snitow et al., 1983). Consequently, there is an urgent need to understand and resist the contradictory responses to AIDS.

To date, however, venereal disease control in Canada has been an under-researched area. While historians and other scholars have been attentive to other aspects of social reform in Canada, venereal disease has been largely ignored. Future historical research on venereal disease could provide a rich source of information regarding the link between sexuality and disease.

A nation-wide analysis of responses to venereal disease would be beneficial for comparative purposes. Since Canada is economically, politically, and socially diverse, such a study would undoubtedly be insightful. Furthermore, an investigation of all forms of educational propaganda would be useful. The anti-VD campaigns relied on radio broadcasts, advice literature, public lectures, poster campaigns, and provincial exhibitions. It would be interesting to conduct a study which utilizes all of these, to determine whether the propaganda differed, and how. While Cassel (1987) has conducted an exploratory study of education, he pays little

attention to class, race and gender. As this thesis has indicated, these social relations were vital in defining and responding to VD.

Although this thesis has been constrained by the data sources utilized within the analysis, it has provided a "beginning" for historical research on venereal disease in British Columbia. As much of the advice literature was "imported" from elsewhere in Canada and from abroad, my focus on public education has made it difficult to discuss developments which deal specifically with this province. Since BC became a "leader" in the fight against VD (Chunn, forthcoming), however, an analysis which concentrates on the social and political responses to disease within the province would be invaluable.

In spite of similarities between the historical responses to venereal disease and contemporary responses to AIDS, there has been little effort to re-examine history (Swenson, 1988). While my thesis has made some brief remarks relating the VD "crisis" and our current AIDS "epidemic," a systematic comparison is necessary. According to Jeffrey Weeks (1986), the "way we write about our sexuality tells us as much about the present and its concerns" as about the past (p. 21). Looking to the past may enable us to gain a deeper understanding of AIDS, and may provide opportunities for the development of new resistances and strategies for sexual liberation and social change.

Appendix A
Pamphlets on Venereal Disease, 1900 - 1930

Publications by the American Government

- "Social Problems of the Smaller Cities," by Francis H. McLean, 1909. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Straight Girl on the Crooked Path: A True Story," by Louise De Koven Bowen, 1916, Issued by the Juvenile Protective Association of Chicago. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Public Dance Halls of Chicago," by Louise De Koven Bowen, by the Juvenile Protective Association of Chicago, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Wonderful Story of Life: A Mother Talks with her Daughter Regarding Life and its Reproduction," by Govt. Printing Office, 1921. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Wonderful Story of Life: A Fathers Talks with his Little Son Regarding Life and its Reproduction," by Govt. Printing Office, 1924. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

Publications by the American Federation of Sex Hygiene (American Social Hygiene Association)

- "Organizing Suggestions for Communities Near Military Places," no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Sex in Life: For Adolescent Boys and Girls," by Donald B. Armstrong, MD & Eunice B. Armstrong, AM, no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Smash the Line! War Department Commission on Training Camp Activities," no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Public Opinion and Sex Hygiene: An Address Delivered at the Fourth International Congress on School Hygiene," Buffalo, NY, by Dr. Charles W. Eliot, 1913. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Health and the Hygiene of Sex," by Prince A Morrow, 1916. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Keep in Fighting Trim," 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Social Hygiene and the War," by William F. Snow, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Venereal Diseases: Facts for Every Man," 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

- "Conquering an Old Enemy," by Will Irwin, 1920. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

Other American Publications

- "The Boys Venereal Peril," Sex Hygiene Pamphlet No. 5, by the Council on Health and Public Instruction of the American Medical Association, 1914. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Facts Regarding the Sex Experience of Boys," by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Healthy Womanhood, Love-Home-Babies," pamphlet No.4 (for girls), by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "How One Boy was Instructed in Sex Matters and What Happened," by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "How to Recognize and Treat Gonorrhea and Syphilis," pamphlet No.31 (for men), by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Keeping Fit," by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Four Sex Lies," pamphlet No.2 (for young men), by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Minister and Sex Education," pamphlet No.26, by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The School Teacher and Sex Education," pamphlet No.17, The Oregon Social Hygiene Association, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The State-Wide Work of the Oregon Social Hygiene Society," pamphlet No.25, by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Vigorous Manhood," pamphlet No.8 (for men and boys), by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "When and How to Tell the Children," pamphlet No.3 (for parents), by the Oregon Social Hygiene Society, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Healthy, Happy Womanhood," by the Social Hygiene Press, 1920. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Sex Talks to Young Girls," Sex Education Series No. 2, by Bernarr McFadden, New York, 1922. Public Archives of Canada, MG 28 I 332, Vol. 80, File 26.

- "Talks to a Young Man about Sex," Sex Education Series No. 3, by Bernarr McFadden, New York, 1922. Public Archives of Canada, MG 28 I 332, Vol. 80, File 26.
- "Talks to a Young Woman about Sex," Sex Education Series No. 4, by Bernarr McFadden, New York, 1922. Public Archives of Canada, MG 28 I 332, Vol. 80, File 26.
- "Talks to a Prospective Wife About Sex," Sex Education Series No. 6, by Bernarr McFadden, New York, 1922. Public Archives of Canada, MG 28 I 332, Vol. 80, File 26.
- "Man - The Ungrown," by Edward Carpenter, Kansas, 1927. Public Archives of Canada, MG 28 I 332, Vol. 81, File 1.
- "Woman - The Serf," by Edward Carpenter, Kansas, 1927. Public Archives of Canada, MG 28 I 332, Vol. 81, File 1.

British Publications
- "In Confidence to Boys," by H. Bisseker, The Council of the Medical Officers of Schools Association, London, 1904. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "A sketch of Army Medical Experience of Venereal Disease During the European War, 1914-1918," by Brevet-Colonel L.W. Harrison, 1919. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

Published by the National Council for Combatting Venereal Diseases, London
- "A Cause of Military Inefficiency," no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Authoritative Statement for Young Men," by C.J. Macalister, MD, FRCP, no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N
- "Prophylaxis for the Civil Population," by the National Council for Combatting Venereal Diseases, London, no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Venereal Diseases: Syphilis (Pox); Gonorrhoea (Clap)," no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Prevention of Venereal Diseases in the Army," by Otto May, MA, MD, 1916. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Royal Commission on Venereal Diseases," by Stephen Paget, 1916. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Summary of the Recommendations of the Royal Commission on Venereal Diseases," by Sir Malcolm Morris, 1916. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Venereal Diseases in Children and Adolescents: Their Recognition and Prevention," Notes of three lectures addressed to schoolmistresses at the Royal Society of Medicine, London, September, 1916. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Venereal Diseases and Their Effects," by Otto May, 1916. United Church Archives,

University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

- "An Outline of the Medical Treatment of Venereal Diseases in Women," by Mary Scharlieb, MD, MS & Morna L. Rawlins, MB, BS, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Englands Girls and Englands Future," by Mary Scharlieb & Barbara Butts, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Local Authorities and the Problem of Venereal Diseases," by Sir Francis Chapneys, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The American Army and Navy and Venereal Disease," by Joseph Daniels, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Dangers of the Venereal Diseases," An address delivered at the Liverpool Medical Institution (May 27, 1914), by Charles J. Macalister, MD, FRCP, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Duty of Knowledge: A Consideration of the Report of the Royal Commission on Venereal Diseases, especially for the Use of Social Workers," by A. Maude Royden, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Problem of Venereal Diseases: How Ministers of Regions Can Help," by Sir Thomas Barlow, KCVO, FRS, MD & Sir Malcolm Morris, KCVO, FRCSE, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Hints to Untrained Workers in Hospitals as to Contagious Diseases," by Mary Scharlieb, 1918. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "How Girls can Help in the Fight Against Venereal Disease," by Marie Douie, 1918. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Mental Deficiency in Relation to Venereal Disease," by A.F. Tredgold, LRCP, 1918. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "A Conspectus of Recent Legislation on Venereal Disease in the British Dominions and the United States of America," by Douglas White, MD, 1919. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Prevention and Arrest of Venereal Disease in Men," by Charles John Macalister, MD, 1919. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "How Elementary School Teachers Can Help in the Campaign Against Venereal Disease," by Sir Frances Champneys, 1920. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

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- "What Mothers Must tell their Children," by Mary Scharlieb, MD, 1920. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

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- "The Canadian National Council for Combatting Venereal Diseases," Bulletin No. 1, by the Canadian National Council for Combatting Venereal Diseases, no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "The Canadian National Council for Combatting Venereal Diseases," Bulletin No. 5, by the Canadian National Council for Combatting Venereal Diseases, no date. United Church Archives Library, Victoria College, University of Toronto, RA S44 VA A2.
- "The National Committee for the Suppression of the White Slave Traffic," by Charles K. Clarke, MD, no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "What are the Venereal Diseases?" by the Health League of Canada, no date. United Church Archives Library, Victoria College, University of Toronto, RA G44 VA A2.
- "The Social Diseases: A paper read at the Social Service Congress in Convocation Hall," Toronto University, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Facts for Fighters," Manhood Series No. 3, by Oswald C.J. Withrow, by the Military Service Department of the National Council of the YMCA of Canada, 1918. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
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- "The Way to her House," Manhood Series No.2, by Oswald C.J. Withrow, by the Military Service department of the National Council of the YMCA of Canada, 1918. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

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- "Notification and Compulsory Treatment of Venereal Diseases," by Douglas White, MA, MD, the Association for Moral and Social Hygiene, 1923. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
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- "The Venereal Diseases," by the Department of Public Health, Nova Scotia, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
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- "Social Aspects of the Venereal Disease Problem," by Captain Gordon Bates, Captain D.T. Fraser, Captain Morris Mcphedran, issued by the Department of Social Service and Evangelism of the Methodist Church, no date. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
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- "Race Extinction," by Ernest A. Hall, MD, LRCP, no date (Victoria, BC). United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
- "Special Report on Control of Venereal Diseases," by the National Council of Women, 1917. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.
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- "Congenital Syphilis," by Dr. Leonard Findlay, the League of Red Cross Societies, General Medical Department of Child Welfare, 1920. United Church Archives, University of British Columbia, Hugh Dobson Papers, Box A3(2), File N.

Appendix B
Anti-Venereal Disease Illustrations

WAR-TIME POSTER FOR WOMEN

Social Hygiene, Volume 4, 1918, p. 527.

[W. S. No. 25] These slips may be bought already cut for enclosure in [illegible]. Please order by number.

Some men and women think they can't be healthy without

Sexual Intercourse

This is nothing but a lie.

G-O-N-O-R-R-H-E-A

IS A THOUSAND TIMES WORSE THAN A BAD COLD—IF NOT TREATED EARLY IN THE RIGHT WAY MAY BECOME INCURABLE.

SYPHILIS is a blood disease and is one of the causes of insanity, paralysis, heart disease, softening of the brain, locomotor ataxia, imbecility and defects in children.

INFECTION *of syphilis* or gonorrhea may be carried to another person by a moist discharge on towel, handkerchief, cup or toilet seat. *Is it fair to risk another person's health?* Make sure of your own.

Children born with

SYPHILIS

are often crippled for life.

It is practically impossible for a prostitute to escape *syphilis* or *gonorrhea*, and these diseases are often caught in one act of sexual intercourse.

SYPHILIS may be caught if you let a man with a syphilitic sore on his lips kiss you. It often takes years to cure an ordinary case of syphilis—a bad case is often incurable.

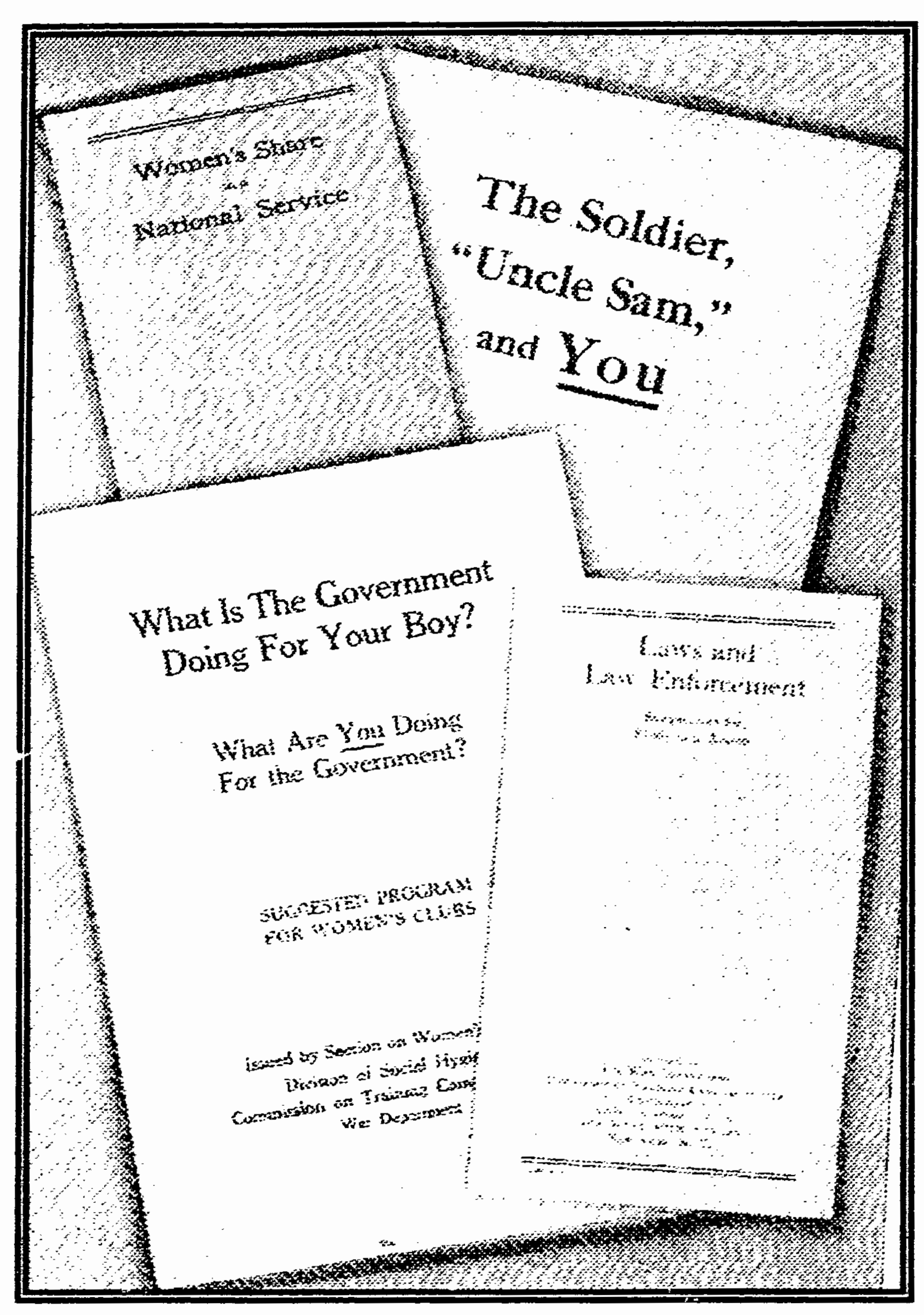
NEVER GO to doctors who advertise "quick cures" or "sure cures." All that these quacks want is your money.

GONORRHEA *causes chronic sickness and loss of strength, diseases of vital organs, dangerous operations on*

ANY EMPLOYEE wishing to know more about venereal diseases can get free advice from the plant nurse, matron, or [illegible]. Application for advice will be kept strictly confidential

Social Hygiene, Volume 4, 1918, p. 528.

VD PAMPHLETS FOR WOMEN



Social Hygiene, Volume 4, 1918, p. 543.

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- *Public Health Journal*, 1910 - 1928, became *Canadian Journal of Public Health*, 1929 - 1930
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