

# “A Mistaken Policy of Secretiveness”: Venereal Disease and Changing Heterosexual Morality in Lancashire, UK, 1920-1935

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**ABSTRACT:** In the interwar years in the mill town of Rochdale, in Lancashire, UK, the percentage of the population accessing treatment for venereal disease more than tripled, rising from 0.08% in 1920 to 0.29% in 1932. Concern began to grow during this period, and public health campaigns about sex education were deployed in an effort to tackle the problem. Archival research indicates that these events were intended to instill a new “modern” approach to sex in the town and to inculcate a “new sex morality” of frankness and responsible behavior. This paper uses the problem of venereal disease as a lens to examine the shifting historical geographies of heterosexuality. The changing sexual culture in the town is the focus of the paper, with an analytical spotlight directed at the discursive production of venereal disease as a new bio-political, public, and inter-generational concern. The paper also examines the way in which, as part of the “new sex morality,” the family functioned as an important channel of sexual and social discipline. The advent of a belief in parental responsibility for accurate and adequate sex education led to changing parenting philosophies. The paper finds that bio-political concerns about the health of the town, and by extension the nation, were a significant impetus for making sexuality and sexual health a public matter.

Keywords: venereal disease, sex education, public health, Lancashire, bio-politics

## Introduction

Sexuality as a subfield of geographical inquiry has burgeoned over the last twenty years.<sup>1</sup> The work of Michel Foucault is the theoretical terrain on which many studies of sexuality have been carried out. His work denaturalizing and historicizing sexuality has reformulated the concept into a historically (and geographically) contingent practice closely linked to power relations.<sup>2</sup> For geographers, the study of sexuality thus investigates not only the spaces and places through which it is constituted, practiced and lived, but also the geopolitical work of culture and discourse.<sup>3</sup> Geographers have only relatively recently turned their attention to the deconstruction of heterosexuality and the spatial production of heterosexual identities and desires.<sup>4</sup> Consequently, several scholars have highlighted the need for new geographical knowledge on heterosexuality, since it is central to the construction and reproduction of the alterity and difference which are played out through bodies, spaces, and places.<sup>5</sup> My paper responds to this by exploring the changing heterosexual morality in Lancashire during the period 1920-1935. By “heterosexual morality” I refer to aspects of heterosexual conduct, culture, and practice. It is important to note at this point that *some* of the increase in venereal disease in Rochdale over the period in question

must have been transmitted through means other than heterosexual activity. However, in the town in the early twentieth century, addressing this was beyond the allowed confines of a public epistemological and ontological imagination. Seeing sexually transmitted infection solely through the lens of heterosexuality no doubt impeded efforts to halt the spread of disease in Rochdale. Unfortunately, exploring this dimension of the cultural and sexual politics in the town is beyond the purview of this paper.

This study uses the public health problem of venereal disease to trace the way in which heterosexuality was produced, contested, and reworked in interwar Rochdale, Lancashire, UK. At this time in the town, venereal disease was conceptualized narrowly as only two sexually transmitted diseases, syphilis and gonorrhoea, eliding other infections such as herpes and warts. This indicates that whilst a new and so-called “modern” approach to sex was deployed in the town to combat silence and ignorance, the epidemiological reach of this was somewhat flawed. This myopia may have been due to specific concern about syphilis, perhaps a residue from what Brandt has described as a Victorian “hysteria” about the disease, originating in the perceived ease of transmission. This panic had impressive longevity; as late as World War I, the United States Navy removed all doorknobs from battleships, claiming these had been a source of syphilitic infection for its sailors.<sup>6</sup>

Setting aside the partiality of the public health imagination in the town at the time, it has been convincingly established that the social construction and management of venereal disease is significant in shaping and articulating perceptions of sexuality.<sup>7</sup> This is largely because the diagnosis and treatment of sexually transmitted infections led to the increasing visibility of certain sexual behaviors, such as promiscuity, which were then problematized.<sup>8</sup> It therefore follows that the study of venereal disease can be one method of charting the historically and geographically contingent nature of sexuality. Venereal disease itself, perhaps unsurprisingly, has attracted considerable scholarly attention, particularly the medical, social and legal responses.<sup>9</sup> In 2007, Del Casino argued that there was “strikingly little” *geographical* work being done at the intersections of health and sexuality studies, notwithstanding an important corpus of work on HIV/AIDS.<sup>10</sup> Since then geographers have contributed to an ongoing expansion of research that makes connections between health, space and sexualities, and this piece offers an historical case study as an addition to the field.<sup>11</sup> Using sexual disease(s) to examine the normative boundaries of heterosexuality can uncover the ways in which (hetero)sexualities and sexual health are framed by prevailing attitudes about the where, when and how of acceptable and non-acceptable sexual behaviors and identities.<sup>12</sup>

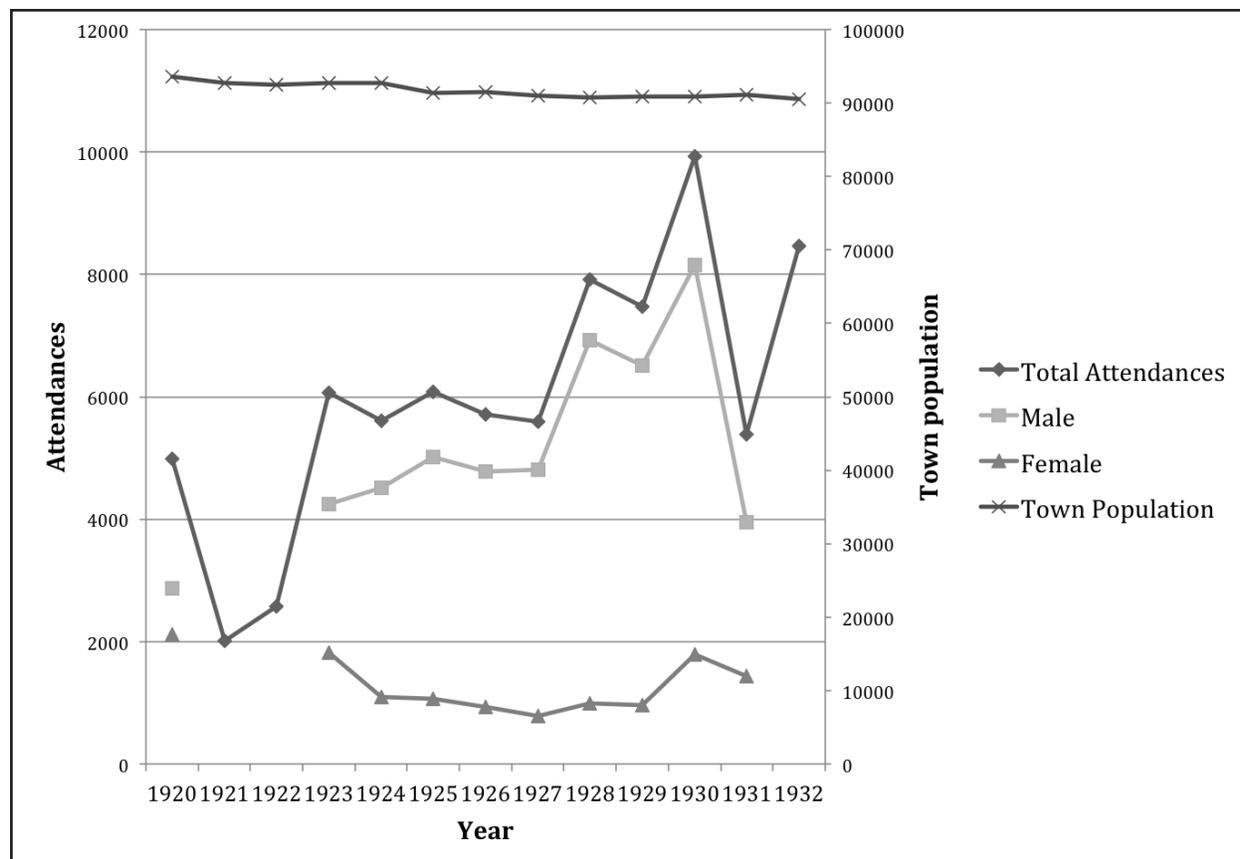
Growing rates of venereal disease in Rochdale in the period 1920-1932 soon attracted the attention of the town’s Medical Officer of Health, Dr. Andrew Topping.<sup>13</sup> He attributed the growing problem to “a mistaken policy of secretive-ness” on sexual matters and sexual health.<sup>14</sup> This policy is an example of the way in which sexuality, as Howell has precisely observed, is normatively private.<sup>15</sup> My paper examines the workings of a new local health policy designed to bring positive reckonings of sex and sexual health into the public domain as a way of tackling venereal disease. The linchpin of this new *public* discourse on sex was a project of sexual pedagogy whereby “everyone should learn about his own body” and it is this instruction and training that the paper takes as part of its focus.<sup>16</sup> Hubbard has noted that few geographers have sought to explore how sexual morality is constructed through specific state programs and, as such, sex education remains an important but under-examined site of moral pedagogy.<sup>17</sup> Thus, the paper’s investigation of this new local culture of sexual instruction is important because it offers valuable insights into the cultural construction of normal (hetero) sexual health.<sup>18</sup> In Rochdale, the new morality enshrined a new personal and parental responsibility for sex education and sexual health.

The purpose of the paper is, therefore, to excavate the change in (hetero)sexual morality that the venereal disease problem provoked in interwar Rochdale. The paper also explicates ways in which this can be mapped on to the conceptual realms of private and public. Fundamentally, the paper addresses the ways in which (hetero)sexual morality has been made and remade across space.<sup>19</sup> This “placing” of sexuality is important, since examining the geographic contexts of social and sexual relations allows us to see the role of space in producing sexual moralities. The paper has three key findings. Firstly, I suggest that this new culture and the political obligations it enshrined for citizens, especially parents, was reflective of wider concerns for the health of the nation. Secondly, it argues that the changing sexual culture in the town was brought about by a new strategic alliance between agents of the public and private: health officials and parents. Finally, the paper argues that whilst officials claimed that the policy was new and more open, it was actually stubbornly conservative in its approach to sex, not only focusing exclusively on heterosexual, marital relations but also on occasion taking an anti-sex stance. The archive material upon which this paper is based consists of local Medical Officer of Health reports, health education literature from the Rochdale Health Committee, and newspaper reports from one archive repository.<sup>20</sup>

### **Society, disease, and sexuality**

Rochdale in the interwar period was part of a network of mill towns in the northwest of England. The town specialized in cotton, wool, and machine tool manufacture. In 1920, the population of the town was 93,639 and by 1935 this had grown to 94,100. During this period, concern began to escalate about public health and, in particular, about the town’s increasing incidence of venereal disease.<sup>21</sup> The health crisis in Rochdale mirrored concern across Britain and America from physicians, public health officials, and social reformers about syphilis and gonorrhoea in the early twentieth century.<sup>22</sup> In 1913 the Royal Commission on Venereal Diseases was set up to investigate the prevalence of venereal disease in the British civilian population. Its findings, reported in 1916, resulted in the creation of a network of venereal disease clinics across Britain. New diagnostic and treatment facilities were offered, including the Wasserman antibody test for syphilis and the provision of arsphenamine, also known as Salvarsan, for the effective treatment of syphilis. Diagnostic testing and treatment, in line with the Royal Commission’s recommendations, were free and confidential. These clinics, as Evans has argued, represented a significant extension of state health services.<sup>23</sup> In line with these national-level changes, a clinic for the diagnosis and outpatient treatment of venereal disease in male and female patients was opened at Rochdale’s Royal Infirmary, Redcross Street, in December 1917. Until September 1922, the work was carried out by two part-time medical officers and two clinics were provided each Friday, one for male patients and one for female patients. In 1922 the clinic services were reorganized, following Ministry of Health recommendations. Opening hours were increased, with the provision of two clinics a week for male patients and two clinics a week for female patients conducted by two full-time members of medical staff from the Public Health Department. Two beds were also retained in Rochdale infirmary for inpatient treatment of venereal disease. In 1933, the clinic was transferred to Baillie Street in the vicinity of the public health offices. The new premises were purpose built and fitted with the state-of-the-art equipment. The Medical Officer of Health noted in his 1933 Report that these facilities were reasonably comparable with the larger clinics in the country.

Yet in 1932, over a decade after Rochdale’s clinic opened, Rochdale’s Medical Officer of Health, Dr Andrew Topping, warned that venereal diseases were having a far-reaching effect in the area. He claimed they were “responsible for more ill-health and for a higher mortality than any other single disease.”<sup>24</sup> At this time, the other main public health concerns in the town, and

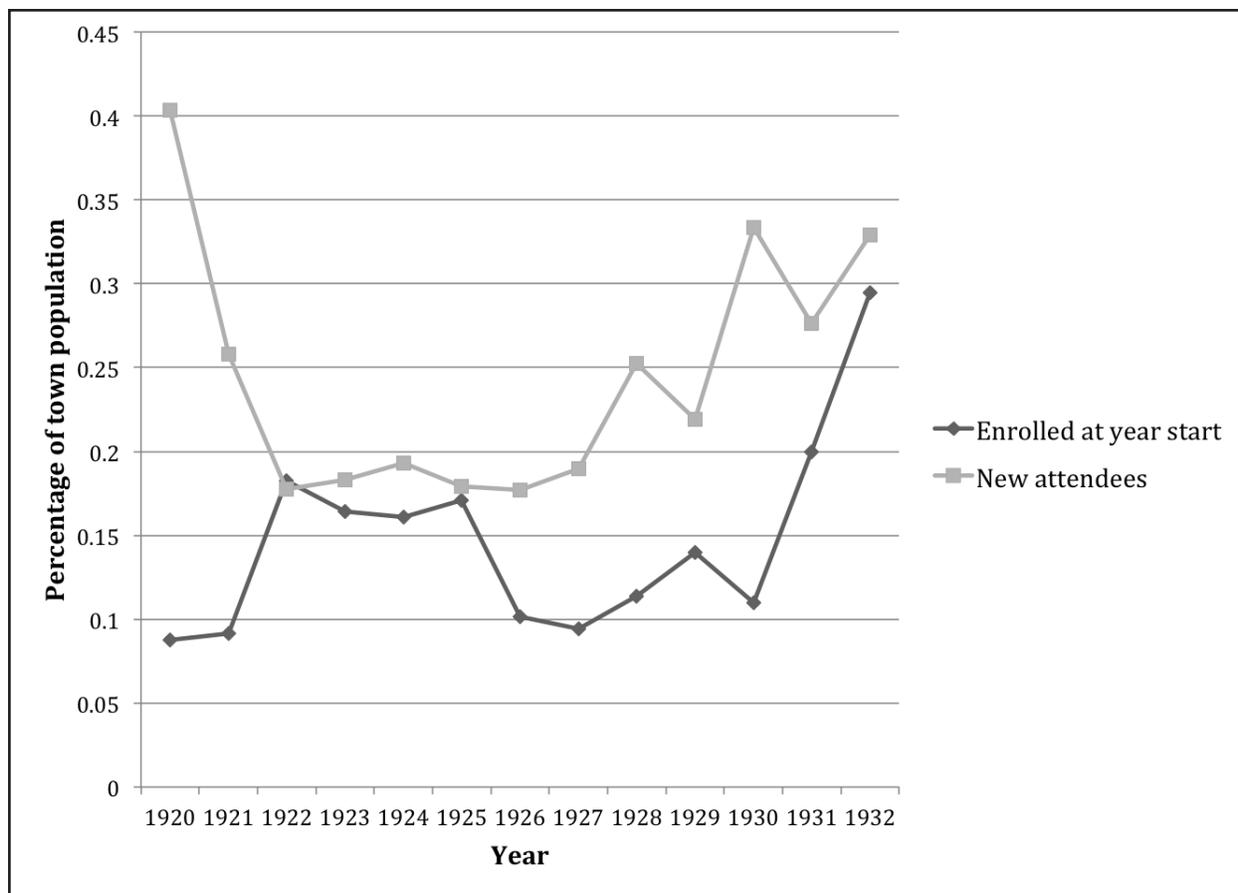


**Figure 1.** Rochdale population and total attendances to the Rochdale venereal disease clinic by year, 1920-1932.

across the United Kingdom, were maternal and child welfare, the provision of ante-natal care, and the management of tuberculosis.<sup>25</sup> The observational data presented in the following graphs indicates the actual scale of the problem. The data, reported by Rochdale's venereal disease clinic, considers the relationship between the population of Rochdale and attendances at the clinic.

Figure 1 reveals the scale of the increasing demand for venereal disease health services in Rochdale such as clinic appointments. This graph also indicates that population increase is unlikely to be the cause for the rising number of clinic attendances during the period in question. The increase in clinic attendances is clearly gendered, with a far lower number of attendances by women than men and a notable increase in attendances during the period for male patients. The data could indicate a greater number of men having sex with a smaller number of infected women, which might be expected to have triggered concern about commercial sex work, yet there is no evidence of such concern in the archival material. The lower attendances by women may also be related to the difference in presentation of sexually transmitted infections between men and women.

Whilst there is little difference between the presentation of male and female patients with syphilis, a clear difference in presentation occurs with gonorrhoea, with almost half of infected women asymptomatic. This issue of female asymptomatic presentation is important for a number of reasons. It genders gonorrhoea and could problematize women's sexuality in that it suggests men's VD status is more visible, or knowable (although this is not necessarily the case). However,



**Figure 2.** Graph showing new clinic attendees and existing patients as a percentage of Rochdale's population by year, 1920-1932.

the gendered difference attracted little comment from the Medical Officer of Health; instead his attention focused on social characterizations such as the “fool or knave who won't attend the clinic,” which is explored in further detail in the second half of the paper.

Figure 2 plots venereal disease clinic patients as a proportion of the population of Rochdale, instead of an absolute number. Plotting the data as a percentage of the population is a way of showing the impact of the disease on the town. The data suggests that, at its worst, the venereal disease problem in Rochdale impacted between 0.3 to just over 0.4 percent of the town's population.

Davidson has suggested that the articulation of venereal disease as a public health issue provided a powerful legitimation for the social construction and regulation of dangerous or pathological sexualities and practices.<sup>26</sup> In other words, the biological or physical problem of disease was also used as a mechanism to evaluate behavior, facilitating a measure of moral as well as physical health. Sexual diseases have often been framed as the result of pathological sexual behaviors, as opposed to other diseases such as cancer that are not generally seen as a reflection of individual conduct.<sup>27</sup> Davidson has coined the phrase “moral epidemiology” to refer to this type of analysis.<sup>28</sup> A moral epidemiology of venereal disease was certainly in evidence in Rochdale's approach to sexual health. The clearest indication of this approach was in health promotion literature from the town's annual “Health Week” event. These municipally-organized health promotion events had been running in the town since the 1920s and consisted of public lectures,

films, exhibitions and distribution of health education pamphlets across the town. Alongside general health and hygiene information, the pamphlets contained material about specific concerns such as cancer and venereal disease. They also operated in line with the recommendations of the 1916 Royal Commission on Venereal Disease by providing some educational information on the problem.

However, in 1932, for the first time, Health Week focused heavily on venereal disease. The event pamphlet professed that the problem was almost totally behavioral—or moral—in stating that “this scourge could be wiped out in one generation if every man and woman lived a pure life and avoided all promiscuity in the sex relation.”<sup>29</sup> The pamphlet, however, does not provide a definition of promiscuity. Instead, there was heavy emphasis on the concept of personal inadequacy. The pamphlet argued that the eradication of venereal disease was bound up with “problems of personal character, behaviour and a sense of individual responsibility towards family, fellowmen and self.”<sup>30</sup> It follows from this logic that in-depth discussion of a medical approach to the problem was largely eschewed. Medical interventions, or “prophylactic treatment,” were described as “methods adopted in the hope of fighting venereal disease while still persisting in self-indulgence.”<sup>31</sup> It is clear, then, that the use of condoms as a barrier method was not endorsed in this public health education program. Nor was this discourse of sex education linked in any way to discussions of broader matters of sexual education such as family planning and contraception. Instead, the pamphlet made two bold declarations about the need for a particular type of conduct: restraint. It urged that “a high moral code is the only sure prevention” and “there is one prophylaxis, and one prophylaxis only, and that is Purity.”<sup>32</sup> As such, the new sex morality that was to be inculcated in the town largely involved arguments for abstinence and horror stories about the symptoms and effects of disease.

The claim that “Purity” could solve the problem of venereal disease allows us to consider both the epidemiological and moral connotations of the “promiscuity” the Health Week pamphlet mentioned without explanation. The concept of “Purity” is evidence for the existence of a conservative set of social and sexual mores privileging marital sexual relations over any other type.<sup>33</sup> Brandt has suggested that educational efforts in the early twentieth century, in their focus on the loathsome and disfiguring aspects of venereal disease and emphasis on the inherent dangers of sexual activity, were actually resolutely anti-sex.<sup>34</sup> Indeed, the local newspaper, *Rochdale Observer*, took this tone in relation to the town’s venereal disease problem. It announced in 1932 that it had located the cause, proclaiming it to be “irregular conduct” and noting that “a great deal of the misery existing today was an outcome of the casual living and loose behaviour that had followed the war.”<sup>35</sup> What is notable here is that alongside the anti-sex sentiment, a fascinating relationship between war and rates of venereal disease is posited. Often, the argument that venereal disease increases *during* war is made, while social mores are immediately and thoroughly disrupted, as Beardsley has shown.<sup>36</sup> Yet, in Rochdale, officials suggested that a spike in venereal disease in the town occurred *after* the war. In noting the “casual living” and “loose behaviour” that were thought to occur in the post-war period, authorities in Rochdale were perhaps linking sexual conduct to the broader social changes wrought by war.<sup>37</sup>

The problem of venereal disease in the town was also imagined using powerful tropes of danger, innocence and guilt. Local official Alderman Dawson made an introductory address to the public as part of a 1934 venereal disease prevention campaign in the town. Dawson evidently knew the power of a single rhetorical narrative with a clear division between good and evil. He described the disease as a submarine, “ploughing its course under the surface of the sea of human life in secret, torpedoing not only those who were guilty but the innocent as well.”<sup>38</sup> Here, venereal disease has been, in Sontag’s words, encumbered by the trappings of metaphor.<sup>39</sup> Dawson’s metaphor was largely about a powerful set of moral assumptions set alongside a sexual

imagination limited to vaginal intercourse and the transmission of two diseases, thus neglecting other infections, sexual practices and pathways of transmission. The description of those afflicted as occupying the opposing moral poles of “innocent” or “guilty” constructs the disease as a mirror of personal character and hints at the worrying possibility of both moral and biological contagion. Dawson does not explain how he assigned guilt and innocence between the sexual partners, but the contemporary understandings of sexuality can provide an indication. Women, especially wives, were most often portrayed as innocent and sexually passive in relation to male sexuality and, as such, were likely to be the innocents to which Dawson refers. However, as Bland notes, the sexual double standard of the time meant that women, paradoxically, could also be considered impure and sexually corrupting.<sup>40</sup> Children infected with venereal disease during birth were also viewed as innocent parties. Rochdale’s Medical Officer of Health describes in his 1924 Report that “many of these [infected] children that survive birth are to be found in our children’s hospitals. The trained eye knows them as the innocents, bearing the iniquities of their fathers.”<sup>41</sup> This suggests that men are seen as the parties to sex having real sexual agency and responsibility and consequentially, the mother, although party to the sexual act, was beyond reproach. Dawson believed that the “guilty” – the sexual dissidents – were actually a problematic minority. He claimed there were “ten times as many innocent people suffering through the disease as guilty.”<sup>42</sup> Dawson’s assertion here shows us that venereal disease was not just a way to assign moral failure to individuals, moreover, it was also a way for health and governing officials to *adjudicate* guilt or innocence in a complex moral-epidemiological calculus. Dawson noted that the “great majority sinned in ignorance” and needed instruction in order to be able to “detect this enemy which was lying in ambush.”<sup>43</sup> This construction served to suggest that there was a glimmer of hope for the town’s health. In styling the disease as partially having its origins in a small group of people acting in ignorance, Dawson painted a picture of the possibility of change. He also paved the way for education as a suitable cure.

Davidson has found that in twentieth-century Scotland the burden of guilt for the continuing incidence of venereal disease was indeed placed heavily upon a sub-culture of sexual offenders. The “defaulter,” a person who failed to complete a course of treatment and thus remained infectious, was a notable problem.<sup>44</sup> Similarly, in Rochdale, little sympathy was reserved for those who were part of this faction; they were referred to damningly in a public education lecture as “inhuman figures who returned to their filth.”<sup>45</sup> Alderman Dawson reiterated the strength of local disapproval for the defaulter in his 1934 public address on venereal disease. He claimed that he had “no words strong enough to express his contempt of those who knowingly handed on the disease to someone else.”<sup>46</sup> Clearly, these figures were seen as simultaneously inhuman and ignorant. The Medical Officer of Health noted that “individuals who ceased to attend before cure is established demonstrate that they do not realise the seriousness of their condition.”<sup>47</sup> In 1932, to address this, a system of following up defaulters was established at the Rochdale venereal disease clinic. This was not yet a procedure as advanced as contact tracing, but a system of simple reminders in the form of a written request to return to the clinic to complete treatment. Here once again, we see gendered notions of sexual responsibility since that year, the clinic sent out reminder letters to eighty-two male patients. These resulted in “the return of the delinquent in thirty-two cases.”<sup>48</sup> This statement from Rochdale’s Medical Officer of Health’s Annual Report indicates that those patients to whom the clinic had to send reminders were considered to be depraved. These questions of behavior and moral code can be used to make an important point here akin to Brown’s notion of political obligation.<sup>49</sup> The moral choice facing Rochdale’s citizenry was not simply “stay celibate,” it was “don’t spread disease.” The fact that officials considered it immoral to spread disease knowingly is subtly different to “anti-sex” sentiments or notions of the immorality of having sex.

However, any success in reminding those who had not completed their treatment to return to the clinic was overshadowed in Rochdale by “the only person we can’t cure.” In other words, the sum of all public health fears: “the Fool or the Knave who won’t attend the clinic.”<sup>50</sup> These characterizations suggest that infected persons who failed to seek treatment were considered to be stupid and, at worst, irresponsible since they continued to pose a threat to society at large. Importantly, this figure of the “fool” or “knave” is not assigned a gender in any official descriptions of the problem in Rochdale. Although, given the clinic’s procedure of contacting male patients to return to complete treatment, one can suggest that the “fool” is probably paradigmatically male. This stands in contrast to the identification in other studies of *gendered* dangerous sexualities. For instance, the figure of the amateur prostitute—a generalized stereotypical image of female sexuality—has featured heavily elsewhere in the venereal disease historiography.<sup>51</sup> Given that most moral panics about venereal disease have some focus on women and female prostitutes, the absence of concern in this register in Rochdale is noteworthy. Perhaps this absence is further evidence for the limited conceptualization of sexual practices and sexuality by officials in Rochdale. The discursive focus on marital sexual relations seen in the Health Week disease prevention literature, even during what amounted to a time of greater disclosure about sex, suggests the attempt to inculcate a modern and more open outlook was only partially successful. Perhaps in 1932 the cultural climate in Rochdale was stubbornly conservative, not yet forgiving enough to publicly discuss sexual relations that were not between husband and wife, and women who earned money from sex. That said, the causes of the venereal disease problem in the town were considered in a multi-faceted way with individual choice, circumstances, context, and to a lesser extent, gender acknowledged in official accounts.

### **The “mistaken policy of secretiveness” and the epistemology of ignorance**

In 1930, Rochdale’s Medical Officer of Health, Dr Topping, noted in his Annual Report that the problem of venereal disease in Rochdale was caused by a “mistaken policy of secretiveness in the town” in relation to sexual matters and sexual health.<sup>52</sup> Hall has argued that the characteristic British squeamishness toward manifestations of sexuality in the late nineteenth century assumed that venereal diseases were too disgusting a subject for discussion, and there existed a consequent reluctance to recognize them as a problem.<sup>53</sup> Topping indicates that similar recoil from such matters occurred in Rochdale. He noted in 1930 that “owing to its unsavoury nature, the venereal disease problem is apt to be kept in the background and treated as the Cinderella of the Public Health Family.”<sup>54</sup> Here, in personifying the disease as Cinderella, Topping indicates the way in which the problem had been overlooked compared with other infectious diseases such as tuberculosis.<sup>55</sup> The *Rochdale Observer* also hinted at this in 1932, noting that “in the past it was considered vulgar to discuss the human body.”<sup>56</sup> This amounts to what Tuana has termed an “epistemology of ignorance.” Such ignorance is not a simple lack, but a state that is constructed and maintained.<sup>57</sup> Clearly, the unpalatable nature of venereal infection created a need for the matter to be hidden: the spillage of the sexual into everyday public life seemed transgressive.<sup>58</sup>

For geographers, this spatial segregation is fascinating and the ways in which sexual ignorance and silence can be produced in and by space demand further attention. One of the most important and interesting divisions of political geography—the distinction between the public and private—is of considerable importance in this process.<sup>59</sup> Deeply rooted in North American and British culture and enshrined in law, the division structurally differentiates personal life from work, politics, and the public sphere.<sup>60</sup> Whilst there is literature in both history and geography that complicates this simple division, the conceptual separation does carry out important conceptual and cultural work.<sup>61</sup> Duncan notes that a private sphere of domestic embodied activities such as sexuality and the family is demarcated and isolated from an allegedly disembodied political

sphere that is predominantly located in public space.<sup>62</sup> Mort has suggested that this gives sexuality an “extra political” status.<sup>63</sup> It is likely, as Mort contends, that the correlation of the sexual with the personal was a key factor in the local non-interventionist and secretive stance toward sexual health.<sup>64</sup> However, the private nature of sexuality and sexual matters is actually something of an illusion, as Duncan has argued, and the paper now turns to the way in which, in Rochdale, the public sphere underwent a process of sexualization.<sup>65</sup>

### **The “modern outlook”: a new public discourse on sex**

1932 saw change in the politics of sex and sexual health in Rochdale. Topping’s report that year as Medical Officer of Health was a trenchant critique of the current policy on venereal disease and what he called “sex matters.” Topping felt that the town’s venereal disease problem had not been publicly addressed by his own public health agency. Rather imaginatively, he observed that the local approach was “comparable to the device of the fleeing ostrich (which obviously does this inane bird very little good) and is not worthy of an enlightened population.”<sup>66</sup> In fact, such a policy of denial seems to be typical of British towns; Hall has suggested that the British approach to venereal diseases can be characterized as a reluctance to engage with the issue.<sup>67</sup> Yet, the way in which sexuality was handled officially in Britain was changing. Mort and Weeks have argued, separately, that sexuality became more of a public matter because of broader cultural and economic changes. These include the decline of family size, a rise in real wages and the growth of new consumer markets.<sup>68</sup> However, Worboys cites new concerns for families, children and the quality and quantity of the British race from the turn of the twentieth century as the most significant factor.<sup>69</sup> In a Foucauldian ontology, these concerns would be labelled “bio-political” in reference to a politics of life itself which sees the body as an economic and also moral resource. Evidence from Rochdale suggests that these questions of population strength and health were significant factors in the changing approach to sexuality. Topping’s dislike of the current approach was couched in terms of the implications for the population’s health. In his 1930 report, he argued that since venereal diseases had a higher mortality than any other single disease in the town, “the hush-hush policy [on sex questions] is not only puerile but criminal.”<sup>70</sup> In 1932, the *Rochdale Observer* reported that the Health Week event of 1932, of which tackling VD was a central tenet, was in essence, an “appeal to the public conscience” to “help themselves to become A1 members of an A1 nation.”<sup>71</sup> The entire event was thus seized in an attempt to achieve improvements in population health. Such concerns for the health and strength of the nation have been shown elsewhere to have legitimized the opening up of the private sphere in and the re-territorialization of certain individual practices such as motherhood in both private and public realms. The early twentieth-century discourse of motherhood as a civic duty and women as mothers of the nation justified the opening up of the private sphere to the corrective inspection of the infant welfare movement and state medicine.<sup>72</sup> The new public approach to sex and sexual health in Rochdale, should therefore be seen as another signal instance of bio-political worries about population health provoking the re-territorialization of private matters into the public sphere.

Topping was determined to eradicate past mistakes and develop a new approach to Rochdale’s problem of venereal disease. He believed that the time to cure venereal disease was “before an individual has so far forgotten himself or herself as to run the risk of acquiring it.”<sup>73</sup> Or, in other words, he thought the time to act was before a person had surrendered to their desires. In 1932, he masterminded a “modern outlook”: a new *public* discourse about sex and sexual health based on “frank education in and discussion of all matters relating to it [sex and venereal disease.]”<sup>74</sup> In the same year, the *Rochdale Observer* newspaper reported on this transformation, claiming that “all phases of the health problem, personal as well as public, will be treated with a frankness and simplicity to which the popular mind has not been accustomed in the past.”<sup>75</sup> In

essence, what was *new* about this era in Rochdale's sexual health was the willingness to publicly acknowledge the problem of venereal disease in the town and provide more information about sexual health in educational materials. Rochdale was not unique in its new era of sexual disclosure. The turn of the twentieth century had seen the beginnings of a gradual speaking out on matters of sex and venereal disease.<sup>76</sup> Topping's focus on education as one of the key tenets of his new strategy chimed clearly with national-level recommendations for educational programs.<sup>77</sup> Bland has argued that a combination of medical treatment and moral guidance characterized the British approach to venereal disease in the interwar years.<sup>78</sup> In Rochdale, educational work about health in the form of public exhibitions and educational literature had been carried out for some time, but in 1932 there was an unprecedented focus on venereal disease in the town's annual Health Week. Plates 1 and 2 show the health education pamphlets used in Rochdale in 1924 and 1932 health education literature.

In 1932, approximately 14,000 households received the Health Week pamphlet. The pamphlet broke the mold of the town's previous Health Week publications in two ways. Firstly, the booklet took a reflexive tone, openly acknowledging the "mistaken policy of secretiveness" in relation to venereal disease and making reference to a change in the approach to public health – sexual health in particular – in the town. The pamphlet then put the issue of venereal disease firmly in the public domain by providing more explicit and detailed information on venereal disease than any Health Week literature before it. The 1924 publication included a "venereal disease" section but provided only the most general information about syphilis and gonorrhoea, with little focus on complications. By contrast, in 1932 the Health Week pamphlet medicalized sexual behavior and transformed it into morbidity. It imparted new information about the complications of venereal disease such as cognitive impairment and blindness and drew attention to the very high mortality rates the diseases caused in the town. The dissemination for the first time of detailed medical information about venereal disease indicated a change in the municipal approach to sexual health. Yet, the pamphlet also had an obviously moral agenda. It argued that there were ten times as many innocent as guilty sufferers. Sauerteig and Davidson have suggested that this moral overtone was crucial since the purpose of sex education and health information in the first half of the twentieth century had been to emphasize the moral aspects of sex.<sup>79</sup> We can go further than this however to identify other rationales underpinning this literature. Bland has suggested that new knowledge was intended to create individuals active in the acquisition and maintenance of their own health.<sup>80</sup> Moreover, in Rochdale, the calls to create an "A1 nation" suggest a focus not only on the improvement of the individual but also working on the health of the nation. In Foucault's terminology, educating the individual at the level of the "anatomy-politics" of the human body allows individual sexual conduct to interconnect with the "bio-politics" of the population.<sup>81</sup> The presence of these scalar connections in Rochdale is not surprising since venereal diseases have long been political issues where the politics of the human body are made congruent with the politics of population control.<sup>82</sup> We can, though, suggest that Rochdale's new public discourse about sex was clearly a "vital" discourse in its attempt to manage life and longevity in both individual and population.<sup>83</sup>

Reflecting on Health Week 1932, the *Rochdale Observer* noted the scale of the change that had occurred locally. Referring specifically to what could be termed the new geography of heterosexual morality, the paper noted that "sex problems are freely discussed in private *and* from platforms without the most sensitive turning a hair." The paper concluded that "the old coy and restrictive relationship between the sexes – in public at any rate – has given way to the modern freedom, regarded by many as infinitely more healthy."<sup>84</sup> Here the paper describes a new spatial configuration of heterosexual morality: the sexualization of the public sphere. This process can be seen as a signal example of what Brown has termed the *marbling* of public and private whereby the supposedly separate characteristics of the two spheres are combined.<sup>85</sup>

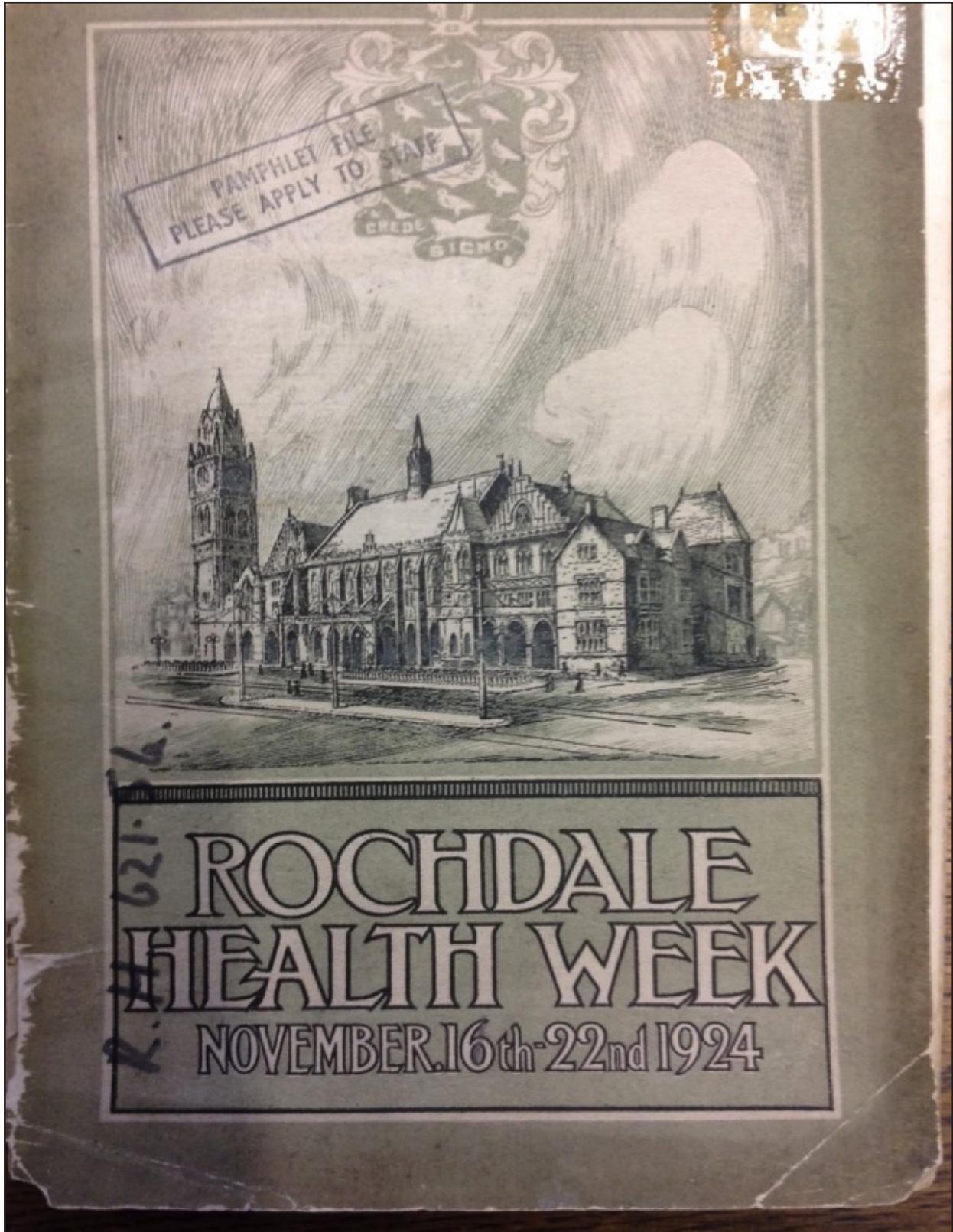
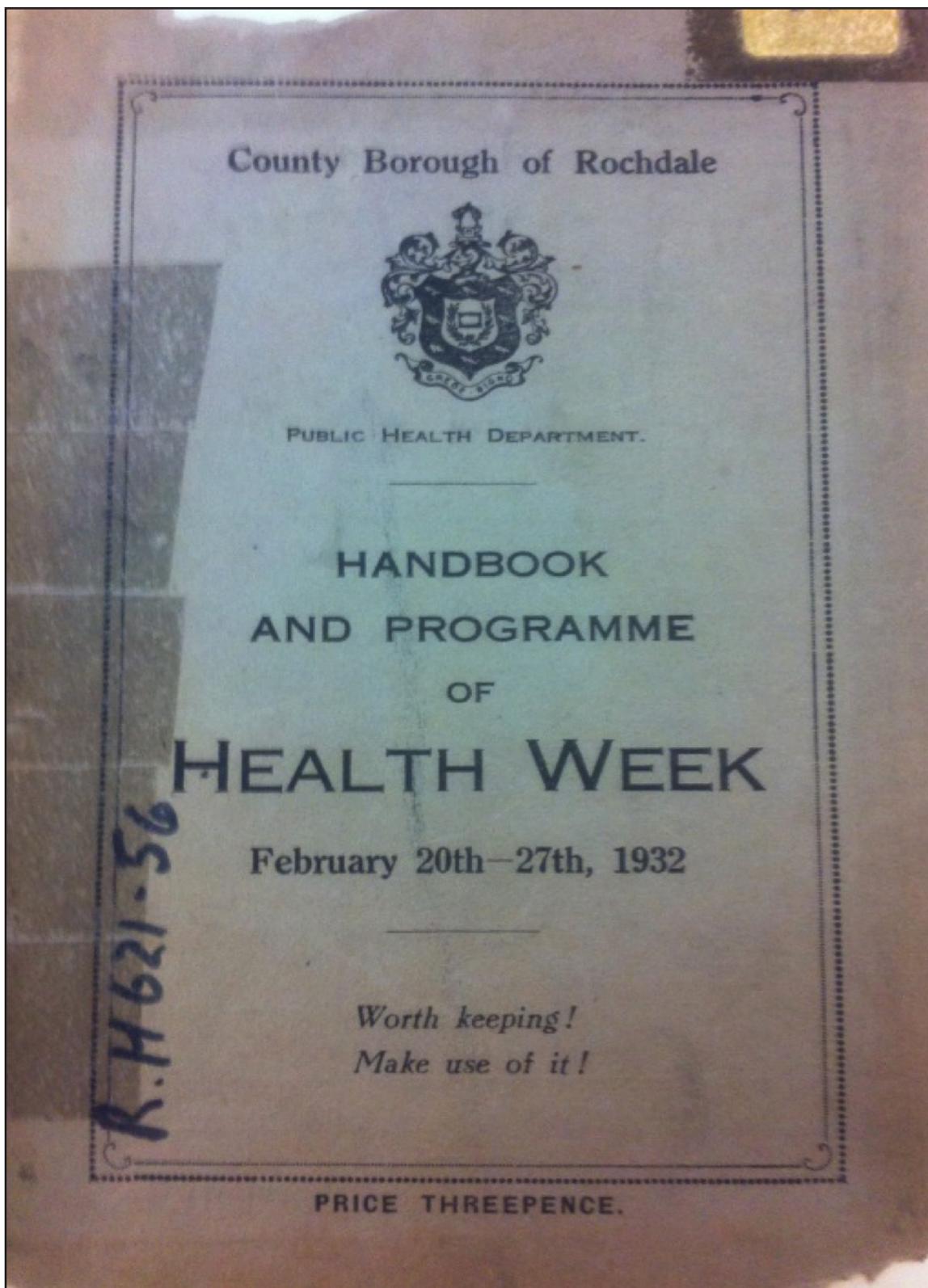


Plate 1. 1924 Rochdale Health Week Pamphlet. Source: Touchstones Rochdale Archives and Local Studies.



**Plate 2.** 1932 Rochdale Health Week Pamphlet. Source: Touchstones Rochdale Archives and Local Studies.

### The moral economy of good parenting

Over the course of the twentieth century, European societies by and large acknowledged the need for the young to gain knowledge about sexual matters and to be educated about what was perceived to be morally acceptable behavior.<sup>86</sup> In 1932, the *Rochdale Observer* reported that a “new conception of duty towards children in regard to sex education” had been detected in the town.<sup>87</sup> Medical Officer of Health Dr. Topping explained the rationale for this in his 1932 report. He argued that the “mistaken policy of secretiveness” had made children particularly vulnerable. He noted that “we put up warning signs at the dangerous points in our roads, but we let our sons and daughters venture on the road of life, on which are displayed no warnings, without even a word of advice.”<sup>88</sup> There is little specification of what age group is meant by “children” in these discourses. However, in November 1934 when a three day campaign to combat venereal disease was held in Rochdale, Mr. E. Ford, a lecturer from the Hygiene Council, told audiences that “the time to tell a child was when it asked the question.”<sup>89</sup> This indicates that sex education for the town’s children was not considered to be subject to any formal age restriction and, perhaps surprisingly, concern about the sexualization of children appears to be absent.

Honesty seemed to be the cornerstone of parental duty in sexual pedagogy. This so-called “rising generation” was important for the town’s future and Topping feared that the children and young adults of Rochdale were not receiving positive messages about sex.<sup>90</sup> He observed that “while children are brought up and sent out into the world with no knowledge other than that acquired from their prurient-minded fellows, it is obvious that they will look upon all sex matters as essentially synonymous with shame.”<sup>91</sup> Topping wanted to change the epistemological context in which the young experienced sexual matters. Between 1932 and 1935 in the town concrete efforts were made to change this approach in a campaign called “Telling the Young,” a part of the annual Health Week program. The campaign was an attempt to instil responsibility into parents, calling on them to attend public information lectures and exhibitions and then furnish their children with accurate and positive information about sexual behavior and sexual health.<sup>92</sup> Parents were placed at the forefront of action to reduce the venereal disease in Rochdale; according to the 1932 Health Week pamphlet they “bear the brunt of this fight” against venereal disease.<sup>93</sup>

In 1932, parents in the town were given a new resource to help them fulfill their duties. A moral welfare agency, the Rochdale Mission, provided a library in which there were “medical books suitable for both sexes.”<sup>94</sup> This was considered to be “a valuable agency” by the local press because “in reading, people got a different aspect of questions and guided their actions accordingly.”<sup>95</sup> Education was thought to have a transformative effect in that it could change understanding of health and, in turn, behavior. The rhetoric of getting parents to educate their children was thus an ironic one, in that it required parents *a priori* to educate themselves. Clearly, reading and personal study were key ways in which an individual became an active agent in the acquisition and maintenance of his or her own health.<sup>96</sup> Education as a way of targeting sexually transmitted disease is a near-ubiquitous trope in public health politics. In a Foucauldian sense, though, it presupposes a certain governmentalized human whose desires can be self-governed.

During Health Week 1932, Miss J. Higson of the Archbishop’s Advisory Board for Preventive and Rescue Work gave a public lecture on moral education in childhood. Higson explained how to talk to children about sex. She argued that parents should deal with a child’s curiosity about sexual matters truthfully and “in such a way as to create a healthy... wonderment in the child’s mind, thereby forestalling all evil knowledge.” Higson also spoke about creating positive meanings of sex, signaling a clear departure from the “hush-hush policy”; she urged parents to tell their children about sexual attraction as a “marvellous story.”<sup>97</sup> In so doing, Higson appeared to pave the way for a more positive and affirmatory sexual culture in the town. This

was reflected in the text of the 1932 Health Week pamphlet which implored parents to “not let another generation grow up thinking sex is a shameful thing.”<sup>98</sup>

However, despite the much-vaunted new and revolutionary public discourse on sex, at the heart of Higson’s message was actually moral conservatism. Her speech was a call for instruction in self-discipline. She argued that children needed “teaching and understanding which makes clear that in the best things in life anything which lessens self-control is entirely against their own happiness and against the best interests of the race.”<sup>99</sup> According to Higson, therefore, the purpose of sex education was, in fact, to equip the young with the willpower to control their sexual urges.<sup>100</sup> We can suggest, then, that this local initiative of bringing “sex matters” into the public (and the public mind) was actually an attempt to firmly establish a particular (hetero)sexual norm. This located sexuality firmly within the domain of the family, marriage, and reproduction, and held restraint as the cornerstone of responsible sexual behavior. Foucault observed that the liberalization of sex and open discussion of sex was actually part of a modern project of regulation for state ends.<sup>101</sup> Indeed, the purpose of this sexual discipline, as Higson pointed out, was the interests of the population or the race. Thus, the educational and disciplinary work carried out by parents in the private sphere of the home rendered the family and the private realm an important site of what could be termed “affective” social and sexual discipline. In Foucauldian lexicon, the parents had become a bio-political tool; the bodies of parents and children were moral resources helping to safeguard the health of the nation.

The 1932 Health Week pamphlet firmly pressed upon parents their responsibilities in this regard, claiming that “it is our duty to tell our children about sex and their origin.”<sup>102</sup> In the health promotion literature, these duties often were cast explicitly within the framework of citizenship. For instance, the *Rochdale Observer* noted that Health Week intended to “arouse the practical interest of the individual citizen in the cultivation of his own and his family’s health by improved habits and by a recognition of personal responsibility.”<sup>103</sup> The 1932 Health Week pamphlet keyed into the same theme, but more succinctly in its call to “enlist the personal and collective co-operation of citizenship” in the borough.<sup>104</sup> The education of the young in sexual matters is recognized as having been a vital public arena for the negotiation of citizenship.<sup>105</sup> We can, therefore, see the establishment of new parental responsibilities for education of the young as a new way of exploring not only the changing relationship between private and public but also, the connections between the individual and the nation. In so doing, we are highlighting the changing political obligations, as Brown terms them, of sexual citizens.<sup>106</sup> The *Rochdale Observer* noted that some parents “realise[d] their obligations.” This demonstrates that Rochdale’s new sexual morality was an alliance between the officials of the state such as the Medical Officer of Health, voluntary organizations, and parents. This is another example of what can be termed “civic parenthood,” where parents and various agencies take an interest in the life and welfare of children.<sup>107</sup>

## Conclusion

In 1932 the *Rochdale Observer* reflected on changing sexual mores in the town. It noted that “times have changed, and with them our way of looking at things.”<sup>108</sup> Health Week’s public education lectures that year had been “remarkably frank on topics which a decade or two ago were taboo in respectable company.”<sup>109</sup> This attempt to adjust sexual attitudes reminds us that sexuality and sexual behaviors are not trans-historical but are socially constructed. As Hubbard has hinted, investigation into sexual pedagogy is worthwhile since it sheds light on the taxonomy by which normal and abnormal sexual behavior is defined.<sup>110</sup> This paper has demonstrated the way in which a new regime of public sexual education was actually quite limited in the information it provided to the people of Rochdale. Sexual pedagogy from health officials prioritized inculcating

the self-discipline of sexual desire and ranged in tone from anti-sex to preaching responsible sexual behavior. In effect, it served only to enshrine the singular heterosexual norm of marital sexual relations in Rochdale. The primacy of heterosexual marriage in Rochdale's sexual health education literature is evidence for the moral agenda at the heart of the town's public health work, and furthermore it indicates little acceptance of a multiplicity of sexual relations, even within the category of heterosexual.

Of course, this rethinking of the subjective meaning of (hetero)sexuality in Rochdale also led to the sexual re-ordering of space. The "mistaken policy of secretiveness" which sought to privatize heterosexuality and sexual health was overtaken by "a new sex morality": a new regime of *public* sexual discourse and education. The Rochdale archive indicates that bio-political concerns about the health and strength of the population provoked this re-territorialization of sexual matters into the public sphere. Uncoupled from its association with the private sphere, the public heterosexuality was a new tool to safeguard not only individual health but the strength of the nation. The main intention of educational work in the public sphere was for parents to acquire knowledge and pass it on to their children in the private sphere of the home and family. The *Rochdale Observer* drew attention to a "growing sense of citizen responsibility" in the town in 1932 which indicated that parental obligation was firmly couched in terms of citizenship duties to the nation.<sup>111</sup> The changes in public and private life brought about by the articulation of an avowedly public heterosexual culture reconfigured the body politics of civic participation as parental work in the private sphere counted also as a form of civic parenthood for the nation. Moreover, the private sphere of home and family was co-opted as a site of social and sexual discipline as a part of the bio-political project of safeguarding population health.

These findings indicate that focusing on the political effects of venereal disease is a worthwhile mechanism for the investigation of the historical geography of (hetero)sexuality.<sup>112</sup> The significance of the Rochdale case study in this regard is as a signal instance of the private nature of (hetero)sexuality as concurrently normative *and* illusory. As such, it raises several questions for future research. Exploration of the historical justifications for medical and social interventions into the private sphere would shed further light on the connections between the sites and scales of sexual politics, especially those of the body, the nation, and also the relationship between the citizen, health, and nation. Geographers of sexuality must also continue to address the significance of the relationship between public and private; the ways in which these realms marble; and those categories, behaviors, and concepts which can unsettle the divide. This paper has also indicated the way in which the study of biomedical authority can be used to shed light on the extent and consequences of the medicalization of sexual behavior. Perhaps, therefore, the most important area of investigation which follows on from this work could be to augment existing research into the relationship between changing sexual mores and major therapeutic advances in the treatment of sexually transmitted infections with local case studies.<sup>113</sup>

## NOTES

- 1 Two significant edited collections that provide an excellent overview of work on sexuality within Geography are: David Bell and Gill Valentine, *Mapping Desire: Geographies of Sexualities* (London, Routledge, 1995); Kath Browne, Jason Lim, and Gavin Brown, *Geographies of Sexualities: Theory, Practice and Politics* (Aldershot: Ashgate, 2007).
- 2 Lutz Sauerteig and Roger Davidson, "Shaping the Sexual Knowledge of the Young: Introduction," in *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe*, eds. Lutz Sauerteig and Roger Davidson (Oxon: Routledge, 2009), 1-18.

- 3 Kath Browne, Jason Lim, and Gavin Brown, "Introduction, or Why Have a Book on Geographies of Sexualities?" in *Geographies of Sexualities: Theory, Practice and Politics* (Aldershot: Ashgate, 2007), 1-18; Philip Howell, "Sexuality," in *The International Encyclopedia of Human Geography, Volume 10*, eds. Rob Kitchin and Nigel Thrift (Oxford: Elsevier, 2009), 119-124.
- 4 Browne, Lim, and Brown, "Introduction," 10; for a review of research from within and beyond geography on heterosexuality, see Phil Hubbard, "Desire/Disgust: Mapping the Moral Contours of Heterosexuality," *Progress in Human Geography* 24 (2000): 191-217.
- 5 See in particular: Virginia Blum and Heidi Nast, "Where's the Difference?: The Heterosexualisation of Alterity in Henri Lefebvre and Jacques Lacan," *Environment and Planning D: Society and Space* 14 (1996): 559-580; Hubbard, "Desire/Disgust," 194.
- 6 Allan Brandt, "AIDS in Historical Perspective: Four Lessons from the History of Sexually Transmitted Diseases," *American Journal of Public Health* 78 (1998): 367.
- 7 Roger Davidson and Lesley Hall, *Sex, Sin and Suffering: Venereal Disease and European Society since 1870* (London: Routledge, 2001); see also Roger Davidson, "Venereal disease, sexual morality and public health in interwar Scotland," *Journal of the History of Sexuality* 5 (1994): 267-93.
- 8 Vincent Del Casino Jr., "Health/Sexuality/Geography," in *Geographies of Sexualities: Theory, Practice and Politics*, eds. Kath Browne, Jason Lim, and Gavin Browne (Aldershot: Ashgate, 2007), 47.
- 9 See in particular: Frank Mort, *Dangerous Sexualities: Medico-moral Politics in England since 1830* (London: Routledge, 1987); Richard Davenport-Hines, *Sex, Death and Punishment: Attitudes to Sex and Sexuality in Britain since the Renaissance* (London: William Collins, 1990).
- 10 Del Casino Jr., "Health," 40.
- 11 Ibid.
- 12 Del Casino Jr., "Health," 47; Chris Philo, "Sex, Life and Death: Fragmentary Remarks Inspired by 'Foucault's Population Geographies,'" *Population, Space and Place*, 11 (2005): 325-333.
- 13 The post of local Medical Officer of Health (MOH) emerged in the 1840s as part of the sanitary movement in the UK which sought to control the spread of infectious disease. By the first decades of the twentieth century, the local MOH had a significant role in managing and coordinating local healthcare provision. MOHs oversaw state maternal and infant welfare programs channeled through local government, carried out medical checks on school children and coordinated healthcare provision for infectious diseases such as tuberculosis and venereal disease. The MOH's duties also extended to environmental concerns such as pest control and food safety. Despite the centralization of healthcare provision at the national level in 1919 in the form of the new Ministry of Health, MOHs retained a considerable degree of autonomy and power at the local level, choosing whether to enact, ignore or alter healthcare legislations. For the period under consideration, 1920-35, the structure and organization of Rochdale's public health services were typical, with the town's local MOH exercising local leadership and discretion on both national and local health agendas. On the structure and organization of public health governance in the UK in the early twentieth century, see: John Welshman, "The Medical Officer of Health in England and Wales, 1900-1974: watchdog or lapdog?" *Journal of Public Health Medicine* 19 (1997): 1095-1105; Jane Lewis, *What Price Community Medicine: The Philosophy, Practice and Politics of Public Health Since 1919* (Brighton: Wheatsheaf, 1986); Roger Cooter and John Pickstone, eds., *Companion to Medicine in the Twentieth Century* (London: Routledge, 2003).
- 14 Rochdale Health Week pamphlet, 1932.

- 15 Howell, "Sexuality," 119.
- 16 Rochdale Health Week pamphlet, 1932.
- 17 Hubbard, "Desire/Disgust," 199.
- 18 Lutz Sauerteig and Roger Davidson, "Shaping the Sexual Knowledge of the Young: Introduction," in *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe*, eds. Lutz Sauerteig and Roger Davidson (Oxon: Routledge, 2009), 1.
- 19 Chris Philo, "De-limiting human geography: new social and cultural perspectives" in *New Words, New Worlds: Reconceptualising Social and Cultural Geography*, ed. Chris Philo (Aberystwyth, 1991), 26.
- 20 The following collections were accessed at Touchstones Rochdale: Rochdale Medical Officer of Health Reports 1900-1940; Health Week Collections RH621.56 and RH621.56 (8895).
- 21 Rochdale's venereal disease problem, affecting as it did in 1920 around 0.41% of the town's population was at a virtually identical level to rates of venereal disease across England and Wales as a whole. In 1920, there were 200,000 new cases of venereal disease in England and Wales (population 37,524,000) representing 0.533% of the population.
- 22 Brandt, "AIDS in Historical Perspective," 368.
- 23 David Evans, "Tackling the 'Hideous Scourge': The Creation of Venereal Disease Treatment Centres in Early Twentieth-Century Britain," *Social History of Medicine* 5 (1992): 413.
- 24 Rochdale Medical Officer of Health Report, 1932.
- 25 This is evident from Rochdale's Medical Officer of Health Reports, 1920-1935.
- 26 Davidson, "Venereal Disease," 292.
- 27 Del Casino Jr., "Health," 47.
- 28 Davidson, *Dangerous Liaisons*.
- 29 Rochdale Health Week pamphlet, 1932.
- 30 Ibid.
- 31 Ibid.
- 32 Ibid.
- 33 This echoes Foucault's figure of the Malthusian couple, a rhetorical device which he argued conveyed the message that intercourse which did not follow the norm would harm sexual partners and society. See Michel Foucault, *The History of Sexuality Volume I: An Introduction* (London: Vintage, 1990).
- 34 Brandt, "AIDS in Historical Perspective," 368.
- 35 "Altered Outlook on Sex Morality," *Rochdale Observer*, Feb. 27, 1932.
- 36 Edward Beardsley, "Allied Against Sin: American and British Responses to VD in World War I," *Medical History* 20 (1976): 189-202.
- 37 Davidson, "Venereal Disease," 288. On the post-war transformation of social and sexual mores see in particular: Cate Haste, *Rules of Desire: Sex in Britain World War I to the Present* (London: Vintage, 2002); Gerard DeGroot, *Blighty: British Society in the Era of the Great War* (London: Longman, 1996).
- 38 "Dread Diseases: A Three Days Campaign in Rochdale," *Rochdale Observer*, Nov. 7, 1934.
- 39 Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (London: Penguin, 2002), 5.
- 40 Lucy Bland, "'Cleansing the Portals of Life': The Venereal Disease Campaign in the Early Twentieth Century," in *Crises in the British State 1880-1930*, eds. Mary Langan and Bill Schwarz (London: Hutchinson, 1985), 202.
- 41 Rochdale Medical Officer of Health Report, 1924.
- 42 "Dread Diseases: A Three Days Campaign in Rochdale," *Rochdale Observer*, Nov. 7, 1934.
- 43 Ibid.

- 44 Davidson, "Venereal Disease," 274. Little detail on the treatment of venereal diseases is provided in the Rochdale Medical Officer of Health reports. However, in 1934, the Report states that courses designed for the treatment of acquired adult syphilis vary from 26 to 48 weeks in duration for cases which come for treatment within the first year of infection. All Medical Officer of Health Reports for the period under consideration state the availability of arseno-benzol compounds free of charge for practitioners to prescribe to patients.
- 45 "Dread Diseases: A Three Days Campaign in Rochdale," Rochdale Observer, Nov. 7, 1934.
- 46 Ibid.
- 47 Rochdale Medical Officer of Health Report, 1932.
- 48 Ibid.
- 49 Michael Brown, "Sexual Citizenship, Political Obligation and Disease Ecology in Gay Seattle," *Political Geography* 25, no. 8 (2006): 874-898.
- 50 Rochdale Health Week pamphlet, 1932.
- 51 See in particular: Bland, "'Cleansing the Portals of Life': The Venereal Disease Campaign in the early Twentieth Century," 192-208; Davidson, *Dangerous Liaisons*.
- 52 Rochdale Health Week pamphlet, 1932. Topping was, of course, confirming Foucault's later thesis about an explosion of discourse about sex. See Foucault, *The History of Sexuality*.
- 53 Lesley Hall, "Venereal Diseases and Society in Britain, from the Contagious Diseases Acts to the National Health Service," in *Sex, Sin and Suffering: Venereal Disease and European Society since 1870*, eds. Roger Davidson and Lesley Hall (London: Routledge, 2001), 120.
- 54 Rochdale Medical Officer of Health Report, 1930.
- 55 On the overlooked character of sexual diseases in the UK during the period under investigation, see Lesley Hall, "'The Cinderella of Medicine': Sexually Transmitted Diseases in Britain in the Nineteenth and Twentieth Centuries," *Genitourinary Medicine* 69 (1993): 314-319.
- 56 "Altered Outlook on Sex Morality," *Rochdale Observer*, Feb. 27, 1932.
- 57 Tuana, "Coming," 195.
- 58 On this transgression see: Lauren Berlant and Michael Warner, "Sex in Public," *Critical Enquiry* 24 (1998): 547-566.
- 59 Nancy Duncan, "Renegotiating Gender and Sexuality in Public and Private Spaces," in *BodySpace: Destabilising Geographies of Gender and Sexuality*, ed. Nancy Duncan (London: Routledge, 1996), 128.
- 60 Duncan, "Renegotiating Gender and Sexuality in Public and Private Spaces." See also Leslie Moran on the distinction between public and private created by English law: Leslie Moran, *The Homosexual(ity) of Law* (London: Routledge, 1996), 156-169.
- 61 See in particular, Amanda Vickery, *The Gentleman's Daughter: Women's Lives in Georgian England* (Yale: Nota Bene, 1998); Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (Chicago: University of Chicago Press, 1987).
- 62 Duncan, "Renegotiating," 127. See also, Wayne Myslik, "Renegotiating the Social/Sexual Identities of Places: Gay Communities as Safe Havens of Sites of Resistance" in *BodySpace: Destabilising Geographies of Gender and Sexuality*, ed. Nancy Duncan (London: Routledge, 1996), 156-169.
- 63 Mort, *Dangerous Sexualities*, 202.
- 64 Ibid.
- 65 Nancy Duncan, "Introduction," in *BodySpace: Destabilising Geographies of Gender and Sexuality*, ed. Nancy Duncan (London: Routledge, 1996), 1-10, 4. The illusion of the private nature of sexuality is part of a larger challenge for public health in liberal democratic/

- capitalist societies. It confronts the public consequences of private acts quite publicly (e.g. venereal disease) but also economic acts such as food safety and environmental issues. I am grateful to Michael Brown for this point.
- 66 Rochdale Medical Officer of Health Report, 1932.
- 67 Hall, "Cinderella," 314.
- 68 Mort, *Dangerous Sexualities*, 202; Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800* (London: Longman, 1981), Chapter 11.
- 69 Worboys, "Unsexing," 59.
- 70 Rochdale Medical Officer of Health Report, 1932.
- 71 "Rochdale's Health Week: The Appeal to the Public Conscience," *Rochdale Observer*, Feb. 20, 1932.
- 72 Francesca Moore, "Governmentality and the Maternal Body: Infant Mortality in Early Twentieth-Century Lancashire," *Journal of Historical Geography* 39 (2013): 54-68.
- 73 Rochdale Medical Officer of Health Report, 1932.
- 74 Ibid.
- 75 *Rochdale Observer*, Feb. 20, 1932.
- 76 Bland has argued that the catalyst for this process was the women's movement and feminists who campaigned against venereal disease, see Bland, "Cleansing," 194.
- 77 Michael Worboys, "Unsexing Gonorrhoea: Bacteriologists, Gynaecologists and Suffragists in Britain, 1860-1920," *Social History of Medicine* 17 (2004): 57.
- 78 Bland, "Cleansing," 193.
- 79 See Saurteig and Davidson, "Shaping."
- 80 Bland, "Cleansing," 201.
- 81 See in particular, Colin Gordon, "Governmental Rationality: An Introduction," in *The Foucault Effect: Studies in Governmental Rationality*, eds. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: University of Chicago Press, 1991), 1-52.
- 82 Michael Brown and Larry Knopp, "Between Anatomo- and Bio-politics: Geographies of Sexual Health in Wartime Seattle," *Political Geography* 29 (2010): 394.
- 83 See Gerry Kearns and Simon Reid-Henry, "Vital Geographies: Life, Luck and the Human Condition," *Annals of the Association of American Geographers* 99 (2009): 554-574.
- 84 *Rochdale Observer*, Feb. 27, 1932
- 85 Brown, "Sexual Citizenship," 876.
- 86 Saurteig and Davidson, "Shaping," 6.
- 87 "The Rochdale Health Week and its Purpose," *Rochdale Observer*, Feb. 20, 1932.
- 88 Rochdale Medical Officer of Health Report, 1932.
- 89 *Rochdale Observer*, Nov. 7, 1934. The Hygiene Council (formerly The National Council for Combating Venereal Diseases until it became the British Social Hygiene Council in 1925) had a significant public role in creating policy on venereal disease, the provision of facilities for its treatment, and public health education about venereal disease. It was a leading provider of sex education and teacher training for this purpose.
- 90 "Rochdale's Health Week and Its Purpose," *Rochdale Observer*, Feb. 20, 1932.
- 91 Rochdale Medical Officer of Health Report, 1932.
- 92 Foucault has argued that the family was the perfect locus for the deployment of disciplinary power with respect to sexuality. Duschinsky and Rocha note that Foucault's positioning of the family as the anchor point for sexuality meant that the family functioned as the eyes, ears and hands of educationalists, medical professionals, and ultimately the state. See Robbie Duschinsky and Leon Antonio Rocha, "The Problem of the Family in Foucault's Work," in *Foucault, the Family and Politics*, eds. Robbie Duschinsky and Leon Antonio Rocha (Basingstoke: Palgrave Macmillan, 2012), 63-81.

- 93 Rochdale Health Week pamphlet, 1932.
- 94 *Rochdale Observer*, Feb. 27, 1932
- 95 Ibid.
- 96 Bland, "Cleansing," 201.
- 97 "Rochdale Health Week and Its Purpose," *Rochdale Observer*, Feb. 20, 1932
- 98 Rochdale Health Week pamphlet, 1932.
- 99 "Rochdale Health Week and Its Purpose," *Rochdale Observer*, Feb. 20, 1932
- 100 See Sauerteig and Davidson, "Shaping" on the disciplinary task of sex education of the young.
- 101 See Foucault, *History of Sexuality*.
- 102 Rochdale Health Week pamphlet, 1932.
- 103 "Rochdale Health Week and Its Purpose," *Rochdale Observer*, Feb. 20, 1932
- 104 Rochdale Health Week pamphlet, 1932.
- 105 Sauerteig and Davidson, "Shaping," 5.
- 106 Brown, "Sexual Citizenship."
- 107 On civic parenthood, see David Beckingham, "Scale and the Moral Geographies of Victorian and Edwardian Child Protection," *Journal of Historical Geography* 42 (2013), 1-12.
- 108 *Rochdale Observer*, Feb. 27, 1932.
- 109 Ibid.
- 110 Hubbard, "Desire/Disgust."
- 111 "Rochdale Health Week and Its Purpose," *Rochdale Observer*, Feb. 20, 1932
- 112 Davidson and Hall, *Sex, Sin and Suffering*.
- 113 See in particular, Brandt, "AIDS in Historical Perspective."