

Statement of the grounds upon which the Contagious Diseases Acts are opposed / Addressed to ... R. A. Cross ... Secretary of State for the Home Department, and to ... G. Hardy ... Secretary of State for War, by J. B. Nevins.

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Nevins, J. Birkbeck 1818-1903.
University of Glasgow. Library

Publication/Creation

Liverpool : T.W. Riby, 1875.

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THIRD EDITION.

STATEMENT

OF THE GROUNDS UPON WHICH THE

CONTAGIOUS DISEASES ACTS ARE OPPOSED.

ADDRESSED TO THE

RIGHT HON. R. A. CROSS, M.P.,

H.M. Secretary of State for the Home Department,

AND TO THE

RIGHT HON. G. HARDY, M.P.,

H.M. Secretary of State for War,

BY

J. BIRKBECK NEVINS, M.D., LOND.

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LIVERPOOL:

THOS. W. RIBY, PRINTER, ADELPHI BANK CHAMBERS, 17, SOUTH JOHN STREET

1875.

POSTSCRIPT.

Since this Revised Edition of the "Statement" was in type* and in great part printed off, a discussion has taken place in the Royal Med. Chirurg. Society upon the Sanitary Results of the Contagious Diseases Acts, which was so important as to require special notice, in consequence of the frequent reference made by the speakers to the statistics put forward in this "Statement," and especially to the table at pages 30 and 31 of the "Comparative Amount of Disease before and since the Acts," which is here reprinted, so far as it was the subject of discussion.

Comparison of the amount of Disease before and since the Act :—

HOME ARMY.

BEFORE THE ACT.

Secondary Syphilis fell from 31·26 per 1,000 in 1861, to 23·39 per 1,000 in 1866, or one-fourth. (Corrected since Mr. Lawson's speech to 32·68 per 1,000 in 1861, and 24·73 in 1866, and 24·26 in 1872.)

Secondary Syphilis was 1 case in every 3·45 of Venereal Sores, on the average of 8 years before the Act.

SINCE THE ACTS.

It rose 2·87 in 1867, or one-ninth, and is now (1872) higher than it was in 1866; and the average of the 6 years since the Act is *one-twelfth* higher than before it was passed. (Ought to be "nearly as high—24·26"—instead of "higher," and "one-sixteenth" instead of "one-twelfth.")

It has risen to one case in every 2·93 on the average of 6 years since the Act.

Gonorrhœa fell from 111·66 per 1,000 in 1861, to 98·43 per 1,000 in 1866, or one-eighth.

THE CONSTANTLY SICK.

From the *Syphilitic Group* (*i. e.* Primary, Secondary, and Bubo) fell from 15·95 per 1,000 in 1861, to 10·76 per 1,000 in 1866; *i. e.* one-third, or 1·04 per 1,000 yearly.

It rose 14·2 per 1,000 in 1867, or above one-seventh. It is now 0·31 per 1,000 higher than in 1866, and is *higher in the protected than the unprotected stations.*

The mode of keeping the Army Returns has been changed, and an exact comparison cannot be made; but the *constantly sick* from *Primary Syphilis* even in the *protected stations* has only fallen from 5·09 per 1,000 in 1868, to 4·56 per 1,000 in 1872; or only 0·13 per 1,000 yearly, just one-eighth of the annual fall throughout the whole unprotected army before the Act.

* See Note, p. 29.

No attempt was made to call in question the proofs of sanitary failure in the Navy, nor the increase of gonorrhœa in the protected stations in the Army; but the statements as to the increase of secondary syphilis by one-twelfth in the Army and the comparative rate of fall in primary venereal sores in the subjected and the unsubjected stations were fully discussed. The paper and the subsequent debate were reported in the medical papers, and as the speech of Inspector-General Lawson appears to embody all the objections, and both from its own merits and his official position is the most important answer that the writer is yet acquainted with, it is here reprinted from the *Medical Times and Gazette*, May 8, 1875, which has been corrected by Mr. Lawson previous to publication. Mr. R. B. Carter at the same discussion objected that "If Dr. Nevins's observation proved anything they were an endeavour to shew that there had been an increase of venereal disease since the Acts had come into operation. But was it consistent with common sense to admit this? The question to be decided was whether they diminished disease sufficiently to make it worth while to keep them in force." The real question to be decided is whether the increase of disease is or is not consistent with *fact*, and this is the question discussed throughout this "Statement." It appears to the author to be more than consistent with common sense that there should be an increase of disease when the soldiers and sailors entertained the belief that the Acts were passed by the Government "for the purpose of furnishing clean girls for the Army and Navy,"—Rep. Roy. Com. S. 55—and they were told that the Acts sought to render the practice of prostitution much less dangerous—Report S. 13—and that "amongst men it was merely an irregular indulgence of a natural impulse" (Report S. 60).

With such apparent encouragement the men not unnaturally consorted still more freely with prostitutes (parag. 85), and as these are considerably more frequently diseased than they were before the Act was in force in 1866 (parag. 84), increase of disease amongst the men would seem to be the natural consequence, and to be by no means inconsistent with common sense. The question, however, is a question of fact, and not one of a-priori probability or improbability.

Inspector-General Lawson's Speech and Objections to the Sanitary Results put forward in the following "Statement," (corrected by himself, but italicised by the author of the "Statement").

Inspector-General LAWSON: Mr. Chairman and gentlemen, I have one or two remarks to make. One general feature of the address we have just heard has been comparing single years. The speaker (Dr. Nevins) has referred pretty constantly to the year 1866, and compared that with the year 1872. He has put before you that, at certain stations which had reduced a certain number per annum before

the Acts, subsequently to the application of these Acts the reduction, he says, has been less; but he has nowhere shown us that where the Acts had not been in force any reduction had taken place. We are met constantly with the statement that, because before the introduction of the Act there was a reduction at stations which subsequently came under it, that reduction should have gone on indefinitely. Now, sir, if we take the course of disease from 1860 onwards, we find that it diminished in frequency—I allude to primary venereal sores—from 1860 to 1866. From that period in all those stations not under the Act, the venereal sores increased; they went on fluctuating, but still increased in 1867. There was a slight diminution in the following year, a considerable increase in 1869, a slight diminution again in 1870, a very marked one in 1871, and in 1872 a very marked increase. We may naturally assume that, if the disease had increased in such a large number of stations, it would have done so in the other fourteen, provided they had not had the Act applied to them. We can detect in the fourteen under the Act a very slight fluctuation only. [The speaker referred to diagrams which were hung on the wall.] Here is a diagram, for instance, which shows the disease fell from 1864 to 1866, when it rose again. This is in the stations not under the Act. A very large rise to 1869; it then fell to this mark [pointing] in 1871; and in 1872 it rose again, as you see here. Now, in many of the illustrations of Dr. Nevins, he compares the minimum of 1866 with the maximum of 1872. I need not say that that is no comparison as to the general prevalence of the disease. It does not afford sufficient data to base a conclusion upon. Another point that Dr. Nevins has referred to is the variations between different stations. Now, he may not be aware, and I dare say many here may not be aware, that the variations at the same station at the same time between regiments in contiguous barracks are sometimes really greater than any he has pointed out. At one period at Aldershot I had occasion to look into the question there connected with one regiment, and to make sure of the fact as to that regiment I extended it to other regiments. Those who have been at Aldershot may recollect a row of brick buildings, composing the three infantry blocks and the artillery barracks; there was an infantry regiment in each of these blocks, and, for reasons I need not state now, it became my business to examine the course of disease in these three sets of buildings. There was one regiment in the middle barrack, that, in the course of forty-four consecutive weeks, had an admission-rate of 42·5 per 1,000, per annum. The next one to them on one side had an admission-rate of 84 per 1,000, or nearly double. The next one to them on the other side had an admission-rate of 124 per 1,000, or nearly three times the first one. This took place at the same station, at the same time, under the same exposure. To see whether the same thing prevailed elsewhere, I took three regiments in the North Camp. They were the only regiments there for some time. I found that in one of these, in not quite such a long period (thirty weeks—which, however, is a considerable period), the admission-rate for primary sores, the annual rate, was 23 per 1,000. The next regiment was 59 per 1,000, and the next regiment was 114 per 1,000. All these things took place at the same time and place. And if you compare these numbers together, you find a degree of variation greater than anything Dr. Nevins has mentioned. Now, the points we have to arrive at from these facts are, that there are circumstances connected with these irregular manifestations of the disease that we are not yet fairly acquainted with; and that we must not attach much weight to the results obtained from small bodies of men, but must deal with large masses, or the observations must be extended over several years, so that deviations from the mean in one direction, among some, may be neutralised as far as possible by deviations in the opposite among others, so as to get the mean to enable us to come to a right conclusion. Many comparisons we have heard to-night have been based on two years. They have taken the year 1866 against 1872—that is, showing you a year of minimum against a year of maximum. The whole deductions drawn from that, without reference to the mean of the intervening period, are delusive. Dr. Nevins has referred to the state of secondary syphilis, and he has told you that the secondary syphilis has been greater latterly than it was formerly, before the Act was in force. Now, I am sorry to say—and I take my stand on medical returns—that I come to a different conclusion. But I may have met with points that did not occur to him. There has been a change of nomenclature, and the full significance of that he is perhaps not aware of. In former years—that is, before 1869—secondary syphilis was returned in the army under three heads—1st, secondary syphilis; 2nd, syphilitic cachexia; and 3rd, syphilitic iritis and I rather think that in taking out the numbers the latter two have been altogether omitted. Again, it is important to deal with these for several years, so as to arrive at a mean. Now, I have taken out all the cases of secondary syphilis from the Army Returns from 1860 to 1864—the number of men was 374,000, or 75,000 a year for these years. They amount to 34 per 1,000 per annum. From 1868 to 1872—the period when the Acts were fairly in operation—there were 380,000 men, or 76,000 a

year; and instead of 34 per 1,000 for secondary syphilis, the ratio was 25 per 1,000. In these cases you perceive I have taken an average of five years, and there was a large body of men to work upon. With regard to a comparison he made, I think it was a comparison of secondary syphilis in 1866, if I recollect right, with a subsequent period. Secondary syphilis varies from year to year, the same as the primary. The years when the primary sores have been small in number have been also those when the secondaries have been small in number. For instance, in 1864 they were 35.1 per 1,000; in 1865, 29.6; in 1866, 24.8; in 1867, 28.1; in 1868 they rose to 31.6; in 1869 they were 26.2 per 1,000; in 1871 they were 20.3; in 1872, 24.3 per 1,000; so that they fluctuate the same as the other. Now, 1866 compared with 1872 shows little change, but if compared with the previous year it would have given a fall of 4.5; so that here, again, dealing with particular years happening to fall, one in the minimum and the other in the maximum, it has thrown us out. By the proper method of examination, you have 34 in the former period and 25 in the latter—which is a decided reduction. Then again there is the question of discharges for syphilitic disease. In the first place, I suppose nobody here present will attach much weight to the discharges for syphilitic disease. All must know that when syphilitic disease passes on to affect the constitution, it most frequently displays itself in some form of disease in the brain, in the lungs, liver, or kidneys, and not as simple syphilitic disease that is uncomplicated. With regard to dealing with invaliding for syphilitic diseases we have some difficulty because until 1863 they were not separated from other forms of the enthetic class. But if we take from 1863 to 1867, and from 1868 to 1872, which are two periods of five years each, we get for the first period a discharge rate of 13 per 10,000, and the second 13.9 per 10,000: the latter period embraces 1869 and 1870, when the army was undergoing great reductions, and everybody likely to be unfit to serve was discharged, while in other years not a few of these would have been kept on. In fact, 266 out of 528 discharges in the five years occurred in 1869 and 1870. However, even with all that the number discharged is not sensibly different from that in the previous period. Now, Sir, another question which has been raised is whether there has been any decrease in the amount of men who were under treatment for syphilitic disease. Dr. Nevins here again has compared 1866 with subsequent years. In the first place, he has compared that with subsequent years, and without taking the intermediate period into the question. We find, according to a statement which is in the Report of the Commission on the Contagious Diseases Acts, the numbers that were in hospital daily for primary syphilis was, in 1866, 6.35. It rose in 1869—a period of unusual prevalence of syphilis in the places not under the Act—to 9 and a fraction in hospital. In 1870 it had diminished to 7.94. In the places that were under the Act, the numbers in hospital in 1867 daily were a fraction under 7 in 1,000—6.95; in 1870 they were down to 4.33 per 1,000. Similarly with gonorrhoea cases, they were reduced in number at stations under the Acts, as well as at those not under the Acts. There has been a question which Dr. Nevins referred to, and I think it is one that deserves considerable attention. We are in the habit of estimating the benefit of the Acts by the reduction in the number of the cases we see at the stations that are under them. But there is an important point we have never fairly gone into. From the commencement of April, 1868, orders were issued that medical officers in charge of troops at stations under the Act should return through the head of their department the number of cases of primary venereal affection that came under their notice that were not due to the locality. Those numbers have accumulated; and while I was in Aldershot they naturally came into my hands. I looked at them, and saw what I could make of them. I have statistics here from Aldershot showing that the average number of admissions for primary sores from 1868 to 1871 was 66.8 per 1,000; but of that number those who were traced as having been derived from the districts beyond the area in which the Act was in force, was such that it reduced the number due to the place where they were examined to 48. That being the average for four years, must be nearly correct. And I find from the remarks of Mr. Acton this evening, that at Woolwich the same thing appears to be going on. To get at the exact ratio of disease at Aldershot it is necessary to add two small corrections to this. One is that the ratio is calculated upon the total strength of men, including those who happen to be on furlough; and an addition should be made at Aldershot for those men absent, in the same ratio as occurred amongst those present. I am not able to state it positively; I hope to get the exact figures by-and-by. Another correction is that when we take credit for the cases coming to us we require to make an allowance for those that are exported—that is, for cases which have been contracted at Aldershot and go away before the disease becomes developed. That correction I reckon would be amply provided for if we allow one-twenty-sixth of the annual ratio—that is, all cases infected within a fortnight of people going away. These two corrections would then

raise the rate to somewhere about 50; so that we have, instead of the rate of 66·8 per 1,000, an actual rate of about 50 per 1,000 prevailing; and this I apprehend will apply more or less to all the other places under the Act. Now, with regard to gonorrhœa, I find with the same period the rate of gonorrhœa at Aldershot 95·2 per 1,000. The imported cases were 23·4 per 1,000; that reduces the rate to somewhere about 72 per 1,000; so that the number of cases due to this protected station is about 76 per 1,000, allowing for the imported cases,—which is a very important reduction that we have not hitherto thought of.

Objections 1st.—Single years—1866 and 1872—compared (said to be a fallacious method)—and also comparing generally a minimum with a maximum year.

Answer.—The first objection is fully answered in the third paragraph of the “Explanation of the Diagrams” (Diagram Sheets), in which it is shewn that this mode of comparison is more fair and less fallacious than any other that has been proposed. Disease had fallen progressively in the army generally to a low ratio in 1866, when the Act was passed; and the introduction of this new and important sanitary measure fixed the date for computing the fall in disease previous to its operation. As, however, the Act was not introduced into operation in every station in 1866, this year is not employed when another was the real date of change; and 1867 is used for Aldershot; 1868 for Cork and Shorncliffe; 1869 for Curragh and Colchester; and 1870 for Dover, Maidstone, Winchester, and Canterbury (9 stations out of the 14), because the Act was introduced into them in these years. *In a large majority of cases 1866 was not, in point of fact, a minimum year.* It was a minimum year in venereal sores in only 4 of the subjected stations, and in only 3 of the unsubjected stations, *i.e.*, in only one-fourth of the whole 28 stations. 1864 in the unsubjected and 1865 in the subjected stations were minimum years nearly as often as 1866. Previous to the application of the Acts 1867 was the minimum year in Shorncliffe and 1869 in Canterbury among the subjected stations, and the minimum year was not reached in the unsubjected stations until 1867 in Pembroke Dock, 1868 in Edinburgh, and 1871 in Winchester and Dublin. Although, therefore, 1866 was somewhat more frequently a minimum year than any other, it does not possess this rank in above one-fourth of the subjected and unsubjected stations put together. So, also, 1872 is not selected for comparison because it happens to be a maximum year, for, in the first Ed. of this “Statement,” 1871 was throughout used for comparison; but the latest year for which the Returns have been published officially has been taken as being manifestly an unselected one, and as giving the longest possible period for comparison.

1872 was not a maximum year in Portsmouth, Chatham, and Aldershot, large subjected stations, nor in the Isle of Wight, Pembroke Dock, Edinburgh, Sheffield, and Athlone, unsubjected ones, for in these places disease was lower in 1872 than in 1871. The most conclusive proof however that in taking 1866, the date of the Acts, and 1872 the latest published official date a minimum has not been fallaciously compared with a maximum year, is obtained by comparing other years together—for example, 1865 with 1871, or 1864 with 1870,—and when done in the same manner as in the diagram, the results come out even still more clearly against the Acts, and further show, that whatever years are taken for comparison before and after the Act, the result is against them ; proving that the fall before the Act of 1866 was, upon the whole, a steadily progressive one, and that the rate of fall since the Acts has been steadily checked ; and that it is therefore a perfectly fair and truth-giving mode of comparison to compare the ratio in 1860 with the ratio when the Act was put in force in each particular station ; and this, again, with the latest published year, as has been done in this “Statement,”—the fluctuations in the great military stations (see Diagrams and parag. 65, 66) not interfering upon the whole with the general decline in the amount of disease.

Objection 2nd.—*Dr. Nevins had not shown that any reduction would have taken place if the Acts had not been in force. And although Primary Venereal Sores did diminish from 1860 to 1866, from that period in all those stations not under the Acts they increased. “We may naturally assume that if the disease had INCREASED in such a large number of Stations it would have done so in the other fourteen, provided they had not had the Act applied to them.”*

Answer.—This also is answered in the “General Remarks” upon the unsubjected stations, p. xiii., where it is shown that a reduction had taken place in *every station* except Manchester, were there was a rise of $\frac{1}{10}$. In many of the stations this reduction was very large $\frac{1}{3}$, $\frac{2}{5}$, $\frac{5}{11}$, and there was a smaller reduction in others. Even in Dublin a reduction of $\frac{1}{5}$ is shown, and so far from the average of Venereal Sores “having increased after 1866, in all the stations not under the Acts,” the fall continued in all but 4 of the stations after 1866, as is shewn in the table, at p. xiv. explanatory of “the 14 stations not under the Acts.” We may, therefore, naturally assume, in accordance with Mr. Lawson’s principle, that if disease *decreased* in such a large number of stations *without* the Acts, it would have continued

to fall in the other (the subjected) Stations if the Acts had never been applied to them at all.

Objection 3rd.—Dr. Nevins had perhaps overlooked the change in nomenclature in the Army Returns of secondary syphilis. He stated that secondary syphilis had become more frequent lately, but Mr. Lawson found that in 5 years before the Acts the average rate was 34 per 1,000, while in 5 years since the Acts the average rate was 25 per 1,000, "which is a decided reduction."

Answer.—In consequence of Mr. Lawson's remarks, the writer has carefully examined the Army Returns again, and finds that the fall of one-fourth in secondary disease between the two terminal years 1861 and 1866 previous to the Acts, remains unaffected by the change in nomenclature; but the average increase of one twelfth since the Acts, which is stated in the Table, p. ii. (p. 30 of this Pamphlet), ought to be "one sixteenth." The figures adduced by Mr. Lawson show, without doubt, that the average amount of secondary syphilis was considerably higher before the year 1866 than since that date, but they do not afford the slightest proof that the Acts had any influence in producing the difference, for it had taken place before the Acts were in existence. What does not admit of dispute is that secondary syphilis, from some cause or other (but not from the Contagious Diseases Acts which were not passed), had fallen to a ratio in 1866 much below the average of several previous years; and that under the operation of the Act passed in that year, it is so far from having continued to fall that it has been higher in 4 years, and lower by 4.5 per 1,000 in only one year, and by 0.5 in another out of the 6 years since the Act has been in force; and the average amount upon Mr. Lawson's own statement, has been higher (25 per 1000 against 24.8) than it was before the Acts, every year except two (1871—20.3; 1872—24.3), and in some years much higher. In these remarkable facts the opponents of the Acts are unable to see any proof of sanitary improvement as a result of these measures.

Objection 4th.—Increase of invaliding.—Mr. Lawson does not dispute that there has been an increase of invaliding for secondary syphilis, nor does he challenge the accuracy of the writer's statement. His observation, addressed to the meeting which consisted largely of army surgeons, "I suppose nobody here present will attach much weight to the discharges for syphilitic disease," does not require any comment from the writer, who has been guided simply by the returns in the Army Reports.

Objection 5th.—In considering the question of the number of men under treatment, Dr. Nevins had again compared 1866 with a subsequent year, without noticing the intermediate period.

Answer.—The printed statement distributed to the meeting and contained in the Table at p. ii. was the following: "The mode of keeping the Army Returns has been changed, and an exact comparison cannot be made, but the constantly sick from primary syphilis, even in the protected stations, have only fallen from 5.09 per 1,000 in 1868 to 4.56 per 1,000 in 1872." 1866 is not used in the comparison, for neither it nor 1867 is contained in the Table in the Army Returns, from which the figures are taken (1872—p. 10), but the intermediate years, which Mr. Lawson thinks ought to have been noted, are as follows: 1868—5.09; 1869—4.89; 1870—4.46; 1871—3.89; 1872—4.56. The ratio for 1866, given by Mr. Lawson in his speech, is not contained in the Army Reports and does not refer to the protected stations.

The conclusion of Mr. Lawson's speech related to the proportion of disease contracted in unprotected and taken into protected places, but it did not refer to any statements made by the present writer. Upon this question generally, he must refer to the evidence in parag. 79, and to that before the Venereal Commission. *Question.*—338—5643—5649 — and before the Royal Commission, Q. 104; 424 Wakeford; and 474—475 Anniss. There is also mention in the Army and Navy Reports about the difficulty in trusting to the statements of the men, who allege that they were so drunk or had been to so many places, &c., that they did not know *where* they had contracted the disease. In short, they will make any evasion to escape from the odious position of sharing in the offence and then betraying their partners in it.

It has been stated by Dr. Parkes (*British Medical Journal*, 1874 p. 789), and it was also prominently mentioned in the discussion in the Medico Chirurgical Society, that the fall in venereal disease previous to 1866 was due to the reduction of the army generally, a process which combined an elimination of bad fellows already in the army, and a diminished amount of recruiting; and that the subsequent rise in disease was occasioned chiefly by the increase of recruiting after that year, an increase of recruits being said to be accompanied by increase of disease, and a lessened amount of recruiting by a reduction of disease. In order to test this explanation the following Table has been compiled from the Army Returns, and the proportions between the number of cases and the number of recruits have been calculated in the last columns. How

far they correspond, either before or after 1866, must be judged by the reader. The fall in disease previous to 1866 and its subsequent rise are attributed in this "Statement" to other causes than the varying number of recruits—parag. 49, 49a.

Year.	Number of cases of		Number of	Proportion of cases to Recruits.	
	Prim. Syph. and Gon.			Cases.	Recruits.
1860	..... 21,331	.....	21,000	..... 1	..... 1
1861	..... 18,812	.....	7,000	..... 1	..... 0.4
1862	..... 16,888	.....	4,603	..... 1	..... 0.3
1863	..... 14,685	.....	6,417	..... 1	..... 0.4
1864	..... 12,249	.....	15,269	..... 1	..... 1.2
1865	..... 11,833	.....	14,303	..... 1	..... 1.2
1866	..... 10,575	.....	12,649	..... 1	..... 1.2
1867	..... 12,734	.....	16,577	..... 1	..... 1.3
1868	..... 13,472	.....	14,696	..... 1	..... 1.0
1869	..... 12,540	.....	11,089	..... 1	..... 0.9
1870	..... 11,281	.....	25,463	..... 1	..... 2.2
1871	..... 14,366	.....	24,198	..... 1	..... 1.7
1872	..... 14,375	.....	19,405	..... 1	..... 1.3

The writer is not aware of having now left unanswered or unnoticed any objection to the general proofs of failure put forward in this "Statement," or to the processes by which the results have been arrived at; and he concludes this Postscript with the following

GENERAL RESULTS OF THE CONTROVERSY.

GONORRHOEA.—Increased in the army, especially in the subjected stations.

Doubled in the navy in the Home and Mediterranean protected stations since 1866, the date of the Act.

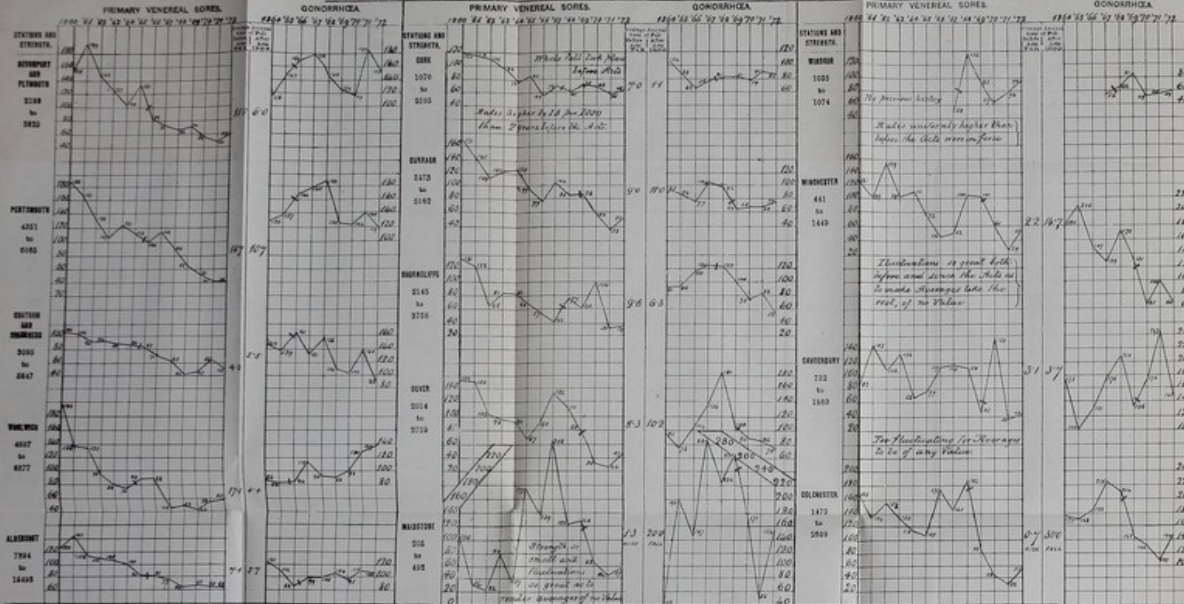
PRIMARY SYPHILIS.—The rate of fall in the army materially checked—the falling off in the subjected stations since the Act being much greater than the increase in improvement. Has decreased nearly one-third in the *unsubjected* stations, and the reduction has continued since the Act. Has nearly doubled in the Mediterranean navy. Less improvement in the Home navy than in any other station in the world.

SECONDARY SYPHILIS.—Reduction previous to the Acts stopped, and the average ratio raised during the 6 years since the Acts.

SEVERITY OF DISEASE.—No means of comparing the subjected and unsubjected stations in the army—Above the average in the Home and Mediterranean stations in the navy, judging from the duration of the cases.

PROSTITUTES.—Disease increased 12 per cent. and deaths more than doubled since the Act of 1866.

14 STATIONS UNDER THE ACTS—STRENGTH 50,000 MEN AND UPWARDS.



EXPLANATION OF DIAGRAM.

The foregoing Diagrams represent the changes in the amount of venereal sores and gonorrhoea in 14 stations "under the Acts," and in fourteen stations "not under the Acts," but as Gonorrhoea is not at present a subject of controversy, being acknowledged to have increased since the Acts and to be higher in the unselected than in the selected stations, the comments are confined to Venereal Sores. The figures at the top of the columns show the year, and those at the side are a scale of so many cases of disease per 1,000 men. The figures in the body of the Diagrams show the actual ratio of disease year by year; the lines show its direction, whether increasing or falling off; and the short thick lines crossing the curves show the date of the application of the Act. The "Strength" is the highest and lowest number of men in each station between 1860 and 1872.

The ratios of Venereal Sores for 1860 '61 '62 and '63 and of Gonorrhoea for 1871 and 72 have been kindly supplied by the War Office, for the purpose of this enquiry in a table which is printed at the end of the Appendix to this "Statement," and the remaining ratios are copied from Tables in the Army Reports, for 1868 p. 256, and for 1872 p. 85, and from tables in the Report of the Royal Commission on the Contagious Diseases Acts—Min. of Evidence p. 812-815.

The "average annual rate of fall before and after the Acts" has been computed as follows:—The ratio in 1860 (the commencement of the series) is compared with the ratio when the Act was brought into operation in each particular station, and the difference is divided by the length of time to the nearest month in the year, to obtain the "average annual rate of fall before the Acts"; and in like manner the ratio when the Act was introduced is compared with the ratio in 1872 (the latest published return), and divided by the intervening time to get the "average annual rate of fall after the Acts." It has been objected to this method that it is not fair to compare single years, as the ratio fluctuates from year to year, and they are, therefore, liable to yield a fallacious result. The author of this "Statement" thinks on the contrary, that this method gives a truer and fairer illustration of the operation of the Acts than any other: for on looking at the curves it is evident that, with few exceptions specially commented upon hereafter, there has been in the stations under the Acts a progressive fall in disease, which commenced long before the Acts, and has been open the whole way steadily—rapid in some cases like Woolwich, and slow in others like Chatham. This fall before the Acts was in force was produced by a variety of agencies, and if the Act has been a really valuable sanitary agent, it is natural, and also our duty to expect that its introduction will show evidence of its beneficial operation by a change for the better in the remainder of the curve representing the amount of disease. Whether it does so or not must be judged by examining the curves, and comparing their course before and after the introduction of this new and important sanitary agent. It will be observed that comparison is not made between the year 1860 and another year arbitrarily, and it may be unfairly selected, nor yet between a minimum and a maximum year selected on that account, but between the first year when the Army Returns were published in a form satisfactory to the Inspector General (1860), and the year (whatever it might be) in which the Acts were brought into operation in the various stations under examination; and by taking a large number, such as the fourteen stations, any slight fallacy in one will be corrected by another. It is only necessary to give a glance at the curves of disease to see that to compare the average ratio of disease before and the average ratio after the Acts, and assume that the difference was due to the operation of the Acts, would be a gloriously fallacious and incorrect conclusion.

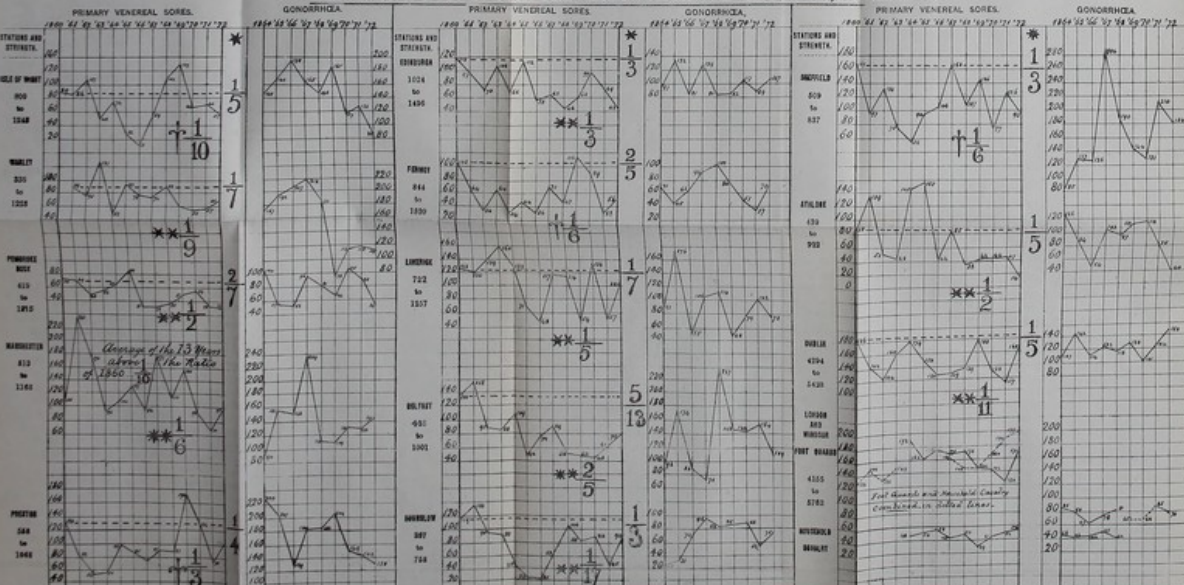
The ratios of venereal sores for 1860, '61, '62, and '63 are not absolutely correct, as is shown by the subjoined "Memorandum" forwarded by the War Office along with the returns of disease. According to this memorandum, the ratio of venereal sores for these 4 years, as given in this diagram, is somewhat less than it ought to be if "Bubo" had been preferred. But as the number to be added is uncertain, the author has preferred stating the numbers for venereal sores as they are given by the War Office, without making any doubtful allowance for "Bubo." The original ratio of disease appears, therefore, to be somewhat less than it ought to be, and the reduction previous to the Acts is therefore somewhat increased in amount: but as this is rather against than in favour of his argument, the author has preferred accepting it to making doubtful additions.

MEMORANDUM.

"The two tables herewith, in conjunction with the tables at pages 812 and 813 of the report of the Royal Commission of 1871, on the Contagious Diseases Acts, furnish all the statistics asked for by Dr. Nevins. It is necessary to point out, that in the nomenclature in use during the period 1860 to 1863, many cases now included under the term "Primary Venereal Sores," were entered under the name of Bubo; and it being impossible to discriminate between such, and the cases of Bubo of Gonorrhoeal origin, it has been requisite to enter only the numbers recorded under the head of Primary Syphilis. The numbers, therefore, for the years 1860-63, though admitting of fair comparison with each other, cannot properly be contrasted with those at periods when the new nomenclature was in use, in which all cases of Syphilis Bubo are entered under Primary Syphilis. The returns for the period of 1860 to 1863, do not admit of the statistics of the troops at Windsor, being given separately from those stationed in London.

W. M. MUIR,
Director General.

14 STATIONS NOT UNDER THE ACTS—STRENGTH ABOUT 20,000 MEN.



* Average amount of disease for whole period of 13 years before the ratio of 1860. ** Average of second 6 years before the average of the first 6 years. + Average of second 6 years after average of first 6 years.

14 STATIONS UNDER THE ACTS.

GENERAL REMARKS.

THE several stations are so different one from another in the number of men and ratio of disease and other circumstances as not to admit of being examined *en masse*. Generally speaking the fall in disease continued up to the date when the Acts were introduced into force in any particular station, whether that date was 1866 as in Devonport and Portsmouth, 1867 in Aldershot, 1869 in Curragh, or 1870 in Dover.

It would be generally impossible for any one examining the curves in the Diagrams to fix upon the date at which in addition to the agencies already in operation, a new one (the Contagious Diseases Act) was introduced, and proved to be of unquestionable sanitary value by the subsequent course of disease.

Generally speaking the Act is not followed by any marked change in the character of the curve—that is to say, if disease was falling previously it continues to fall, though most frequently at a diminished rate; if it was fluctuating largely before the Act, it continues to do so after it.

In 1 Station—**Colchester**—there is a marked reduction in disease after the Act. This station is very exceptional in its character both before and since the Act.

In 1 „ **Cork**—there is a permanent increase of disease since the Act. The ratio has never been so low as it was before the Act was in force.

In 1 „ **Windsor**—there is no history for comparison previous to the Act, but the ratio has been permanently much higher than before the Act was in force.

In 1 „ **Maidstone**—the number of men is so small and the fluctuations are so great, that it is only a source of fallacy if included with others.

In 2 „ **Canterbury and Winchester**—disease fluctuated so much both before and since the Acts as to render comparative conclusions of no value.

THE 8 REMAINING STATIONS.—In 5 of these stations (about 30,000 strong), viz., *Devonport and Plymouth, Portsmouth, Woolwich, Aldershot, and Shorncliffe*, the average annual rate of fall was reduced after the Act of 1866 was put in force, from 11·0 to 6·0, from 14·7 to 10·1, from 17·0 to 4·4, from 7·4 to 3·7, and from 9·6 to 6·3.

In 3 Stations (about 11,000 strong), viz., *Chatham and Sheerness*, the *Curragh*, and *Dover*, the rate of fall was increased after the Act, from 4·0 to 5·5, from 9·2 to 11·0, and from 8·3 to 10·2; and in Colchester (about 2,000 strong), alluded to above, the annual rate of fall increased after the Act 30·7 per annum.

Shewing that *the loss in improvement in Primary Venereal Sores in the subjected Stations is much greater than the increase of improvement since the introduction of the Acts*. In these calculations 1866 is seldom used, and a minimum year has not been compared with a maximum year in a single instance.

This term, "Primary Venereal Sores," embraces, however, two forms of disease totally differing from each other in nature and importance, inasmuch as one is liable to be followed by Constitutional or "Secondary" affections of the system, and is therefore an important disease, while the other is a superficial temporary disorder, which leaves no constitutional affections behind, and is, therefore, very unimportant. Now, the amount of Secondary or Constitutional Syphilis throughout the whole Army had fallen by one-fourth between 1861 and 1866, the date of the Act: *but the fall ceased at this date, and the average amount through the whole Army has been higher by one-sixteenth during the 6 years since the Act than it was in 1866*—and by the latest official return (1872) it was only 0·47 per 1,000 lower than it was when the Act was passed. Such reduction as there may be in "venereal sores" is, therefore, in the superficial unimportant ones, not in the true syphilitic sores affecting the constitution, which have increased since the Act has been in operation, as is shewn by the increase of constitutional disease.

This result is also shewn by the relative proportion of primary and secondary disease in the army before and since the Acts. In the 7 years previous to the Acts (1859 to 1866 inclusive) secondary syphilis was 1 case to every 3·32 of primary. It has risen to 1 case to every 2·90 of primary, on the average of 7 years since the Acts (1866 to 1872 inclusive).

14 STATIONS NOT UNDER THE ACTS

GENERAL REMARKS.

THE *most striking feature* on first examining these curves, is the *extreme amount of fluctuation* of disease which characterises them all. There is no approach in any of the stations to the gradual and regular fall in disease which is so apparent both before and after the introduction of the Acts in a large portion of the subjected stations, and at first sight, it appears as if the only feature in which these unsubjected stations resemble each other, is in their great fluctuations.

On more careful examination, however, it is evident that *there is a decline in disease between the commencement and the end of this series*, for on looking at the dotted horizontal line drawn from the ratio in 1860, it is evident that the great bulk of disease is below the line in nearly every station, the ratio of disease rising above the line representing the amount in 1860 in very few instances; *and when the stations are examined in detail the fall is very remarkable*; for, on comparing the *average amount* of disease with the ratio at the beginning of the series, it appears that the average in the Isle of Wight is lower by $\frac{1}{5}$ than it was in 1860.

„	Warley	„	$\frac{1}{7}$	„	„
„	Pembroke Dock	„	$\frac{2}{3}$	„	„
„	Preston	„	$\frac{1}{4}$	„	„
„	Edinburgh	„	$\frac{1}{3}$	„	„
„	Fermoy	„	$\frac{2}{5}$	„	„
„	Limerick	„	$\frac{1}{7}$	„	„
„	Belfast	„	$\frac{5}{11}$	„	„
„	Hounslow	„	$\frac{1}{4}$	„	„
„	Sheffield	„	$\frac{1}{3}$	„	„
„	Athlone	„	$\frac{1}{5}$	„	„
„	Dublin	„	$\frac{1}{5}$	„	„

All these stations, except Dublin, have a nearly equal average strength of about a thousand, and the average reduction of disease obtained by adding them together is two-sevenths, or little less than one-third. That is to say, *Venereal Sores have fallen nearly one-third in these stations, under the influence of various causes, without the Contagious Diseases Acts in any one of them.*

In order to see whether the fall is still progressing, or it all occurred before the passing of the Act in the so-called minimum-year, 1866, the average of the first 6 years and of the last 6 years in each station is compared in the following table:—

	Average of 1st Six Years.	Average of 2nd Six Years.	
Isle of Wight	72	79	increase of $\frac{1}{10}$
Preston	85	111	„ $\frac{1}{3}$
Fermoy	58	68	„ $\frac{1}{6}$
Sheffield	103	119	„ $\frac{1}{6}$
Warley	86	67	decrease of $\frac{1}{9}$
Pembroke Dock	65	37	„ $\frac{1}{2}$
Manchester	141	119	„ $\frac{1}{6}$
Edinburgh	96	63	„ $\frac{1}{3}$
Limerick	123	96	„ $\frac{1}{5}$
Belfast	103	63	„ $\frac{2}{5}$
Hounslow	84	79	„ $\frac{1}{17}$
Athlone	102	45	„ $\frac{1}{2}$
Dublin	157	143	„ $\frac{1}{11}$

It appears, therefore, that in 4 stations Venereal Sores during the second 6 years, were on an average higher by about one-fifth than during the first 6 years, and in 9 stations, including Dublin, the second 6 years were on the average lower by nearly one-third, than the first 6 years—Dublin itself being lower by one-eleventh in the second period than in the first.

The General Conclusions, therefore, to be derived from the Diagrams are the following:—

1st.—The unsubjected stations have about one-third the average strength of those under the Acts, and the fluctuations are, and always have been, much greater than in the larger military stations (see parag. 65), and there has been nothing in these small stations corresponding with the fall of disease *before* 1866 (the date of the Act) which is so marked a feature in nearly all the large stations under the Act.

2nd.—*There has been a large fall in disease in these unsubjected stations, amounting on an average to nearly one-third the original amount; and this fall has occurred in every station except Manchester, where the average of the whole 13 years is slightly higher ($\frac{1}{10}$) than the original ratio. This fall has been upon the whole progressive; for in 9 of the stations, including Dublin, the average of the last 6 years is lower by about one-third than the average of the first six years, while it is higher by one-fifth only in 4 of the stations (which are less by one-fourth when all added together than Dublin is by itself).*

3rd.—*There has been, therefore, a large fall of disease in these unsubjected stations quite independent of any influence from Contagious Diseases Acts, and it continued after the so-called minimum year, 1866.*

In the foregoing remarks London has not been alluded to, for it is so essentially different in such a multitude of respects from any other station, that it is impossible to make a comparison. Its sanitary history has also been so frequently interrupted by changes in the mode of keeping the Army Returns, as to exhibit nothing but short broken series. At one time its different forces were recorded together and afterwards separately; and Windsor was at first united with it, and they were recorded together, but Windsor was afterwards separated from it. The *most remarkable feature about it is the extraordinary difference in the ratio of disease in different bodies of soldiers quartered there at the same time, viz., the Foot Guards and the Household Cavalry; for whilst the ratios amongst the former range year after year from 126 to 190 per 1,000, averaging about 170, the ratio amongst the Household Cavalry has been as low as 29 (or barely a seventh of 199) and has never reached 60 per 1000. Their highest ratio, therefore, has not been half as much as the lowest ratio in the Foot Guards, which proves, most conclusively, that the amount of venereal disease depends upon other causes than the presence or absence of the protection afforded by Contagious Diseases Acts.*

The foregoing "Postscript" and Explanations of the Diagrams of Primary Venereal Sores are complete in themselves, though containing occasional references to the New and Enlarged Edition of the "Statement," of which they are intended to form a Preface. But as it is proposed also to issue them without the Statement, the following extracts are given from the new matter in the Appendix of the Statement, pp. 74 and 81, relating to Malta, which has been under C. D. Acts for above 16 years, and Hong Kong, which has been under them for 18 years—These places are peculiarly well adapted for shewing the most successful results of such legislation, and as they have been under the influence of surveillance of prostitutes above twice as long as the subjected stations at Home, they ought to shew a specially marked success, and the experience derived from them is important.

Malta.—Navy.—1872, p. 55. The latest evidence of all is brief and emphatic. The Staff Surgeon of the "Lord Warden," one of the ships specified in the Navy Reports as having had the greatest amount of disease on the Mediterranean station, says, "the working of the C. D. Acts at Malta does not prevent the contracting of disease by our seamen and marines."

Army.—1872, p. 66. "Syphilis was greatly more prevalent than in 1871, and the ratio of admissions for it *exceeded threefold the average* for the three years from 1869 to 1871."

Hong Kong.—A local Contagious Diseases Act has been in operation in Hong Kong since 1857 (Army Rep. 1867, p. 120), and this has from time to time been made more stringent, until now it includes actual licensing of brothels, and the most perfect regulations that can be devised for the checking venereal diseases by such means as legislation can command. It is stated in the Navy Report for 1873, p. 282, "Owing to the excellent working of the Contagious Diseases Acts, venereal diseases in this colony are reduced to a minimum." It is important to compare this with the Army results. In the Army Reports for 1869, '70, '71, and '72 the ratios of "syphilis" are as follows:—71, 57, 91, and 69 per 1,000—average 72 per 1,000—and as this term includes secondary as well as primary syphilis, the ratios when reduced to the Home proportion of "primary sores," are about 54 per 1,000, corresponding nearly with those in the *unprotected* Home station of Warley, which had 61, 55, 57, and 66—average 59 per 1,000 in the same four years. *This ratio is higher* by one-third than in Pembroke Dock, and by one-half than in Athlone, and is barely less than the ratio in Belfast for the same four years, and *is higher than the average of the 5 unprotected Home stations for the four years, viz.:*—Warley, Pembroke Dock, Edinburgh, Athlone, and Belfast put together. *A remarkable feature, however, in the Army Returns for China is the very large proportion of secondary diseases compared with primary;* for in the four years above mentioned (which are all that the altered mode of keeping the Army Returns enables us to compare) there were 95 cases of secondary against 76 cases of primary disease, showing that more than every other case is affected with constitutional disease. The ratios per 1,000 of secondary in these 4 years were 38, 60, 58, and 29, or an average of 46 per 1,000, whilst the average in the Home Army since 1866 has only been 25·4 per 1,000. *It appears, therefore, that the sequel of this legislation in Hong Kong for 15 years is an average ratio of primary disease scarcely below that of five of the unprotected stations at Home, and an average of constitutional syphilis per 1,000 higher by above one-half than the average throughout the whole Army at Home.*

THIRD THOUSAND.

STATEMENT

OF THE GROUNDS UPON WHICH THE

CONTAGIOUS DISEASES ACTS

ARE OPPOSED.

*(The New Edition Revised, and the Health Statistics brought
down to the date of the latest Official Reports,)*

ADDRESSED TO THE

RIGHT HON. R. A. CROSS, M.P.,

H. M. Secretary of State for the Home Department,

IN ACCORDANCE WITH HIS LETTER THAT THE MEMORIALISTS SHOULD FURNISH HIM
WITH A WRITTEN STATEMENT OF THE GROUNDS UPON WHICH
THEY DESIRE THE REPEAL OF THE ACTS;

PREPARED AT THE REQUEST OF THE LIVERPOOL COMMITTEE OF THE ASSOCIATION
FOR PROMOTING THE REPEAL OF THE ACTS,

BY

J. BIRKBECK NEVINS, M.D., LOND.,

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LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE; LATE PRESIDENT OF THE
LIVERPOOL LITERARY AND PHILOSOPHICAL SOCIETY.

"I hold that civil equality, that is equality of all subjects before the law—and that a law which recognizes the *personal rights of all* subjects—is the only foundation of a perfect commonwealth, one which secures to all, liberty, order, and justice. The principle of civil equality has long prevailed in this country, and I attribute the patriotism of our population mainly to this circumstance."—*Right Hon. BENJAMIN DISRAELI'S, M.P., Inaugural Address as Lord Rector of the University of Glasgow, 1874.*

"It is wrong to give men powers liable to abuse, and then assume that they will not be abused."—*JOHN STUART MILL, M.P., Royal Commission Evidence.*

"We think that the Act of 1864 (which is less stringent than that of 1869,) is open to the serious objection, that it gives discretionary power to the police to lodge information against any woman they have reason to suspect is diseased. *This is a dangerous power.*"—*Sir J. PAKINGTON, Sir J. TRELAWNEY, and five other Commissioners' Record of dissent from the Report of the Royal Commission on the Acts.*

STATEMENT

CONTAGIOUS DISEASES ACTS

ARE OPPOSED.

(The new Bill is based, and the Health Statistics brought down to the date of the latest official reports.)

Addressed to the

RIGHT HON. R. A. CROSS, M.P.

Secretary of State for the Home Department.

In accordance with His Majesty's command, I have the honor to inform you that the following is a statement of the results of the operations of the Acts of 1880 and 1881, in relation to the diseases of the cattle and sheep, during the year 1882.

The following table shows the number of cases of the diseases of the cattle and sheep, during the year 1882, as reported by the owners of the animals.

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GENERAL OUTLINE OF "STATEMENT."

(THIRD EDITION.)

In the following "statement" the *objections* to the Acts are first stated generally (parag. 2 to 5), and the asserted benefits are also stated generally (6). The *asserted moral benefits* in reducing brothels and prostitution, are then examined, and shown to be without foundation (7 to 20); and the *harsh and unjust features* of the acts, and the *moral injury caused by them* are illustrated (21 to 32). The *constitutional objections* to the acts are next reviewed, and the injury to the cause of general liberty, and the special injustice to women are dwelt upon (33 to 47). The *medical aspect of the question is then entered upon* very fully, and the utmost care has been bestowed in endeavouring to make it a complete and, as far as possible, impartial and judicial investigation of the subject, *with the result* (as the author believes) *of showing that the Acts are a complete failure as regards the health of the Army and Navy and the prostitutes* (48 to 88). This section is very elaborate, and is brought down to the date of the latest official papers, viz.: the Army Report for 1872, and the Navy Report for 1873. The author then points out the *inconsistencies between the professions and the conduct of the advocates of the Acts* (89 to 95), and after stating the *amount of opposition* to them on the part of the public, *by petitions* (96 to 97), he mentions the *suggested substitutes for the Acts* (98). The "statement" concludes with an *abstract of the Report of the Royal Commission* (99 to 107), and an *appendix*, containing the evidence before the Commission on the hardening effect of the Acts upon the prostitutes, and details of medical evidence too long and detailed for the body of the paper.

The author of this "statement" desires to express the great obligation he is under to many friends for their criticisms, and especially to Joseph Edmondson, Esq., of Halifax, for his help in the examination and analysis of the figures and tables necessary for preparing the Section on Health. His aid in analysing the Army Medical Reports has been invaluable; and the author is indebted to him for the suggestion of the diagrams illustrating the course of disease in the protected and unprotected stations— (see frontispiece).

GENERAL OUTLINE OF "STATEMENT"

(THIRD EDITION)

In the following "statement" the opinions to the Acts are first stated generally (pages 2 to 6), and the asserted benefits are also stated generally (6). The asserted moral benefit in reducing burials and prostitution, are then examined, and shown to be without foundation (7 to 20); and the harm and unjust favour of the Acts, and the moral injury caused by them are illustrated (21 to 32). The correspondence to the Acts are next reviewed, and the injury to the cause of general liberty, and the special injuries to women are dealt upon (33 to 47). The medical aspect of the question is then entered upon very fully, and the utmost care has been bestowed in endeavouring to make it as complete and as far as possible, impartial and judicial investigation of the subject, with the view (as the author believes) of showing that the Acts are a complete failure in regard to the health of the Army and Navy, and the population (48 to 55). This section is very elaborate, and is brought down to the date of the latest official report for the Army Report for 1872, and the Navy Report for 1873. The author then points out the inconsistencies between the provisions and the results of the Acts (56 to 60), and after stating the amount of expenditure to date on the part of the public, he estimates (61 to 67) he mentions the suggested amendments for the Acts (68). The "statement" concludes with an extract of the Report of the Army Committee (69 to 107), and an appendix containing the evidence before the Commission on the burning of the Acts upon the prostitution, and details of medical evidence too long and detailed for the body of the paper.

The author of this "statement" desires to express the great obligation he is under to many friends for their criticism, and especially to Joseph Robinson, Esq., of Halifax, for his help in the compilation and analysis of the papers and tables necessary for preparing this edition in 1874. He has in analysing the Army Medical Reports been particularly careful; and the author is indebted to him for the suggestion of the diagrams illustrating the course of disease in the prostate and in the testis (see Appendix).

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STATEMENT.

1. In the following Statement an attempt is made to record briefly and temperately the grounds upon which the Contagious Diseases' Acts are opposed, and also to put forward fairly the arguments adduced in their favour. Every statement contained in it is drawn from official documents and can be easily verified; or else from published sources indicated in the text. The latest **Army and Navy Medical Reports**, recent (1873) **Parliamentary Papers** and the **Minutes of the Royal Commission** have furnished the whole, with very few exceptions, as being the most easily accessible and the most unquestionable (especially the latter,) from the strict cross-examination to which the witnesses were subjected before the Commission.

Note.—Where numbers are given as references without comment in the following pages, they are always the numbers of the questions or answers in the Minutes of Evidence before the Royal Commission on the Contagious Diseases' Acts, vol. 2, 1871.

2. The Contagious Diseases Acts are opposed on Moral, Constitutional, and Medical Grounds.

3. **Morally.**—a. Because they are supposed by those for whose benefit they have been passed, and by the women subjected to them, to give a virtual government sanction to prostitution: and not only to recognize it as a fact, but to render it "difficult however to escape from the inference that the State has assumed that prostitution is a necessity."—*Rep. Roy. Com.* s. 48.

b. Because they have elicited new forms of moral depravity in young children in the towns affected by them, (parag. 30), and they encourage licentiousness in men, under the supposition of State Security to Health. (Parag. 32, 49a, 120.)

c. Because whilst they legislate for man as if he was an object requiring extraordinary protection, they treat woman as if she was little more than an instrument for the satisfaction of male passions, and reduce the subjected women to a depth of moral degradation below that of ordinary prostitutes not subject to such enactments.—*See Appendix, parag. 108.*

4. Constitutionally.—Because whilst containing no provision whatever for the restraint or punishment of prostitution (unless diseased), or of seduction, or solicitation, or public indecency, they violate the first principles of Justice in **urging the accused person to criminate herself**, in depriving the accused of the ordinary safeguards for liberty provided by the law generally, and in disregarding the principle of equal justice for all subjects, by making one law for women and another for men—not for the punishment of crime committed by women alone, but for the protection of the men who share in the offence.

5. Medically.—Because (even if it be allowable to waive the foregoing serious moral and constitutional objections in consideration of great benefits to public health,) such exceptional legislation ought to be supported by the most indisputable proofs of its efficacy. Whereas the evidence furnished both by Government officials who are in favour of the Acts; by persons who are qualified to give an opinion and who are opposed to these Acts; and the experience of other nations in which similar legislation has been adopted, all shew that the asserted benefits to public health are open to the gravest doubts; that still greater sanitary improvement has been obtained without than with the Acts; and that there is strong evidence that the Acts have retarded instead of advancing the progress of improvement in the health of the Army and Navy, for the special benefit of which the Acts were first passed.—(Parag. 50 to 80.)

6. The Contagious Diseases Acts are defended on the ground that they are morally and physically beneficial to society; for it is asserted by their advocates that—

MORALLY—

They have reduced the number of brothels, *e.g.*, in Devonport, from 356 in 1865 to 121 in 1870; that they have annihilated juvenile prostitution; reduced the number of prostitutes (again in Devonport) from 1770 in 1865 to 557 in 1870; and they have raised the moral character and self-respect of the prostitutes by restoring them to their homes, and lessening solicitation in the street.

PHYSICALLY—That

They have materially lessened venereal disease in the protected districts.

ASSERTED MORAL RESULTS OF ACTS.

7. The Acts deserve no credit for the asserted moral improvements, for they do not contain a single provision against juvenile prostitution, or against brothels, (unless they are harbouring diseased women,) or against prostitution or solicitation, which, so far as the acts are concerned, may be practised in the most open and shameless manner, without any restraint upon the women, provided only that they are healthy. If the special police under these Acts, take any measures for the suppression of solicitation or any other of the open scandals of prostitution, they are exceeding the provisions of the Acts, which take cognizance only of the health and not of the behaviour of the prostitute. If the women registered under these Acts attend the examinations regularly, the police have no power under them to interfere in any way with their outward conduct. On the other hand, the local police under the ordinary Borough Police Acts have authority to prevent solicitation, and to preserve decency in the streets. Great credit is claimed for the Acts in consequence of the improved state of the streets, and the greater decorum of the women, both of which are simply due to the enforcement of ordinary police regulations. If the special police are able by exceeding their lawful powers to confer the benefits upon the women which are boasted of by the advocates of the Acts, it is equally in the power of the ordinary police to caution young girls as to the consequences of their conduct, and to assist in reclaiming confirmed prostitutes; and in this case, without going beyond their power, or exceeding the duty entrusted to them by the police laws.

It is even doubtful, according to Captain Harris, whether the special police under the Acts have legal power to enter brothels at all.

8. The evidence given before the Royal Commission shows that brothel-keepers are almost unanimous in favour of the Acts, and find them a source of gain and advantage.

9. But these returns of brothels, &c., are utterly fallacious, for the Government Inspector (Annis) who is the sole authority for the figures, was compelled, in cross-examination before the Royal Commission, to acknowledge that from 1865 to 1868, he counted as a brothel every house that he SUSPECTED to be resorted to by prostitutes, while the number after that year was confined to houses frequented by REGISTERED prostitutes.

In Portsmouth, Inspector Westbrook (Qu. 11,105) says the number was 208 or 209 in 1865, before the operation of the Acts, and only fell to

195 in 1870 ; while in Chatham and Sheerness the number had actually increased from 45 to 65, and from 18 to 24—between 1865, before the Acts came in operation, and 1870, after they had done so.

10. *The Parliamentary Paper, No. 149, p. 13, 7th April, 1873, gives returns inconsistent with any material reduction of brothels to the present time:* “Return showing the number of public houses, beer houses, and brothels in the several districts on the 31st December, for each of the undermentioned years,” *i.e.*, 1865 to 1872.”

11. The ‘Public-houses’ giving accommodation to women for the purpose of prostitution were 83 in 1865, and 81 in 1872, but the ‘Beer-houses’ of similar character, were reduced from 196 in 1865 to 31 in 1872, whilst the ‘Private houses,’ giving similar accommodation, had risen from 458 in 1865, to 562 in 1872, (or above 100,) and ‘other’ brothels had risen from 12 in 1865 to 29 in 1872, *i.e.*, had more than doubled.

12. *On the other hand in the Metropolitan Police District, which is not under the Acts, the number of brothels had been reduced, by simple police action, from 2825 in 1857 to 2119 in 1868 ; and a particular and very bad class had been almost annihilated, being reduced from 400 in 1857 to only 2 in 1868.*

13. In Liverpool, which also is not under the Acts, but resembles Devonport and Portsmouth in being the first place of arrival of sailors from long voyages, the number of brothels has been reduced, by simple police action, from 777 in 1864 to 516 in 1873, or more than one fifth of the whole, notwithstanding the large increase of population during these nine years ; and the number of prostitutes has also fallen from 2343 in 1864 to 1381 in 1873, being a fall of above 41 per cent. notwithstanding the increase of population.—*Head Constable’s Report on Crime to the Town Council, 29th Sept., 1873.*

14. In contradiction to Inspector Anniss, who states that the local police had done nothing to reduce the brothels in Devonport, and that all the benefit was done by the Acts, the magistrates and local police gave evidence, that during the years in which such great reduction occurred, energetic action had been taken under the ordinary borough police acts against brothels and low beer-houses resorted to by prostitutes, and that the favourable result was due to the local police, and not to the Contagious Diseases’ Acts and the special police. (See parag. 20.)

15. **Reduction in number of Prostitutes.**—Similar criticism may be made upon this head also ; for the numbers stated by Inspector Anniss to the Royal Commission were so grossly exaggerated that they would have proved one woman in every nine, between the ages of fifteen

and thirty, resident in Devonport, to be a prostitute. No wonder that the magistrates and people of Devonport were indignant at such a slander, and in this case, also, Annis was obliged to confess that the number prior to 1869 were those who were *suspected* by the police, whilst the smaller number stated as having been produced by the Acts, were those only of *registered* prostitutes. In the Metropolitan Police District which is not under the Acts, the number of apparent prostitutes (according to Sir R. Mayne and Captain Harris.—*Acton on Prostitution* 2nd Edition, pp. 4. 6.) was reduced by simple police action from 8600 in 1857 to 6515 in 1868, or above 2000 in eleven years.

16. The number of juvenile prostitutes in Devonport alone, was stated by Inspector Annis to be 212 of 15 years old or under, in 1865, which was reduced by the Acts to 2 only of 16 years old, and not one under 15. If his wild statement was true, about one in every ten female children in Devonport between 13 and 15 years old was a prostitute in 1865.

17. The local police utterly denied the truth of his statement. He had no register of these girls or their ages, and nothing but conjecture to go by, and the local police stated that in their return there were only 20 prostitutes under sixteen (not 15) years of age in 1865. The evidence of the Devonport magistrates; of the lock hospitals throughout the country; and of the Rescue Society, confirms that of the local police, that such high statements are utterly unworthy of credit, and that the number of children practising prostitution is small.

18. In all the returns made by the officials under the Acts, their weight is seriously lessened by the temptation to make them appear favourable to the Government which upholds the Acts; and by the facility with which the numbers can be made large or small at pleasure, without intentional dishonesty. Every magistrate is aware how easily the statistics of drunkenness can be affected by the slightest hint to the police either to be stringent or not stringent in counting a man drunk; and the same variation in the statistics of prostitution will be the result of the special police *understanding* they are to be strict in registering and counting every prostitute and every brothel, or not to be too strict if the women are unobtrusive, and the houses are quiet and generally healthy. (For illustration see below.*)

*A note-worthy illustration is to be found in the Navy Report for 1872, Append. p. 9., sect. ix. and x. relating to gonorrhœa. In the general remarks with which the Report commences the following occurs at page 13 :—"Contagious Diseases Act.—The continued beneficial influence of the operation of the Contagious Diseases Act is now so fully recognised by medical officers, that they have almost ceased to make

19. The opponents of these Acts deny therefore the trustworthiness, even if not the truth, of the returns upon which so much stress has been laid, and urge that even, if correct, *the Acts* have not produced the beneficial results ; for they do not contain a single provision designed to reduce either brothels or prostitution generally. Whilst all the favourable results can be, and have been brought about by ordinary police regulations, without subjecting women to the unjust one-sided penalties of the Acts, and to the **compulsory examinations** ; which are of such a character that no advocate of the Acts would dare to stand up before a meeting of men, much less of women, and describe their nature and exhibit the instruments used—used not for the purpose of curing disease either known or reasonably suspected to be present, but simply for the purpose of ascertaining that the woman is fit to follow a vile occupation without risk to the health of the companion in her sin.

20. The Acts *may* not improbably reduce the number of *registered* prostitutes when registration involves the penalties attendant upon the Acts, and the detention in hospital and imprisonment for neglect of attending the examinations whether the women are well or diseased. This reduction is, however, made at the expense of increased clandestine prostitution ; and although the amount of this class cannot be proved from the very fact that it is clandestine, the evidence before the Royal Commission leaves no doubt of its increase ; and the experience of France and all other countries where similar Acts are in force is to the same

any direct allusion to it." This 'beneficial influence,' is, of course, to be looked for in the reduced amount of disease—as reported by these medical officers—and it is not unnatural that they should unconsciously try to make the Reports look as favourable as possible. Accordingly in the Report by Staff-surgeon John Cockin, p. 9, appendix. sec. ix. and x., he says :—*'The number shewn as having been put on the sick list by no means indicates the extent to which the disease affects the men of the corps. It is only the severe cases (of gonorrhœa) that become exempt from all duty—the greater part are put on the light duty list, and are not shown by the returns ; probably if all cases of this disease had been placed on the excused list, the number would have been trebled.'* This is no new method of preparing the Reports, for the Staff-surgeon of the Minotaur, Navy Report, 1871, p. 19, says :—*'The number mentioned does not include cases of gonorrhœa, of which disease also a number of cases were put on the sick list, and others were treated without being placed on the list.'*

A new regulation has lately been made by the War Office, which still further affects the value of the official returns of the amount of disease, and in fact renders them quite valueless for purposes of comparison after the middle of 1873. Under the new regulation a soldier who has contracted venereal disease has pay stopped, and is otherwise punished. The consequence is, naturally, that he seeks to conceal disease to the utmost of his power, and instead of reporting it to the Army Surgeon, he will either neglect it or seek for treatment elsewhere. The effect will be an *apparent* reduction of disease, the amount of which it is simply impossible to estimate, but which will make all comparison of disease in the army, before and after that date of no value."

effect. The Paris police estimate that there are six clandestine prostitutes for every one they can secure and place upon the register, and they are continually asking for more and more stringent powers to put a stop to this natural result of registration, with its attendant compulsory police terrors and constant instrumental examinations.*

21. The inefficiency of these and similar Acts to bring registered prostitutes to the periodical examinations; the "terror" which is necessary to accomplish this, and the increasing severity and brutality of such Acts and their administration, are shown by the history of the English Acts, and by the most recent work on this subject in Paris, lately published by M. Lecour, the Chief of the *Police Medicale* in Paris.

Mr. Sloggett, the Medical Inspector of Certified Hospitals, and a strong advocate of the Acts because of their alleged *moral* benefit to the women, informed the House of Commons Committee, that it was necessary to bring *punishment* to bear upon the women to enforce their attendance at the examination room, for *without that terror they would not come*.

An illustration of the fear of the examinations, &c., felt by the prostitutes in Portsmouth has lately been given by a Committee of the Corporation of Newport in the Isle of Wight, which petitioned the Home Secretary to extend the act to Newport, because of the increase of disease in the town, arising from the prostitutes being driven from Portsmouth by the severity of the Act, and taking refuge in the Isle of Wight. The full Corporation, however, refused to confirm the Memorial from the Committee.

A melancholy case has just occurred at Aldershot, in which an actress (a recent widow) and her daughter, aged 16 years, were served with a notice

* "The Administration has redoubled its activity, it has multiplied its acts of repression with regard to prostitutes, and it has definitely succeeded in maintaining in a satisfactory condition the sanitary state of public registered girls." And yet "Sanitary Statistics prove that prostitution is increasing, and that it is becoming more dangerous to the public Health."—*La Prostitution a Paris et Londres*, 1st ed., p. 255 & 254.

"The number of clandestines is legion, and has considerably increased, which is beyond dispute." p. 254. "They are everywhere at the great peril of public health, a state of things which calls for active repression, but this is no easy task," p. 144. Lecour then describes the obstacles the police have to encounter, which do indeed appear insuperable, for the great object constantly in view with the clandestines is to keep clear of the police and of the detestable regulations, constituting slavery in its worst sense, of which the registered prostitutes in Paris are the subjects. He goes on, p. 256 "The condition of prostitution is changing, the number of brothels (*maison de tolérance*) is lessening, and will continue to do so, but it would be a great error to think that public morality may rejoice at this, for it is only a change of form. In the registered brothel there is a sort of material pollution, and men prefer, even at some risk, to enjoy something fresher—a better article. (*rôle*) p. 256."—*Lecour. La Prostitution a Paris et Londres*, 2nd ed.

to attend the Periodical Examination, because a soldier had been seen coming out of her house after twelve o'clock at night. She protested her innocence but without avail, gave up her engagement at the theatre in consequence, and left the town. Being unable to gain employment elsewhere she returned to Aldershot, and was again served with a notice to attend the examination, in her horror of which she told a friend she would die first, and committed suicide by drowning herself in the canal. On the inquest there was no evidence whatever adduced to show that she was a "common prostitute," or other than a virtuous woman until she was served with the notice, after which a fellow actor stated at the inquest that he undertook to be her "protector" in order to shield her from the police.—*Daily Telegraph*, March 12th, 1875. *Daily News*, March 30th, 1875. *Sheldrake's Aldershot Gazette*, April 3rd, 1865, for detailed report of the inquest.

22. The first Act imposed three months compulsory confinement in Hospital. This was not enough, so the second Act made it six months ; and as this also was found insufficient, the third Act—the one now in force—has raised it to nine months ; and for neglect of attending the periodical examinations, the first act inflicted two months imprisonment *without* hard labour ; but as this had not terror enough, the second act, now in force, raised it to three months *with* hard labour. M. Lecour, in his work abovementioned, (p. 317,) says that the registered women, during the German occupation of France, had to attend *twice a week* for examination ; and a surgeon-major of the Prussian army presided at the sanitary visits, and as the women received their tickets, "He warned the girl, so registered, that those among them who were unpunctual in their attendances or improper in their posture (*'inconvenantes dans leur attitude,'*) would be punished as in Berlin, and would be beaten with a stick." (*"Recevraient coups de baton."*) A climax in the "moral elevation" of these unhappy creatures at which we have not yet arrived in this country.

23. To show still further the moral benefit of the Acts, it is said that they raise rather than degrade the women brought under their operation.

Answer.

24. Their rise in their own estimation is borne out by the evidence before the Royal Commission. The women have risen to the rank of a profession ; the Government provides carefully for them, they are an important item in the service, and in India they are regularly ordered by the Commissariat for the supply of the soldiers, just as provender is

ordered for the horses.—(*See Dr. Ross and Lord Sandhurst's evidence before the Royal Commission.*)

25. As a consequence of these Acts the Queen's name itself has not escaped evil association, for they now call themselves "Queen's women," and are commonly known by that name in the subjected towns.

They have, therefore, naturally risen in their own estimation, and in that of the soldiers for whom the government is supposed to provide them; but there is ample evidence before the Royal Commission of the degradation felt, and the hardening effect of the examinations upon the women, before they recognise their position and become accustomed to its penal consequences.—(*See Appendix to this Paper.*)

26. The Acts have the effect of creating a distinct profession, in which, when once entered, it is worth while for a woman to remain, because she can get higher pay and more comfort in food and dress, &c., as a registered than as an unregistered prostitute, and from which also it is increasingly difficult to escape, (*par. 46 and Appendix*) and the consequence is that the women do remain longer and longer in it. Previous to the Acts the average length of time that a woman continued to be a prostitute was about three or four years, according to the best information that can be obtained on such a subject, and it was comparatively rare for her to continue a prostitute after she was thirty years old, but the number has steadily risen year by year, as shown by the last official return.

Parliamentary Paper, No. 149. 7th April, 1873.

Year.	No. Registered.	21 to 26 Years Old.	26 to 31	31, and over 31.
1867	..... 2579	... 853—33 per cent. ...	269—10·4 per cent...	87—3·37 per cent.
1868	..... 2507	... 804—32 „ ...	215 - 8·5 „ ...	101—4·02 „
1869	..... 2557	... 977—38 „ ...	319—12·4 „ ...	163—6·37 „
1870	..... 2719	... 1169—43 „ ...	425—15·6 „ ...	202—7·42 „
1871	..... 2411	... 1036—42 „ ...	426—17·6 „ ...	212—8·79 „
1872	..... 2290	... 1038—45 „ ...	450—19·6 „ ...	191—8·3 „
*1873	..... 2121	... 936—44 „ ...	437—20·6 „ ...	210—9·9 „

Proving a steady increase, year by year. The per centage of women of 21 to 26 years old being increased about one-half; 26 to 31 years old being doubled; and 31 years and upwards being increased to nearly three-fold. Whilst one in ten continued in prostitution to the age of 26 years, and only one in thirty to the age of 31 years or upwards, previous to the Acts; one in five now remains a prostitute to 26 years; and one in ten, instead of one in thirty, continues to the age of 31 years or upwards, under the influence of the Acts.

27. The same Parliamentary Paper, No. 149, p. 4, col. 10, 11, 13, indicates the same result, since the last Act was passed; for *Removals*

* Report of Commissioner of Metropolitan Police, 1873, p. 10.

from the Register, by "leaving the district," have fallen from 1558 in 1870 to 1169 in 1872; Removals by "marriage" have fallen from 157 in 1870 to 97 in 1872; and Removals by "return to friends" have fallen from 730 in 1870 to 606 in 1872. On the other hand, Removals by "entering homes" have risen 3·2 per cent.,* having increased from 244 in 1870 to 252 in 1872, whilst Removals by "death" are above three times as many as in 1866.

28. But we are told that "*the Acts are a moral benefit by reclaiming women, and restoring them to their friends or placing them in 'homes.'*"
Answer.

29. *The Acts do not provide a single home for women desirous of reformation,* and the Rescue Societies are unanimous in saying that reformation amongst the women is much more difficult now than before the Acts.

Many of the reclamations said to have been the result of the Acts were effected by Rescue Societies and private effort, while others were proved before the Royal Commission to be most delusive. For women repeatedly discharged and re-registered were counted again and again as "reclaimed women." The large majority of those put down as "returned to their friends" were so entered, not because the government paid the expense of sending them home, but simply because the police lost sight of them, though they had no means of knowing whether they removed to another district or not. It is easy to understand improved behaviour and quietness in an hospital, which is practically a prison, whilst under treatment for actual disease; or in an undisputed prison, with hard labour, for refusing or neglecting to attend the "Examinations," but it is difficult to conceive what moral benefit is derived from the teaching of a government chaplain† on Sunday to flee fornication; when the women know that on Monday they will be examined by the government doctor, to see whether they are fit for fornication with safety to the soldiers, sailors and others, for whom the government is taking this beneficent care.

30. The moral injury produced by these Acts in the towns subjected to their operations, is shown by the evidence before the Royal

* A still more recent Parliamentary paper, No. 209, 15th May, 1873, prepared by Mr. Sloggett to show the "Moral effects of the Acts," is inconsistent with this report of increased removal to "homes," for it states (p. 5) that the number of patients sent to "refuges" was 222 in 1871, and only 225, (not 252,) in 1872, and still fewer, viz.: 221 in the year ending March 31st, 1873.

† See Appendix, Rev. J. Hawker's Evidence, parag. 123.

Commission, that the little children in some of the protected towns play at "Examination" in the open streets, and the nature and object of the examinations are openly discussed by boys and girls not exceeding eight years of age.

31. The women, as they go through the streets to the examination room, are the subject of cheers or gibes according to the character of the spectators. They used to show their certificates of health, (when these were given) as their government license; and when such certificates are not given, (as is now always the case) they state in their solicitation that certificates are unnecessary, the very fact of their being at large being considered sufficient proof that they are healthy, or they would be in hospital or in prison.

32. Men of almost every rank are waiting outside the examination rooms for the women who are allowed to pass out, as being safe for that day at any rate, or they would not be allowed to go at large; and the protected districts are resorted to by strangers for the purpose of safe indulgence.—See Report, Royal Commission, s. 48. (See also Appendix.—Mr. Richardson's Evidence, parag. 120.)

CONSTITUTIONAL OBJECTIONS.

THE ACTS ARE ALSO OPPOSED—

33. *Because they are flagrantly unjust and one-sided*; imposing upon women the gravest penalties from which men are entirely exempted; and this not for the commission of any crime on the part of the woman, but simply in order to render prostitution safe to the man.

34. By these Acts any poor or unprotected woman is liable, upon the mere suspicion, "good cause to believe," of a policeman in plain clothes to be summoned before a magistrate on a charge, which, whether well or ill-founded, is ruin to her reputation; for although the Acts say "common prostitute," no definition of the term is given, and the officers in carrying out the Acts interpret the term, in answer to question 43, "what do you mean by a common prostitute?" (Roy. Com). as meaning

"One or more proofs," *e.g.*, "solicitation in the streets," "residence in a brothel," "association with prostitutes," (as if every associate of prostitutes amongst the poor was a prostitute herself.)—*Superintendent Wakeford, Devonport.*

"Every woman that I know is a prostitute," *i.e.*, "who cohabits with different men."—Annis. Mr. Sloggett would not consider every woman a "common prostitute," although "occasionally guilty

of irregular conduct ;" but Superintendent Wakeford " would bring under the Acts," (*i.e.* brand with a disgrace that can never be removed—register as a "*common*" prostitute) " a woman who obtains part of her livelihood by honest employment if she commits immorality with a man ;" or a woman who " occasionally commits herself with men," even though she is *not* a public or professed prostitute.

Annis would immediately put on the register a woman " who receives men in a private way in her own house," and prides himself on his skill in detecting private prostitution.

Mr. Parsons, in answer to the question " Must a common prostitute be making her livelihood by it?" says " she ought to be ; but if you confine yourself to this definition, all I can tell you is that your Act will never succeed.

Inspector John Smith.—" To what class of life do clandestine prostitutes belong?" says, " as a rule, labourers' daughters' and people of that class."

And Dr. Barr says in answer to the same question, " dressmakers, married women, the wives of labourers and small tradesmen, and *domestic servants of course.*"

Mr. Waylen, of Colchester, in answer to a question about clandestine prostitution in Colchester, says, " I think there are a great number of young women who work in the factories and machine works, at whom the police have no means of getting."

So that under these Acts the reputation and liberty of the " wives and daughters of the labouring classes," " milliners," and " domestic servants of course," and others described above, are placed at the mercy and the discretion, or indiscretion—the leniency or the thieftaking sharpness—of a single police spy, who is not required to bring his proofs to the test of cross-examination (367), but is simply called upon to satisfy a single magistrate, with his " good cause to believe " that the woman is a common prostitute according to his own interpretation of the term.—(See Parag. 38.)

35. Within the last few weeks in this town (Liverpool) a young woman was arrested by a police officer in Hope Street, on the charge of being a disorderly prostitute, on the accusation to this effect by a man whom the policeman did not produce as a witness, but who had given him " good cause to believe " to the effect. She refused to accompany him to the station, and another policeman was attracted to the place by the noise. As Liverpool is not under the Acts the policemen were not in plain clothes, and she took their numbers, and summoned the first for

an assault. She was proved before the magistrate to be a Restaurant waitress on her way home, after saying good night to a friend who had accompanied her part of the way, and the policeman was fined and severely reprimanded. Had Liverpool been a "protected" town she could not have taken his number, for he would have been in plain clothes; and had she been a less courageous woman she would easily have been frightened into "just going to see the doctor, and signing the **voluntary submission**, which would make it unnecessary to go before the magistrate at all," but which would have the effect (though this would not be explained to her by the policeman) of being an acknowledgment that she was a prostitute, of putting her upon the list of "registered prostitutes," and subjecting her to a vile examination by the surgeon *every fortnight* for twelve months, and sending her to prison, with hard labour, if she neglected to attend regularly.

36. Mistakes on the part of the police are not the only dangers arising from these Acts; for as they are in plain clothes it is easy for designing men to pretend to be special police, and fraud of this nature was the only explanation which the police could give of some cases of abuse brought before the Royal Commission, viz., that the abuses charged had not been committed by police at all, but by persons falsely pretending to be specials under the Acts.

That this is no imaginary danger is shown by a still more recent case in Dover—(*Dover Standard*, March 16th, 1872, and *The Times*, April 10th, 1872.) A private in the Army Hospital Corps, stationed at Canterbury, was brought before the Magistrates on the charge of having obtained money from Walter Harlow, who was out for a walk with a young woman, when the prisoner came up and said he was employed under the Contagious Diseases Act, and he must hand over the young woman to the civil power. The young man gave him money to buy him off. The Inspector said the prisoner was not employed in the manner he had stated, and he had applied to the Government to prosecute *as such cases were of frequent occurrence*. The prisoner was found guilty at the Canterbury Quarter Sessions, and sentenced to five years penal servitude.

37. The terrible disclosures at Lille, last year, were not an unnatural result of a system which invests police spies with such powers over the liberty and reputation of women, as those conferred by the Acts.*

* *Daily News*, February 12th, 1873, (condensed report).—"A German mechanic and his sweetheart were walking in the park near Lille, when three men rushed upon them in the disguise of 'special police,' and demanded money from the man and the

38. The Berlin correspondent of the *Daily Telegraph* (a paper favorable to the Acts,) writes Oct. 26th, 1872, "It is revolting to one's sense of right, that women walking quietly along the streets at any hour should be liable to be pounced upon by police in plain clothes, and carried off to prison, on suspicion of being 'no better than they should be.' *Such arrests are made every day and night here*, and no honest woman dares venture out alone after dark, lest she should be snapped up by policemen *en pékin*, from whom it will cost her a thaler or two to free herself, be she as immaculate as Diana herself. This state of things is peculiarly hard on the *bourgeoisie* of a city, where it has been the custom for many years that respectable girls and married women should go to the theatres and concerts by themselves, walking to and from their homes to save cab hire."

The latest Report (1873) of the Commissioner of Metropolitan Police shews what a reign of terror exists in the subjected towns amongst the classes of young women indicated in parag. 34, whether they are legally subject to the Acts or not; for it says, p. 6, "the presence of the officers employed is well known to the classes of girls most likely to go astray, and the dread of detection is very salutary; in proof of this, young women in the position of *domestic servants, and others*, after nightfall, *leave their male acquaintances directly* the police employed under the Acts appear in sight." That is to say a whole class of the community, which is neither charged nor suspected of any crime, dare not be seen with their male acquaintances after dusk for fear of being accosted by practically irresponsible police spies, even if not subjected to indignities that cannot be named, on the mere unsupported "good reason to believe" of these police in plain clothes. (See parag. 35.)

39. *The nature and object of the examinations to which the women are subjected under these Acts, are such as nothing but the selfishness of men, as the stronger and ruling power in the state, could ever have sanctioned.* As if men would ever allow an Act to be passed authorising the police to "register" as "a frequenter of brothels," every man who might be found in a bad house by a policeman in plain clothes who should make

gratification of their passion from the woman; if not granted they threatened to denounce the man to the French government as a disaffected subject, a communist. In the struggle, the man was garotted and drowned in the river running by, but the woman happily escaped to some of the park keepers and gave the alarm. The ruffians were arrested, and the trial has resulted in showing that a gang of about twenty men have for four years carried on this system of terror and extortion. And one of the gang, an 'Octroi employé' who has been arrested, has boasted that 500 *Lille* women have passed through his and his accomplices hands during this period."

a descent upon it—the man being also obliged to go once a fortnight for twelve months to be examined by the surgeon, under the penalty of prison with hard labour for neglect—yet this is the law for women. And if it is replied that virtuous women do voluntarily submit to such examinations for the cure of disease, the reply is utterly beside the mark; for there is no similarity between a voluntary endurance of such an ordeal occasionally, for the relief of disease, with the power of immediate discontinuance, and a compulsory subjection to it week after week for months in succession, not for the cure of disease or relief of suffering to the patient, but for the purpose of seeing whether men may use her as a prostitute without danger to themselves.

40. *The soldiers and sailors who were formerly examined, object to be examined, because of the degradation implied by it; the medical officers consider it degrading to themselves to make such examinations of men, and the commanding officers do not enforce the examinations, because they lower the moral tone of the men. Yet the advocates of the Acts, whether civil or military, see no objection to, nor do the medical officers feel any degradation in imposing these examinations upon women.*

41. *The first principles of our constitutional regard for the liberty of the subject, are violated by these Acts, in the so-called "voluntary submission," by which the woman is urged, and in many cases entrapped into criminating herself. What the woman actually signs is simply, that "I, in pursuance of the above-mentioned Acts, voluntarily subject myself to a periodical medical examination by the visiting surgeon for (so many) months," whilst the real result of this "submission" is that she is henceforth treated by the Acts as if she had been proved to be a common prostitute—and she becomes a "registered prostitute," a blight upon her reputation which can never be removed, any more than the record of a conviction for felony from that of a man.*

42. Every registered woman is placed at the practically irresponsible mercy of the examining surgeon, who is constituted both witness and judge, and can commit her to an hospital (which is practically a prison) for nine months—and if she leaves it without his permission, or fails to attend the periodical examinations, she is sent to an actual prison for three months, at the end of which time she is sent back to hospital or is bound to complete her period (generally twelve months) as if she had not been imprisoned at all, unless the prison doctor gives her a certificate that she is free from disease. Four of the surgeons of the Royal Albert Hospital, Devonport, published the following protest on this subject:—

"We believe that to place in the hands of one man the power of first

examining a patient, and pronouncing her to be diseased, committing her to hospital, superintending her treatment while there, and then being the sole judge as to when she is cured, and therefore fit to be discharged, is in effect to constitute that one man both prosecutor, judge, and jailer; it is a power most liable to abuse, and if granted, must inevitably tend to interfere, in a most arbitrary and unnecessary manner, with the liberty of the subject."—*Letter to the Lords of the Admiralty from the Surgeons in charge of the Wards of the Royal Albert Hospital.* (Churchill & Sons, 1869, p. 22.)*

43. So utter is the disregard for the woman's liberty under these Acts, that if she is charged (on the policeman's "good cause to believe,") and her monthly period prevents her from being examined, the Acts order her to be *compulsorily confined* for five days, or until she can be examined, in hospital, where she may be subjected to solitary confinement in a prison cell on bread and water diet, for simple breach of rules or discipline whilst there. (19569-70.)

43a. The extent to which this compulsory confinement is liable to be carried is shewn in the "Letter to the Lords of the Admiralty, from the Surgeons of the Royal Albert Hospital." (Churchill & Sons, 1869, p. 30.) "To shew how great this power is we would direct your Lordships' attention to the fact that during thirteen weeks, ending August 28, 1869, a weekly average of 52 women came under this category." That is to say, a single irresponsible surgeon is able, under these Acts, to commit 52 women per week practically to prison for five days, without trial and without offence, except that it is technically "their poorly time."

44. A late official return, *Metropolitan Police Report*, 1873, p. 9, shews that above 230,000 of these examinations have been made, and

* By the Acts a nominal protection is given to the women in hospital by providing medical officers of various grades to be a check upon one another, to consult in cases of doubt, and to give the woman the right of appeal from one to another, if she thinks she is entitled from the state of her health to be discharged. But in practice this has been merely a nominal protection, as all the medical offices connected with the Acts, have been devolved upon a single surgeon, who has been, therefore, both visiting surgeon and inspector. The woman has also, under the Acts, the nominal protection of claiming to be taken before a magistrate if she thinks from the state of her health that she is entitled to a discharge and the medical officers will not grant it. But this protection also is, in practice, merely nominal from the difficulties in the way of a poor woman in hospital obtaining access to a magistrate, and being able to satisfy him that she is in good health, in face of the opposition of the hospital surgeon (3083-5, 5885-90, 13,966. 17,925)

205,323 of them were unnecessary for the health of the women, for they were perfectly free from disease !

45. *The woman is deprived under these Acts of all the ordinary safeguards of liberty provided for the lowest male criminal.* She is charged with no defined offence, for we have seen that there is no definition of "common prostitute," which is made to embrace almost every section of the lower ranks of women. Her accuser is not bound to produce any witnesses against her who can be subjected to cross-examination (367) She is seldom tried in open court ; and whether proved innocent or guilty her reputation is damaged by the simple charge. She is bound to prove her innocence, not her accuser to prove her guilt ; and she has practically no appeal from the decision of a single magistrate, who has the power of awarding an amount of punishment, almost unexampled for a single magistrate, in the length of compulsory confinement in hospital ; for when once in the hospital she can be detained under the 7th clause of the Acts, for nine months, and if she leaves it without permission she can be arrested *without warrant* and sent to prison with hard labour. And every obstacle that the law can provide is imposed by the Acts against her obtaining any remedy against any official, whatever his conduct towards her may have been, who pleads that he did it "in execution or *intended execution* of the Acts."*

46. *Almost insuperable obstacles are frequently thrown in the way of a woman's removal from the register when once placed upon it, whatever her conduct or circumstances may be.* Evidence on this head is contained in the minutes before the Royal Commission. Heading—"Registration, difficulty of getting off." The most recent case is one that occurred lately

* Report of Royal Commission, sec. 60.—"Many witnesses have urged that as well on grounds of justice as expediency, soldiers and sailors should be subjected to periodical examinations. We may at once reply that there is no comparison to be made between prostitutes and the men who consort with them. With the one sex the offence is committed as a matter of gain ; *with the other it is an irregular indulgence of a natural impulse.*" So the woman who sells herself, whether "from absence of all previous moral training," from the desire for dress and theatres, &c., or simply from the pressure of want and even actual destitution, or "from the character of the dwellings in which many of the poor are compelled to reside," (*Report Royal Commission, s. 65,*) is below contempt, and deservedly forfeits all her rights as a woman and as a citizen ; whilst the man who buys her may hold up his head and cast stones at her, for he is only doing what is natural though it may perhaps be rather "irregular."

In Venice it was the custom at one time, for a cowardly man of rank to hire a bravo to assassinate his enemy. These bravos were a degraded race. They "committed the offence as a matter of gain," but the men who hired them were honourable, and held a position in society ; they only paid for "an irregular indulgence" of their "natural impulse" for revenge.

in Devonport, where it attracted great notice, in which a sailor desired to marry a prostitute, but would not do so until her name was removed from the register. "He knew what she was and he would marry the woman, for he loved her, but he would not marry a 'registered' woman." She applied to the surgeon of the hospital, who has the power by the Acts to remove a woman from the register, but Inspector Anniss influenced him not to do so; and policeman Ford tried his utmost with the man himself by calling him "fool," &c., to prevent him from carrying out his wishes. Anniss also refused to remove her from the register himself, and the girl was at length brought before the magistrates by the police in consequence of neglecting to attend the examinations, when these circumstances came out. Yet the advocates of the Acts claim great credit for them in restoring women to their friends, and to the paths of virtue.

47. *Everything in these Acts, taken along with the overwhelming evidence before the Royal Commission, shows that its Report accurately stated their true object, which is not to lessen or to reduce brothels; it is not to protect the young, the weak, or the friendless; it is not to raise the moral character either of the men or the prostitutes; it is not even, honestly, to prevent the spread of disease amongst the community, for men are excluded from the penalties of the Acts, and both in the army and navy, they are in practice, exempted from sanitary examinations. But their object is strictly (in the words of the report) "to render the practice of prostitution much less dangerous." And in the attempt to accomplish this object the moral sense of the nation has been shocked, prostitution has been raised to the rank of a profession, and the constitutional safeguards of English liberty have been taken away from a large section of the public, a section of all others least able to protect itself, viz. :—poor and friendless women.*

The Premier of England, the Right Hon. Benjamin Disraeli, M.P., not long since uttered the following noble description of British liberty:—"The *working classes* of this country have inherited personal rights which the nobility of other nations do not possess. Their *persons* and *homes* are sacred; they have no fear of arbitrary arrests or domiciliary visits." Can this be truly said while these laws remain on the Statute Book, and the *daughters* of the *working classes* ("domestic servants and others," in parag. 38) dare not be seen walking with their male friends after dusk, but leave them "directly the police appear in sight" for *fear of arbitrary arrest*; while women (if they are poor and without protection) are urged to criminate themselves, under the provisions of these Acts, and after having simply signed a promise which contains no acknowledgment

of guilt, are forthwith branded for life as *registered public prostitutes*, on the unsupported "good reason to believe" of a disguised policeman; and while such women are liable to *arrest without warrant, and imprisonment with hard labour*, if, on discovering the nature of the examinations to which they are to be compelled to submit, they neglect or refuse to subject their bodies to these examinations, made, not for purpose of relieving them from disease, but to see that they are in a safe state for the miserable market for which they have been entered upon the Register?

ASSERTED BENEFITS TO HEALTH.—ARMY.

The following is a brief Summary of this Health Section :—

For several years before the first Act was passed great improvement had been taking place in the health of the army in EVERY form of venereal disease.—*See Paragraph 49, 50.*

In one form (gonorrhoea) there has been an increase throughout both army and navy, which continues to the present time.—*See Parag. 49, and Table 80e.—Home and Mediterranean.*

The improvement in health in one of these forms of disease (primary venereal sores) still continues upon the whole, but with a very diminished rate.—*See Diagram.*

Secondary or constitutional syphilis—the most important form of all—fell largely before the Acts, and *has risen permanently* since the Acts.

In the British navy throughout the world the health of the sailors occupies a more unfavourable position in these forms of disease in the home and Mediterranean stations than in those stations which are not under laws similar to the Contagious Diseases Acts.—*See Paragraph 80e. g. h. k.*

The ratio of disease amongst the registered prostitutes has increased 20 per cent. since the Act of 1866; and the ratio of deaths amongst them has doubled since that date.—*See Paragraph 84—86.*

NOTE.—The following section shewing the complete failure—and worse than failure—of the Acts as a sanitary measure for the health of the Army and Navy and Registered Prostitutes was presented to Government last Autumn; it was then brought before a large meeting of the Medical Profession in Liverpool, and was immediately afterwards published to the Profession at large. Up to the present time no contradiction of its proofs of failure has been given by either the Army or Navy Government Authorities. No reply was attempted in the Liverpool Medical Institution Meeting. The Medical Journals have not challenged the proofs of failure as applied to the Army or Navy as a whole; and the only attempts made to refute them have been unauthenticated statistics, put forward by various private medical officers, of the amount of disease in a few picked regiments generally for a few months at a time. Even these picked statistics, when examined, have proved to be no evidence of the beneficial sanitary results of the Acts. The detailed controversy on these statistics is contained in the numbers of the *British Medical Journal* for Oct. 31, Nov. 14, 28, Dec. 5, 19, 26, 1874, and Jan. 23 to April, 1875.

48. *The Acts are said to have materially reduced the amount of Venereal Diseases in protected towns.*

Answer.

49. *For several years previous to the Acts, these diseases had been steadily diminishing throughout the whole army under the influence of*

many combined agencies, such as increased care for the soldiers generally, the establishment of libraries, the cultivation of harmless or useful and intellectual pursuits, greater personal cleanliness by lavatories, &c., and it is an important feature in the discussion, that the *rate of decline was immediately checked on the introduction of the Acts in some of the garrison towns, and has never recovered itself, whilst the amount of Contagious Diseases actually increased in others.*

Comparison of the amount of Disease before and since the Act:—

BEFORE THE ACTS.	SINCE THE ACTS.
AMOUNT OF DISEASE.	
<p><i>Primary Syphilis</i> in the Home Army fell from 119·17 per 1000 in 1861, to 78·53 per 1000 in 1866; above one-third, or an average of 6·77 per 1000 yearly.</p>	<p>It rose 8 per 1000 in 1867, but has fallen upon the whole from 78·53 per 1000 in 1866, to 68·94 per 1000 in 1872; <i>i.e.</i>, not quite one-eighth, or 1·37 per 1000 yearly, instead of 6·77.</p>
<p><i>Secondary Syphilis</i> fell from 31·26 per 1000 in 1861, to 23·39 per 1000 in 1866, or one-fourth.</p>	<p>It rose 2·87 in 1867, or one-ninth, and is now (1872) higher than it was in 1866; and the average of the 6 years since the Act is <i>one-twelfth</i> higher than before it was passed.</p>
<p><i>Secondary Syphilis</i> was 1 case in every 3·45 of Venereal Sores, on the average of 8 years before the Act.</p>	<p>It has risen to one case in every 2·93, on the average of 6 years since the Act.</p>
<p><i>Gonorrhœa</i> fell from 111·66 per 1000 in 1861, to 98·43 per 1000 in 1866, or one-eighth.</p>	<p>It rose 14·2 per 1000 in 1867, or above one-seventh. It is now 0·31 per 1000 higher than in 1866, and is higher in the protected than the unprotected stations.</p>
THE CONSTANTLY SICK.	
<p>From the <i>Syphilitic Group</i> (<i>i.e.</i> Primary, Secondary, and Bubo) fell from 15·95 per 1000 in 1861, to 10·76 per 1000 in 1866; <i>i.e.</i> one-third, or 1·04 per 1000 yearly.</p>	<p>The mode of keeping the army returns has been changed, and an exact comparison cannot be made; but the <i>constantly sick</i> from <i>Primary Syphilis</i> even in the protected stations has only fallen from 5·09 per 1000 in 1868, to 4·56 per 1000 in 1872; or only 0·13 per 1000 yearly, just one-eighth of the annual fall throughout the whole unprotected army before the Act.</p>
<p>From the <i>Gonorrhœal Group</i> (<i>i.e.</i> Gonorrhœa, Swelled Testicle, and Stricture) fell from 7·5 per 1000 in 1861, to 5·43 per 1000 in 1866, or above one-fourth in 6 years.</p>	<p>There are no means of ascertaining the ratio of constantly sick since the Act, owing to the changed method of keeping the army returns; but as Gonorrhœa has increased it is not to be supposed that the constantly sick from it have diminished.</p>

THE INVALIDED.

From *Secondary Syphilis* were 7·19 per 10,000 in 1866.

From *Primary Syphilis* and *Gonorrhæa*, the number is so few as to be of no value in the question. Often not one case in a year.

They were 7·81 per 10,000 in 1872, or increased one-twelfth.

NAVY—HOME STATION.**BEFORE THE ACTS.****AMOUNT OF DISEASE.**

Primary Syphilis was 53·4 per 1000 in 1866. Its previous proportion is not given in the navy report.

SINCE THE ACTS.

It was 39·5 per 1000 in 1873, or a fall of one-fourth in 7 years, which is a smaller fall than in any other navy station where there has been a fall, and there are many. In the Mediterranean station, which is also protected, it has nearly doubled since the Act.

Secondary Syphilis was 15·7 per 1000 in 1866. Amount not previously given.

It was 15·3 per 1000 in 1873. A fall of one-thirty-ninth in 7 years.

Gonorrhæa fell from 34·8 per 1000 in 1862, to 20·4 per 1000 in 1866, or two-fifths in 5 years.

It has risen from 20·4 in 1866, to 51·1 per 1000 in 1873, or much more than doubled. It has also doubled in the protected Mediterranean station.

THE CONSTANTLY SICK.

From *Primary Syphilis* were 6·3 per 1000 in 1866.

Fell to 4·1 per 1000 (or one-third) in 1873.

From *Secondary Syphilis* were 1·4 per 1000 in 1866.

Rose to 1·7 per 1000 (or one-fifth) in 1873.

From *Gonorrhæa* were 0·9 per 1000 in 1866.

Rose to 3·3, or above three-fold, in 1873.

THE INVALIDED.

From *Secondary Syphilis* were 1 per 1000 in 1866.

Rose to 1·4, or above a third, in 1873.

From *Primary Syphilis*, no cases in 1866.

Have averaged 5 cases per annum since 1866.

From *Gonorrhæa*, no cases until 1871.

9 cases in 1872, and 6 cases in 1873.

It appears therefore that in the Home Army and Home Navy *Primary Syphilis* has not fallen one quarter as fast in the Army since the Act as before it, and that the fall in the Home Navy is less than in any other station in the world, whilst it has doubled in the Mediterranean. The *constantly sick* fell largely in the army before the Act,

though the proportion cannot be accurately stated. They have scarcely fallen since the Act in the army, but have fallen one-third in the navy.

Secondary Syphilis fell one-fourth before the Act, but has risen one-twelfth since in the Home Army. It has fallen one-thirty-ninth in 7 years in the Home Navy. The *constantly sick* from it have risen one-fifth in the Home Navy, but there are no means of finding its effects in the Home Army. The *Invalided* from it have increased one-twelfth in the army and risen by one-third in the navy.

Gonorrhœa fell one-eighth before the Act in the Home Army, and two-fifths in the Home Navy, and the *constantly sick* fell one-third in the army. It has doubled in the Home and Mediterranean stations in the navy, and has increased in the army; and the *constantly sick* have risen above three-fold in the Home Navy.

49a. The reduced rate of decline and even the increase of disease are easily accounted for, by the opinion which naturally gained ground amongst the soldiers, that "prostitution would be rendered much less dangerous," (Report, Royal Commission s. 13); "that amongst men it was merely an irregular indulgence of a natural impulse (Report s. 60); and also that the Acts were passed by the government "for the purpose of furnishing clean girls for the army and navy." (Report, s. 55.)

50. The rates of fall are shown by Dr. Balfour's report to the House of Commons Committee, (Ho. Com. Evid. page 88.) showing the admissions into hospital per 1000 of mean strength for Venereal Diseases, at various stations for the 9 years 1860-8.

Stations.	1860.	1861.	1862.	1863.	1864.	Before the Acts.
DEVONPORT AND PLYMOUTH. {	440	470	367	351	289	Fall in 5 years of 151 in 440, or $\frac{1}{3}$
Acts first applied,						
	April, 1865.		1866.	1867.	1868.	
360 {	immediate {		317	312	280	Fall in 4 years of only 9 from 1864.
	rise of 71 }					
	Before the Acts. (4 years.)					Under the Acts. (3 yrs.)
	1860 to 1864.					1865 to 1868.
PORTSMOUTH	503 fell to 337. Fall of 166 in 503, or $\frac{1}{3}$.					329 to 348. Rose 19 !!!
CHATHAM {	Before the Acts. (4 years.)					Under the Acts. (3 years.)
AND {	1860 to 1864.					1865, 1866, to 1868.
SHEERNESS. {	351 to 313. Fall of 38 in 351, or $\frac{1}{5}$.					292 (rose to 326.) 275 fall 17 in 292, or $\frac{1}{17}$
	Before the Acts, which did not come into operation until July, 1868.					
	1860 to 1867. (7 years.)					1868.
SHORNCLIFFE	327 to 215. Fall of 112 in 327, or $\frac{1}{3}$.					297 immediate rise !!!
	Before the Acts. (6 years.)					Under the Acts. (2 years.)
	1860 to 1866.					1867. 1868.
WOOLWICH	473 to 219. Fall of 254 in 473, or $\frac{1}{2}$.					255, immediate rise. 191.
	Before the Acts. (6 years.)					Under the Acts. (2 years.)
	1860 to 1866.					1867. 1868.
ALDERSHOT.....	339 to 233. Fall of 106 in 339, or $\frac{1}{3}$.					261, immediate rise. 237.
						higher than 2 years previously.

Another return from the War Office (Minutes of Royal Commission, append. b. p. 815,) shows the effect of venereal Diseases on the efficiency of the army at home, during the ten years from 1860 to 1869.

RATIO OF CONSTANTLY SICK PER 1,000.

Previous to the Acts.	Under the Acts.
1860—23.73.	1865—18.14.
1861—24.70.	1866—16.
1862—22.32.	1867—17.95.
1863—20.31.	1868—17.82.
1864—19.11 or a fall of 4.62.	1869—14.87 or a fall of only 3.27.

Here again the rate of fall was reduced throughout the army on the introduction and during the operation of the Acts.

51. Before the Royal Commission, Dr. Balfour said (16,073) "Primary venereal sores and gonorrhœa are the only two forms (of disease) likely to be affected by the Act as applied to individual stations, because the secondary diseases may have been contracted elsewhere, or contracted there and developed elsewhere; therefore to judge of the operation of the Act, it is better to confine our attention to the two forms of disease,—primary venereal sores and gonorrhœa."

52. First, Gonorrhœa. On this disease Dr. Balfour's evidence before the Royal Commission was as follows:—

16,267. "But, as far as gonorrhœa goes, which is the more frequent disease, the country has not derived the benefit which was expected from the Acts in diminishing it?" "No."

16,268. "So far as gonorrhœa is concerned the Acts may be considered to be a failure?" "So far as gonorrhœa is concerned the operation of the Act has not reduced the number of cases, I think."

16,269. "Then we may consider, with respect to gonorrhœa, that the machinery thus established is found to be fallacious, that it has not diminished the disease within your cognizance?" "Yes."

In the Army Medical Report for 1872, p. 12, Dr. Muir thus confirms the opinion expressed in 1869:—"It must, therefore, be admitted that so far as appears from the evidence furnished by the Returns, but little influence has as yet been produced on the prevalence of gonorrhœa." "The fact remains that the average ratio.....from 1865 to 1872 was higher at the protected than at the unprotected stations." *So that the case in favour of the Acts, as far as Gonorrhœa is concerned, may be considered as given up by their best informed supporters.* (See parag. 100, 101, 102.)

53. Second. "Primary Venereal Sores, or that form of venereal disease which is likely to be followed by constitutional effects, have been much reduced by the Acts," according to Dr. Balfour; but *whether these sores are truly syphilitic or not it is impossible to judge from the published official returns*; for all forms of venereal sores are classed together as "primary venereal sores," a term which embraces everything from a true chancre capable of producing hereditary results, to the most superficial and unimportant abrasion of the skin. Before the Act was in force, however, *secondary syphilis* fell one-fourth in 6 years, but since it was in operation it *has risen largely, and the average of the whole period is one-sixteenth higher than before the Act was introduced. It is evident, therefore, that the true syphilitic element in these "venereal sores" has increased*, and any reduction in this heterogeneous class is merely in superficial unimportant sores.

Mere superficial sores may, however, disable a soldier from duty, and be important on this account in the opinion of the Army Authorities, but they have no weight whatever in estimating the influence of the Acts upon the constitution of the patient himself, and upon that of his innocent wife and helpless children, for whose protection the Acts have been so much lauded.

The actual influence of these primary venereal sores upon the efficiency of the army, and also the effect of the Acts upon them, are far less than would be supposed from the manner in which they have often been spoken of. In the Army Report for 1872, p. 10, it appears that the number of men per 1,000 admitted into hospital for primary venereal sores in 1866, in the Stations under the Acts, was 90·5; in 1868 it was 72·1; and in 1872 it was 54·2 per 1000. Most of these cases were, however, so slight as to be soon discharged, for another table in the same page shews that of the 72·1 per 1000 in 1868, there were only on the average 5·09 daily in hospital, or "constantly sick" as they are termed in the table; and calculating upon the same scale the ratio would be 5·63 per 1000 daily in hospital in 1866, or 1·07 per 1000 more than in 1872. *It appears therefore that the improvement even in the "Protected" Stations consists in 1 man per 1000 being at his barrack duties and on parade in 1872 more than in 1866, even assuming that the Act is entitled to claim the whole of the reduction—the very point which is disputed in this "Statement;" and as about 50,000 men are "under the Acts" the actual gain of efficiency since 1866 is 50 men per annum in an army of 70,000 men, as the return to the nation for the violation of its most cherished constitutional privileges, the inauguration of a principle of one-sided injustice for the*

weaker party—and of a system of police espionage and terror (see parag. 38), and the other moral and constitutional evils attaching to these Acts.

53a. *There is no evidence whatever to show that the Ratio of Annual Reduction, is greater under the Acts than before them; or that the reduction is not owing to those moral and sanitary arrangements for the army which have been operating concurrently with the Acts, and are still progressing. These various improved arrangements are uniformly ignored by the supporters of the Acts, who persist in ascribing the whole of the reduction in disease to the Acts. (Parag. 56.)*

54. As to the reduction of Primary Venereal Sores in the army, the statistics in the Army Medical Reports leave no doubt, though the previous rate of reduction has been seriously lessened since the Act, and *true* syphilis has increased, as is shewn above; but it is important to examine the grounds on which Dr. Balfour has come to the conclusion that *the Acts have reduced* even the unimportant sores. These grounds are set forth in Parliamentary Paper No. 208, dated 14th May, 1873, which contains the following tables and comments upon them:—

55. “Tables showing the Admissions into Hospital for Primary Venereal Sores and Gonorrhœa at twenty-eight Stations of Troops in the United Kingdom in each year.

A.—“NOT UNDER THE CONTAGIOUS DISEASES ACTS.

YEAR.	Average Strength.	Primary Venereal Sores.	Gonorrhœa.	Ratio per 1,000.	
				Primary Venereal Sores.	Gonorrhœa.
1864	60,681	6,590	6,828	108.6	112.5
1865	55,167	5,346	6,253	99.9	113.3
1866	49,150	4,469	4,882	90.9	99.3
1867	36,439	3,936	4,794	108.0	131.6
1868	34,311	3,662	4,406	106.7	128.4
1869	27,401	3,066	2,809	111.9	102.5
1870	17,852	2,022	1,723	113.3	96.5
1871	19,957	1,865	2,137	93.4	107.4
1872	19,950	2,457	2,113	123.1	105.9
TOTALS of 8 Years	260,227	26,823	29,117	—	—
Average, 1865-72.	32,528	3,353	3,640	103.1	111.9

B.—“ UNDER CONTAGIOUS DISEASES ACTS.

YEAR.	Average Strength.	Primary Venereal Sores.	Gonorrhœa.	Ratio per 1,000	
				Primary Venereal Sores.	Gonorrhœa.
1865	7,392	887	1,039	120·0	140·5
1866	10,161	920	1,676	90·5	164·9
1867	24,061	2,076	3,150	86·3	130·9
1868	27,770	2,001	3,515	72·1	126·9
1869	32,355	1,972	3,513	60·9	108·6
1870	41,580	2,268	4,081	54·5	98·1
1871	54,096	2,76	6,254	52·0	115·6
1872	50,794	2,752	5,280	54·2	104·0
TOTALS of 8 Years	248,210	15,639	28,508	—	—
Average, 1865-72,	31,026	1,955	3,563	63·0	114·8

a. “ These Tables show clearly the operation of the Contagious Diseases Acts ; they comprise the results obtained from the returns of 28 Stations in the United Kingdom, being all the Stations at which the force was 500 men and upwards.”

b. “ In 1864, the year in which a Contagious Diseases Act was first passed, and the year before it came into operation, the admissions into hospital at these 28 Stations were in the ratio of 108·6 for primary venereal sores, and 112·5 for gonorrhœa, per 1,000 of mean strength. In 1872 the admissions were 54·2 and 104·0 respectively at the 14 Stations under the operation of the Act, showing a reduction of 54·4 per 1,000 in primary venereal sores, or that form of disease which is likely to produce great constitutional deterioration, and of 8·5 per 1,000 in gonorrhœa.”

c. “ Again, if the average of the eight years during which the Acts have been in operation be taken, it will be seen that at the Stations not under the Act, in an average force of 32,500, the ratio of admissions for primary venereal sores was 103·1 per 1,000, and for gonorrhœa, 111·9 per 1,000 ; while at the Stations under the Act, in an average force of 31,000 men, the proportions were 63·0 and 114·8 per 1,000 respectively. These results show a difference in favour of the Stations under the Act of 40·1 per 1,000 in the case of primary venereal sores, and an excess of 2·9 per 1,000 in cases of gonorrhœa.”*

* See parag. 62 et seq.

56. Now the natural and almost inevitable inference from the foregoing paragraphs in Parliamentary Paper 208 is, that there have been throughout two sets of stations of 14 each (parag. 60) enumerated in the Army Medical Report, 1871, p. 8, practically identical with each other at first in the conditions of health, and in all important respects except that the Acts have been applied to one set of stations and not to the other: and further that the Acts have been applied to all the stations of one set during the whole period of eight years; and lastly, that the difference in the amount of disease in the two sets of stations at the end of the time is therefore exclusively due to the operation of the Acts. This inference has, indeed been drawn by such intelligent and experienced men as Mr. Curgenven and Mr. Berkeley Hill, who have circulated a fly-leaf extensively on behalf of the Association for extending the operation of the Acts, in which they quote these paragraphs from this Parliamentary Paper for the purpose of showing that "*the striking contrast between the protected and the unprotected stations completely disproves the assertion, that any diminution of disease is due to causes independent of the Acts*" (parag. 53a). *WHEREAS* in fact, previously to the passing of the Acts, the stations of one set differed so widely in their character, from those of the other in matters relating to health, that in the Army Medical Reports before the Acts were passed, Dr. Balfour placed London and Windsor, and Dublin, in so many separate columns for the general health returns, because they could not be classed together or associated with any other set of stations. He also classed Sheffield and other towns as "large manufacturing towns," having their special features, whilst some towns were classed as "arsenals," others as "dockyards," others again as "camps," and so on; shewing clearly, that before the Acts were thought of there were such differences amongst these several sets of towns as to prevent their being associated as resembling each other.

57. So far also from the Acts having been applied throughout to one set of stations and not to the other, they were in operation in three only of the fourteen stations in 1865, in four of them in 1866, in five in 1867, in eight in 1868, and not in the whole fourteen until 1870.

58. It has been already stated (parag. 49, 50) that for many years previous to the passing of the Acts venereal diseases were declining rapidly in the army, but the rate of decline was remarkably different in different stations. In those which may be called military towns as distinguished from the manufacturing or non-military ones, the rate of fall was much the most rapid and uniform even before the passing of the Acts, (and therefore quite independent of them,) and such has continued to be the

case since they have been in operation. But as this subject will be more fully considered in a subsequent paragraph, it is here alluded to only briefly. (See parag. 67.)

59. *Again the ratio of disease has been so widely different in different stations, as to make it impossible to compare them together.* For example, Maidstone with a very small garrison, had a ratio of 242 per 1,000 in 1867, which was reduced 114 per 1,000 in two years, though not under the Acts. Whilst in Devonport and Plymouth (under the Acts) which had a ratio in the same year (1867) of only 76 per 1,000, it was impossible to have such a reduction, and therefore, comparison between them as—one being “Under the Acts” and another “Not under them,” is manifestly out of the question. The only mode that can bring out fair and trustworthy results as to the effects of the Acts, is to compare the amount of disease in each separate station before and since the Act was in force; and the statistics of venereal sores for 1860, '61, '62, and '63, and for gonorrhœa for 1871 and '72, kindly furnished by the War Office (as they are not contained in the Army Returns) enable us now to do this, which was not possible when the first edition of this “Statement” was presented to the Home Secretary. The Diagrams shewing this comparison are placed as the Frontispiece to this edition.

60. ADMISSIONS INTO HOSPITAL PER 1,000 OF MEAN STRENGTH FOR PRIMARY VENEREAL SORES.

This Table is compiled from the statistics for Primary Venereal Sores for 1860, '61, '62, and '63, kindly furnished by the War Office, and from the Army Reports for 1868, p. 258' and for 1872, p. 8, 9.

STATIONS under Acts.	1860	1861	1862	1863	1864	1865	1866	1867	1868	1869	1870	1871	1872	Date when Act applied.
Devonport & Plymouth...	159	199	146	124	110	133	82	76	66	74	58	50	59	10 Oct., '66
Portsmouth...	188	167	130	107	121	113	100	116	86	62	51	41	40	8 Oct., '66
Chatham and Sheerness...	106	102	90	94	88	86	83	71	63	41	47	65	49	6 Nov., '66
Woolwich ...	186	138	133	96	80	76	89	88	46	52	43	58	60	6 Nov., '66
Aldershot ...	128	147	116	110	105	100	81	81	77	63	67	65	62	12 April, '67
Windsor	Combined with London.							58	136	93	67	78	96	1 April, '68
Shorncliffe ...	131	122	65	81	82	68	57	42	77	60	100	30	33	24 July, '68
Colchester ...	169	134	158	130	118	107	173	145	182	85	42	32	55	27 Jan., '69
Winchester...	121	99	159	101	111	72	46	52	104	101	61	29	57	6 Jan., '70
Dover	152	150	103	98	90	67	90	132	111	80	30	24	47	19 Jan., '70
Canterbury ..	82	142	106	136	68	77	117	119	114	45	152	38	43	21 Jan., '70
Maidstone ...	106	34	22	80	37	177	139	242	122	128	68	44	57	15 Feb., '70
Cork	120	118	109	96	76	86	49	72	61	73	68	55	62	June, '68
Curragh	171	143	109	122	129	97	77	104	85	88	56	35	50	Dec., '69

STATIONS not under Acts.	1860	1861	1862	1863	1864	1865	1866	1867	1868	1869	1870	1871	1872	
Isle of Wight.	89	86	107	48	74	32	11	59	103	129	64	66	57	
London and Windsor:—								*						
Foot Guards }					192	162	178	171	173	144	142	126	171	Foot Guards.
Household }	132	146	131	149										
Cavalry. . }					48	50	58	45	50	29	41	52	56	Hld. Cavalry.
London alone.								163	148	144	160	190	199	Comb'd forces
Warley		89	75	127	52	97	79	74	92	61	55	57	66	
Hounslow ...	119	133	95	88	45	23	21	62	106	85	88	45	90	
Pembroke Dk.	70	69	48	52	65	83	31	28	35	51	54	28	27	
Sheffield	167	97	133	75	56	94	106	163	107	146	77	126	98	
Manchester...	116	231	176	93	104	127	92	177	115	160	92	70	98	
Preston	133	82	54	56	99	85	75	87	87	172	134	75	114	
Edinburgh ...	118	97	70	106	66	112	58	63	46	60	99	69	43	
Fermoy	103	64	36	64	34	44	36	70	47	116	89	33	56	
Limerick.....	123	120	139	160	129	71	48	117	114	54	136	57	100	
Athlone	88	139	51	43	145	155	42	85	38	42	44	47	14	
Dublin.....	186	144	124	160	179	150	126	129	139	180	128	117	165	
Belfast	133	158	91	83	109	46	74	89	56	52	43	61	78	

* Windsor was separated from London in this year, but the ratios have been continued to show the relative amount of disease between the Foot Guards and Household Cavalry.

61. SUBJECTED AND UNSUBJECTED STATIONS COMPARED.

(See Diagrams and Comments at Frontispiece.)

62. It is surprising that Dr. Balfour has not himself discovered or pointed out a *singular error running through the tables in Parliamentary paper 208, which makes them absolutely valueless as a basis for the conclusions in the three paragraphs quoted.* It arises from the mode of construction of the tables, and is inherent in them. In the column headed "Average Strength" in the table "Not under the Acts," the numbers decrease year by year, while in the table "Under the Acts," there is a corresponding increase of about the same amount. Thus it is evident that as the stations were brought under the Acts, they were removed from the former table to the latter. The effect of this process may be seen by taking a series of imaginary stations of 1,000 men each, having different ratios of disease (as is the case in real stations), and treating them in the same way as in the first table in Parliamentary paper, 208, thus—

63. RATIO OF DISEASE PER 1,000. "NOT UNDER THE ACTS."

Station.	1st Year.	2nd.	3rd.	4th.	5th.
A	160	160	160	160	160
B	140	140	140	140	transferred.
C	100	100	100	transferred.	
D	80	80	transferred under Acts.		
E	60	transferred under the Acts.			
	5/540	4/480	3/400	2/300	1/160
Averages.....	108	120	133	150	160

Here it would appear that the ratio of disease had *risen* in the stations not under the Acts, from 108 in the first year to 160 in the last, whereas it had, in fact, been absolutely stationary.

64. But these various stations might have been transferred in a different order as shewn in the following table :—

RATIO OF DISEASE PER 1000, "NOT UNDER THE ACTS."

Station.	1st Year.	2nd.	3rd.	4th.	5th.
A	160	transferred under the Acts.			
B	140	140	transferred.		
C	100	100	100	transferred.	
D	80	80	80	80	transferred.
E	60	60	60	60	60
<hr/>					
Average	5/540	4/380	3/240	2/140	1/60
<hr/>					
	108	95	80	70	60

From which it would appear that the ratio had been *reduced* from 108 in the first year to 60 in the last. So that the ratio of disease in these 5 stations, "not under the Acts," may appear to have risen from 108 to 160, or to have fallen from 108 to 60, according to the order in which the stations are removed and placed under the Acts, without their being in reality the slightest change in the ratio of disease in any one of the stations concerned.*

It is not asserted, nor is there the slightest intention to imply that Dr. Balfour has transferred the Stations in such an order as to favour the Acts. It is possible that the order of transfer may actually have told against them, but such is the nature of the error, sometimes raising and sometimes lowering the averages, which influences every year in the tables (except the last, in which there were no transfers from one table to another) and renders the conclusions drawn in the Parl. Paper, as to the influence of the Acts upon these two sets of stations, so fallacious as to be without value in deciding the sanitary question at issue between the advocates and the opponents of the Acts.

65. It has been previously stated (parag. 56) that the general conditions influencing the stations "Not under the Acts," such as Manchester,

* The "Formula" which applies to all cases of transfers from one set of stations to another is the following :—If the ratio of disease in the station transferred is higher than the average, the ratio in the remaining stations will appear to fall. If the ratio of disease in the station transferred is lower than the average, the ratio in the remaining stations will appear to be raised. The converse is the case with the table to which the transfers are made.

Preston, and Sheffield, &c., are such as to render it impossible to make any fair comparison between them and the strictly military towns like Chatham and Portsmouth; and this is remarkably shown in the *Fluctuations of Disease* in these two sets of towns. For example, in *Manchester* in 1860, the ratio of venereal diseases of all kinds was 289 per 1,000 of mean strength. The following year it *rose* 198, the next year it *fell* 32, and the following year it *fell* 125, whilst the next year it *fell* only 16, its fluctuations being year by year, 198, 32, 125, 16, 68, 70, 189, and 189, ranging from 198 to 16, on an average ratio of 376 per 1,000.

In the *manufacturing towns*, collected as a distinct class in the Army Medical Report, the fluctuations in a single year have been from 127 to 3, on an average ratio of 344 per 1,000. On the other hand, in the *seaports* (comprising Plymouth and Portsmouth, &c.) the fluctuations were only from 88 to 4, on an average ratio of 361 per 1,000. In the *camps* the fluctuations were from 38 to 5, on an average of 308 per 1,000. And in the *dockyards and arsenals* the fluctuations were from 44 to 5, on an average of 278 per 1,000.

When these numbers are reduced to the same ratio, they stand as follows:—

Manchester	198 to 16.
Manufacturing Towns.....	127 to 3.6.

Seaports	88 to 4.
Camps	38 to 5.
Dockyards and Arsenals.....	44 to 5.

66. There is evidently therefore some controlling influence in operation in what may be called the military towns, which is not so effective in the non-military towns, for the fluctuations either of increase or decrease are not half so great in the military as in the non-military stations. But as the advocates of the Acts attribute the difference in favour of the military towns exclusively to the operation of these Acts, it is necessary to examine their comparative condition before the Acts were in operation at all, *i.e.*, before 1865, the year in which the first Act came into very limited operation. The fluctuations for the years 1860-1-2-3-4, were as follows:—

Manchester	198 to 16.
Manufacturing Towns.....	69 to 3.6.
Seaports	88 to 13.
Camps	30 to 5.
Dockyards	44 to 16.

Shewing that before the Acts were passed at all the fluctuations were above twice as great in the non-military as in the military towns, and shewing the operation of some controlling force in the military towns quite independent of the Acts which were not in existence.

67. A comparison of the *change in the amount of disease in these two classes of towns, previous to the passing of the Acts*, shews how much this influence, whatever its nature may be, had also reduced the amount of disease, for the ratios were :—

“Manufacturing } in 1860, 363...in 1864, 300 = decrease of 63 per 1,000.
Towns.”..... }

“Seaport Towns” ,, 452... ,, 305 = decrease of 147 ,,

Camps ,, 353... ,, 313 = decrease of 40 ,,

Dockyards and } ,, 399... ,, 257 = decrease of 142 ,,
Arsenals..... }

Seaports, Camps, and Dockyards—Average decrease, 110 per 1,000.

Shewing that this influence had reduced the ratio of disease nearly twice as much in the military as in the non-military towns, before even the first and least stringent Act was passed. And yet the opponents of the Acts are told that the tables in Parliamentary Paper 208, prove incontestably the beneficial operation of the Acts (parag. 56), whereas the difference here shewn to have existed before the Acts were passed simply continues, and the troops in the military towns suffer less from disease than the same troops in the non-military towns.

These Army Medical Reports furnish a very cogent argument for enquiring what the influence is in the military towns which operated so beneficially before the Acts were passed, and still apparently continues to do so; but they furnish no proof that it is the influence of the Contagious Diseases Acts, which were not passed for years after the beneficial results had been obtained, which are shewn in this paragraph.

68. The diagrams of venereal diseases present to the eye in a striking manner the proof of what has been already suggested, if not plainly stated, in this argument, viz.:—*That the course of venereal diseases, whether of all kinds, of gonorrhœa, or of primary sores, has not been perceptibly influenced by the Acts*—that when they were declining before the Acts were introduced, they continued to decline after they were brought into operation, (only in general with a diminished ratio of fall,) and that the general course of disease, in its fluctuations, continues without any apparent change on the introduction of the Acts.

69. See Diagrams, Frontispiece.

70. The diagrams are formed from statistics kindly supplied by the War Office for the purpose of this enquiry, and printed in the table at the end of the Appendix to this "Statement;" from tables in the Army Returns for 1868, p. 258; and for 1872, p. 8, 9; and from tables in the Minutes of Evidence Royal Commission on the Contagious Diseases Acts, p. 812, 813, and shew the course, amount, and fluctuations of both primary venereal sores and gonorrhæa for the years indicated in the diagrams, which are fully explained in the letterpress accompanying them.

71. The Royal Commission in its Report 1870 says, "There is no distinct evidence that any diminution of disease among the men of the army and navy, which may have taken place, is attributable to a diminution of disease contingent upon the system of periodical examination among the women with whom they have consorted," and the Report recommends the discontinuance of the periodical examinations.

72. These conclusions are corroborated by the result of similar regulations in India. Mr. A. C. C. de Renzy, Surgeon and Sanitary Commissioner of the Punjaub, says in his report to the Government:—"The results of the measures that have been taken for the last four or five years for the prevention of venereal diseases in this country, *afford us no ground for congratulation*. In the last five years little short of five lacs have been spent on the prevention of venereal, a sum which would have provided Peshawur with an abundant supply of pure water, and rendered it impervious to epidemic cholera. *And after all there is no where any substantial sign of permanent improvement.*" See append.: E. Indies and Cape of Good Hope.

The *Times of India*, August 8th, 1871, states that after immense expenditure the total results in India "*are contemptible.*"

The official documents then, when rightly analysed, exhibit alike at home and abroad, only the failure of these Acts as sanitary measures for the Army in every form of venereal disease. See append. Malta, Gibraltar, and the Piræus, India, Cape of Good Hope, and Hong Kong.

NAVY.

73. Analysis of the Naval Health Report, 1872. This Report has lately been published, and as it lays prominent stress upon the efficiency of the Acts in the Navy, and some of its statements

made in large type have been extensively quoted by advocates of the Acts, without sufficiently careful reference to the detailed reports in the body of the Report, it is necessary to examine it carefully.

74. At page 13 the Report says –“The continued beneficial influence of the operation of the Contagious Diseases’ Act on the force at the various Home ports is now so fully recognised by medical officers that they have almost ceased to make any direct allusion to it. Whenever it is referred to it is mentioned in the highest possible terms, and the only regret expressed is that the Act is not more extended in its application. A large proportion of the disease that exists in protected ports is readily traced to importation from unprotected districts; and if these could only be reached by legislation strictly carried out, there appears to be little doubt that the more destructive forms of disease might be almost altogether stamped out.”

75. *On referring, however, to the detailed Reports, it appears that there has been an increase, compared with the previous years, in every form of venereal diseases in nearly every station.*

76. TABLE showing the increase of all forms of venereal diseases. TOTAL FORCE (page 348). There were 2,135 cases of *primary*, and 859 cases of *secondary syphilis* under treatment during the year, being an increase in the ratio of primary disease to the extent of 9.8 per 1,000, and of secondary disease of 3.1. There were also 3,724 cases of *gonorrhœa*, *epididymitis*, and *swelled testicles* (p. 350), being an increase of 525 cases upon the previous year. (Navy Report for 1871, p. 363.) This number does not, however, represent nearly the whole amount of gonorrhœa, in consequence of the practice of some, at any rate, of the Medical officers, of not putting down slight cases of gonorrhœa in their returns. (See note on parag. 18.)

INDIVIDUAL STATIONS	PRIMARY SYPHILIS.	SECONDARY SYPHILIS.	GONORRHŒA, SWELL'D TESTICLES, &c.
Home, p. 12.19	Increase 8.0 † 1,000.	Increase 3.1 † 1,000	Increase 15.3 † 1,000
Mediterranean, p 55.59	„ 18.4 „	Reduction 0.9 „	„ 17.0 „
North American and West Indian, p 90.96	“Ratio almost unchanged.”	Increase 10.3 „	Reduction 2.2 „
South-East Coast of America, p 123.126	“Consider’ble increase Syphilis is exceedingly prevalent, although the houses are under strict Government surveillance.”	Considerable increase.	No ratio or comparison given in the report.

INDIVIDUAL STATIONS	PRIMARY SYPHILIS.	SECONDARY SYPHILIS.	GONORRHOEA, SWELL'D TESTICLES, &c.
Pacific Station, p 144.154	Increase 4.4 $\frac{1}{1,000}$	Decrease 3.0 $\frac{1}{1,000}$	No ratio given.
Africa and Cape of Good Hope, p 177...	"But little information is furnished by the medical officers with regard to these affections."		
East Indian, p 216.224	"Slight increase."	"Trifling reduction."	Decrease 15.5 $\frac{1}{1,000}$
China, p 249,261.....	Increase 47.1 $\frac{1}{1,000}$	Increase 18.1 $\frac{1}{1,000}$	Increase 33.5 $\frac{1}{1,000}$
Australian, p 287,293	" 25.6 "	Decrease 3.4 "	No ratio given.
Irregular Force, p 318,321	" 1.5 "	Decrease 2.2 "	No ratio given.
MARINE DIVISION.			
Eastney Barracks and Fort Cumberland, p 6,9 appendix	"A few more cases than usual."	Considerable increase.	Slight cases, not shown by the returns.
Forton Barr'ks, p 16,17	"Increase of 30 cases."	Unchanged.	"Increase of 24 cases."
Plymouth, p 22,24 ...	"4 below last year."	No report.	Considerable increase.
Chatham, p 28,29 ...	"Increase of 41 cases."	No report.	"About the same as last year."
NAVAL HOSPITALS.			
Haslar, p 73* App'nd.	"Marked increase of more than 100 in the two forms of syphilis."		Increase of 159 cases upon last year.
Plymouth, p. 87, 90, Appendix	"Venereal Disease accounts for a large portion of this increase, viz:—187."†		170 more cases than last year, or nearly one third more.
Melville Hospital Chatham, p 104,105, Appendix	"Increase of 60 over last year."		About the same.
Haulbowline, p 111, 115, Appendix	Surgical officers' report gives no comparison in any of the forms of disease, the number of cases altogether was small. Medical officers' report "marked diminution."		

*Table showing the total number of all forms of venereal diseases in Haslar Hospital, during the past 6 years, shewing a steady increase of disease during last 4 years—

1867	1868	1869	1870	1871	1872
1249	833	612	642	629	886

† Notwithstanding this increase of Venereal Disease of all kinds, and the Report from the Plymouth "Marine Division" that the amount of disease was only less by a single case, though the number of men was less by 142 than the previous year, and

77. Notwithstanding the increase of venereal diseases of all kinds thus shown to have occurred in nearly every station, the Navy Report at page 348, trying to account for the increased ratio of all forms of disease in the *total force*, says—"this increase is almost altogether due to the great spread of primary syphilis in Japan, consequently on the temporary shutting up of the Yoshimara and Lock Hospital at Yokohama." (A sort of Contagious Diseases' Acts suspension.) "There was also a considerable increase at the Cape of Good Hope, consequently on the repeal of the Contagious Diseases Act there." It is sufficient, in reference to this explanation, to refer to the preceding table, and to add that the actual amount of disease reported from the Cape of Good Hope was eight cases of gonorrhœa during the three months the Acts were suspended. In the previous year there had been 13 cases. The Japanese influence on the increase throughout the *total force* must be estimated by noticing that the change only existed during two months in the year, that Yokohama is only one out of numerous ports on the China station, including Singapore, Shanghai, Hong Kong, Nagasaki, and others; and that in page 251, Nagasaki is spoken of by the Staff-surgeon there as follows:—"Venereal disease is the bane of Japan, and Nagasaki its source." Yet the removal of "protection" for two months in one single station in Japan, and the occurrence of 8 cases of gonorrhœa in the Cape of Good Hope, after the repeal of the Contagious Diseases' Acts there, are gravely put forward in the Report as "almost altogether" accounting for an increase of disease amounting to nearly 10 per 1,000 throughout the whole world where the British Navy is stationed.

78. Acknowledged Failure of the Contagious Diseases' Acts to prevent disease in the Navy.

Malta, p. 55. "The working of the Contagious Diseases' Acts at Malta does not prevent the contracting of disease by our seamen and marines." Yet Malta is, of all conceivable stations, the most favourable for such Acts, and has been put forward as an example of how the disease has been "entirely stamped out" by Sir Henry Storks.

that six-sevenths of the primary syphilis was contracted in the district (parag. 79), and the Report from the Plymouth Naval Hospital, (p. 87, Appendix, 1872,) "that the admissions exceeded by 386 those of the preceding year; Venereal Disease accounts for a large portion of this increase, viz.:—187." Notwithstanding these things, the Navy Report publishes in large type (p. 14, 1872). "The Act for the protection and examination of these poor creatures still continues to flourish and work good works. Regardless of its enemies and opponents it still protects us from an overwhelming number of cases of disease."

Gibraltar, p. 55. "I was surprised to find that Gibraltar affords such facilities for contracting the disease."

Galatz, p. 55. "The Anti-Contagious Diseases' Law in Galatz appears to be generally effective." Yet it was here and in Malta that the larger number of cases occurred, which swelled the Mediterranean average, as shown above (parag. 76).

Monte Video, p. 123. "Syphilis is exceedingly prevalent, although the houses are under strict government surveillance."

Valparaiso, p. 145. The Medical Officer in charge describes Syphilis as "the scourge of ships at Valparaiso," not being under any Contagious Diseases' Acts. He says, however, "I have observed but little syphilis in merchant ships in comparison with what I have attended here. I can only attribute this to the less systematic debauches in which these men indulge, as compared with seamen of the navy." So that it is not the presence or absence of a Contagious Diseases' Act, but the character of the men that saves or ruins their health.

Chatham, p. 28, Appendix. The Deputy-Inspector General reported on the great increase of disease in this protected town.

Eastney Barracks and Fort Cumberland, p. 6, Appendix. Protected. Increase of all forms of disease is reported with this addition—"It is clear that the Contagious Diseases' Acts are not carried out with anything like the necessary stringency." Greater stringency is the universal cry of their advocates, in order to remedy the failures which are the experience of all nations where the Contagious Diseases Acts have been tried.

79. Alleged importation of disease from unprotected into protected places. The Navy Report says (p. 13)—"*A large proportion of the disease that exists in protected ports is readily traced to importation from unprotected districts.*" It is necessary to enquire what foundation for this statement the Report itself exhibits.

Malta.—Large increase of disease. If importation is practicable here where can it possibly be prevented?

Gibraltar.—Importation asserted, but no figures given in proof (p. 55.)

Galatz.—Under strict surveillance, but the Cockatrice had 16 cases—all contracted in Galatz.

North American and West Indian Station, p. 90. Primary syphilis in the "*Plover*." Eleven cases in all—2 in Barbadoes, 2 in Bermuda, 2 in Halifax, 1 in Hayti, and 4 in Kingston (the only

protected place amongst them) where the ship lay much longer than in the other stations. The Medical Officer writes, p. 91:—

This result, comparatively in favour of Kingston, must be attributed to a regulation which limits the freedom of diseased women. No importation, however, from unprotected places.

Plymouth, Marine division, p. 22, App. "68 cases of primary syphilis, of which 58 were contracted in the district," i.e. six-sevenths acknowledged to have been contracted in the highly protected towns.

Plymouth, Naval Hospital, p. 88. App. "In 133 cases the disease was contracted in the district, and in 86 in various parts," i.e. five in the protected town, and three imported.

Chatham, p. 28, App. "209 cases admitted; the number from protected districts was 183," i.e. nine-tenths of the whole.

The writer of this "statement" has been unable to find any other data in the Report.

SUMMARY.

80. The statement, then, that "*a large proportion of the disease is imported*" is shown from the Report itself to be without justification, and the Report also shows, when carefully examined, that so far from the Contagious Diseases Acts producing a reduction in venereal diseases the rise in the protected stations is very great. The whole naval force exhibits an increase of disease, and the Acts have proved as great a failure in the Navy, as they have been shown to be in the Army.*

80a. Analysis of the whole of the Navy Health Reports since 1866, (the date of the 2nd Contagious Diseases' Act) in connection with the proposed extension of the Acts to all the Mercantile Ports.

Since the foregoing Analysis of the Navy Health Report for 1872 was in type, Mr. Gray, speaking as the Representative of the Board of Trade, and with an appearance of government authority, made the following statement at a recent Meeting of Shipowners in Liverpool:—"Another point to be considered was whether the provisions of the Contagious Diseases' Acts should not be applied to every mercantile marine port. He was strongly of opinion that they should, and *he was sure they would have to do it.*"—(*Liverpool Daily Courier* and other Liverpool daily papers, Sept. 9, 1874.)

*The inconsistency between the general assertions in the Report, and the data upon which they ought to rest, strikingly confirms the note on p. 27 of this "statement" relating to the Navy Reports. See also foot note, page 41.

80b. Such an apparently authoritative speech renders it additionally necessary to enquire what proof the Acts can give of sanitary efficiency in the past to warrant the proposal to extend them still further : and in order to obtain the requisite data, the statistics of disease in every station of the British Navy throughout the world, from the date of the Act of 1866 to the latest Navy Health Report, have been collected in the following table, and other information bearing upon the subject in the Navy Reports is added to it. The statements about to be made are taken exclusively from these official sources.

DESCRIPTION OF STATIONS.

80c. The Home Station is characterised by the letter P, as being the most highly protected of all.

The Mediterranean Station is also characterised by P, as being very highly protected, viz., at Malta, (the very model of a protected place) at Gibraltar, and "all the garrison towns," at Galatz, and the Piræus.

The N. American and W. I. Station is marked PP, as being *partially* protected, at Kingston, Jamaica ; St. Johns, N'land ; and Barbadoes.

The South East American is marked NP, not protected, though there has lately been supervision of prostitutes at Monte Video.

The Pacific is PP, partially protected, viz., at Honolulu.

The W. Coast of Africa, NP, was not protected to 1868 ; since that date it has been joined to the C. of Good Hope, and was partially protected at Cape Town and Simon's Bay until 1872, when the Acts were repealed in the Cape Colony. C. of Good Hope and E. Indian, NP, not protected to 1868, when the C. of Good Hope was transferred to W. Africa.

E. Indies, PP, partially protected, viz., at Bombay since 1870. Act repealed in 1872. China, PP, partially protected, viz., at Hong Kong since 1857, and at Yokohama since 1867.

Australian (embracing New Zealand) NP, not protected.

Irregular Force, scattered all over the world, and so circumstanced that very little information of practical value can be derived from statistics connected with it.—Navy Health Report, 1872, p. 318.

80d. CLASSIFICATION OF STATIONS.

P.—Highly protected.—The Home and Mediterranean.

PP.—Partially protected in different degrees, as shewn above.

N. American and W. Indies, Pacific, W. Coast of Africa and Cape of Good Hope, East Indies, and China.

NP.—Not protected.—S. E. America, W. Coast of Africa, Cape of Good Hope and East Indies, and Australia.

80e. TABLE SHEWING THE RATIOS OF VENEREAL DISEASES PER 1000 OF MEAN STRENGTH SINCE THE ACT OF 1866.

STATION.	1866	1867	1868	1869	1870	1871	1872	1873	CHANGES.
HOME.—P. Primary Ven. Sores	53.4	44.1	37.1	42.1	38.4	35.8	43.8	39.5	HOME. Ven. Sores reduced $\frac{1}{2}$.
Gonorrhœa	20.4	22.2	32.4	38.7	48.9	50.3	64.6	51.1	Gon. more than doubled.
Orchitis	15.7	17.2	15.5	13.6	12.6	7.1	6.9	6.3	
Epididymitis .....	..	..	..	..	..	5.7	6.3	5.7	
MEDITERRANEAN.—P. Primary Syphilis	24.0	30.0	47.5	38.5	36.2	34.5	52.9	42.4	MEDITERRANEAN. Ven. Sores nearly doubled.
Gonorrhœa	14.8	15.6	18.7	25.9	26.2	29.5	47.4	31.9	Gonorrhœa doubled.
Orchitis	15.9	17.5	15.1	11.5	10.4	17.7	10.9	8.9	
Epididymitis .....	..	..	..	..	..	5.5	8.3	4.4	
NORTH AMERICAN AND WEST INDIAN.—PP. Primary Syphilis	56.1	37.5	68.0	35.1	39.0	39.5	39.9	30.0	N. AMERICA & W. INDIAN. Ven. Sores reduced nearly $\frac{1}{2}$.
Gonorrhœa	15.4	20.0	26.9	35.1	25.7	27.1	29.3	25.3	Gonorrhœa nearly doubled.
Orchitis	23.4	19.0	17.0	16.2	14.5	7.1	11.6	9.3	
Epididymitis .....	..	..	..	..	..	10.7	4.7	9.3	
S. E. AMERICAN.—NP. Primary Syphilis	30.0	30.9	15.5	6.4	13.4	7.5	16.6	26.9	S. E. AMERICAN. Ven. Sores nearly stationary.
Gonorrhœa	13.3	15.0	15.5	6.4	5.9	11.3	34.8	26.9	Gonorrhœa doubled.
Orchitis	11.6	7.0	14.5	5.3	10.4	7.5	4.5	3.1	
Epididymitis .....	..	..	..	..	..	1.8	6.0	..	
PACIFIC.—PP. Primary Syphilis	70.2	96.8	54.7	75.9	38.5	73.1	77.5	47.0	PACIFIC. Ven. Sores reduced $\frac{1}{2}$.
Gonorrhœa	18.8	27.3	34.5	36.9	44.7	41.7	49.0	29.4	Gonorrhœa increased $\frac{1}{2}$.
Orchitis	19.6	21.6	19.4	16.7	19.0	9.7	7.0	11.7	
Epididymitis .....	..	..	..	..	..	5.1	11.5	8.2	
W. COAST OF AFRICA.—NP. Primary Syphilis	35.7	22.0	20.6	..	..	..	..	..	W. COAST OF AFRICA. Ven. Sores reduced nearly $\frac{1}{2}$.
Gonorrhœa	32.1	15.1	27.5	..	..	..	..	..	Gonorrhœa reduced $\frac{1}{2}$.
Orchitis	16.0	18.6	13.2	..	..	..	..	..
W. COAST OF AFRICA & CAPE OF GOOD HOPE.—PP. Primary Syphilis .....	..	..	..	1869* 21.3	11.9	13.0	1872** 21.0	21.5	W. COAST OF AFRICA AND C. OF GOOD HOPE. Ven. Sores stationary.
Gonorrhœa .....	..	..	..	54.3	52.9	43.8	50.7	26.7	Gonorrhœa reduced $\frac{1}{2}$.
Orchitis .....	..	..	..	21.9	29.1	14.6	12.5	10.7	
Epididymitis .....	..	..	..	..	..	1.5	12.3	6.2	
CAPE OF GOOD HOPE AND EAST INDIAN.—NP. Primary Syphilis	71.8	58.3	45.1	..	..	..	..	..	C. OF GOOD HOPE AND E. INDIAN. Ven. Sores reduced $\frac{1}{2}$.
Gonorrhœa	29.1	26.3	20.9	..	..	..	..	..	Gonorrhœa reduced $\frac{1}{2}$.
Orchitis	21.0	20.8	16.4	..	..	..	..	..
EAST INDIAN.—PP. Primary Syphilis .....	..	..	..	60.4	1870† 74.4	22.3	1872†† 25.2	45.0	EAST INDIAN. Ven. Sores reduced $\frac{1}{2}$.
Gonorrhœa .....	..	..	..	30.8	39.4	12.9	20.6	42.2	Gonorrhœa increased $\frac{1}{2}$.
Orchitis .....	..	..	..	12.6	19.4	11.1	6.3	12.7	
Epididymitis .....	..	..	..	..	..	4.7	2.2	2.2	
CHINA.—PP. Primary Syphilis	93.8	100.9	1868‡ 112.1	91.4	103.7	57.3	104.4	107.1	CHINA. Ven. Sores increased $\frac{1}{2}$.
Gonorrhœa	26.4	30.6	45.7	51.1	49.5	38.6	64.4	58.4	Gonorrhœa doubled.
Orchitis	34.0	30.9	30.6	34.4	23.9	17.6	11.8	20.5	
Epididymitis .....	..	..	..	..	..	11.6	21.6	25.2	
AUSTRALIAN.—NP. Primary Syphilis	31.9	42.1	21.6	18.4	9.4	13.4	39.0	53.3	AUSTRALIAN. Ven. Sores increased $\frac{3}{4}$.
Gonorrhœa	15.9	28.4	24.8	44.7	38.8	63.4	47.2	55.3	Gonorrhœa tripled.
Orchitis	17.8	37.8	24.8	18.4	22.3	2.4	7.2	7.7	
Epididymitis .....	..	..	..	..	..	12.1	19.0	8.7	
IRREGULAR.—NP. Primary Syphilis	72.8	75.4	43.4	42.4	39.8	31.1	32.6	45.9	IRREGULAR. Ven. Sores reduced $\frac{2}{3}$.
Gonorrhœa	40.1	30.3	34.5	39.4	30.1	32.7	38.5	39.2	Gonorrhœa stationary.
Orchitis	24.2	21.6	17.7	19.1	16.6	11.4	9.4	10.5	
Epididymitis .....	..	..	..	..	..	6.5	6.4	7.8	

* Acts in force in Capetown and Simon's Bay. * Repealed. † Acts in force in Bombay.
† † Repealed. ‡ Acts in force in Hong Kong and Yokohama.

80f. *It is difficult to analyse the foregoing table in any way that can bring out sanitary results favourable to the Acts; for the highly protected Home and Mediterranean stations do not shew either the lowest average or the greatest proportionate reduction of disease, nor do the partially protected stations exhibit results favourable in proportion to the amount of protection; on the contrary, the unprotected stations shew the smallest average amount of disease, and the greatest reduction in that originally existing.*

80g. Table of average amount of disease.

	PRIMARY SORES.	GONORRHOEA.
Highly protected ...	38.2—41.8.	... 26.2—41.9.
Partially „ ...	{ 17.7—43.2—45.5— 66.7—96.3.	... 25.6—29.2—35.4— 45.6—45.7.
Unprotected ...	18.4—26.1—28.6—58.4.	... 16.1—24.9—25.4—39.8.
Aver. Health Position. }	N.P. 29.7—P. 37.0—P.P. 45.1=N.P. 1—P. 1.2—P.P. 1.5.	

The *average* amount of disease tells, therefore, against rather than in favour of the Acts. The Home and Mediterranean stations occupy an intermediate position between the highest and the lowest.

80h. *Changes in the proportion of disease. The greatest increase in primary sores is in the Mediterranean, (P) where they nearly doubled in 8 years, and the smallest reduction is in the Home station, (P) when they fell only $\frac{1}{4}$ in 8 years, while in the then unprotected stations of W. Africa and E. Indies and in the Cape of Good Hope, they fell $\frac{1}{2}$, and $\frac{1}{3}$, the greatest reduction being therefore in unprotected stations, and the greatest increase in a protected one. The greatest increase in gonorrhœa was in Australia (NP), where it trebled; in the Home and Mediterranean Stations (P), where it doubled; and in China (PP), and S.E. America (NP), where it also doubled. It fell $\frac{1}{7}$ and $\frac{1}{3}$ in two unprotected stations, and $\frac{1}{2}$ in one partially protected. The changes in the amount of disease, therefore, do not tell in favour of the Acts.*

80i.—*Comparative Severity of Disease.*—It is, however, constantly stated by their advocates, that the Acts have reduced the severity of venereal disease in the protected districts, and this point is therefore examined in the following table. The opponents of the Acts do not question the abatement in amount or severity of disease; on the contrary they assert that great improvement had been taking place for many years before the introduction of the Acts, and that these have rather checked than promoted the improvement. *If the Acts have really reduced the severity of these diseases, the average duration of sickness in the protected stations should be less than in the unprotected ones.* The following table will show whether this is the case or not.

80k. AVERAGE DURATION OF DISEASE IN DAYS.

Station. Primary. Ven. Sores.	Home. P.	Med. P.	North America and W. India. P.P.	S.E. America. N.P.	Pacific. P.P.	West Africa. N.P.	Cape of Good Hope and E. India. P.P.	China. P.P.	Aus- tralia. N.P.	
1866	43.4	40.8	33.5	39.0	37.2	33.1	27.3	36.3	24.1	Mediterranean, midway. Home, worst but one.
1867	45.6	27.0	39.2	43.6	41.2	43.4	39.2	28.4	19.7	
1868	39.9	34.0	40.7	45.5	48.0	40.3	36.0	36.8	20.5	
1869	37.0	34.5	38.7	40.8	34.8	36.8	26.0	39.0	26.1	
1870	35.0	33.8	36.0	37.7	45.8	38.4	28.1	35.5	24.7	
1871	39.4	32.8	27.6	26.2	30.4	32.0	22.3	37.0	32.8	
1872	34.8	37.9	32.0	44.3	41.8	41.7	23.9	27.0	29.0	
1873	38.0	38.4	29.2	28.8	42.3	36.4	25.1	25.7	25.5	
Average...	8/313.1 39.1	8/279.2 34.9	8/276.9 34.6	8/305.9 38.2	8/321.5 40.2	8/302.1 37.8	8/227.9 28.5	8/265.7 33.2	8/202.4 25.3	
Relative health position ..	8	5	4	7	9	6	2	3	1	
*Gonorrhœa and Orchitis										Home, midway. Mediterranean, worst.
1866	18.1	21.5	17.1	17.4	17.3	18.4	14.6	18.0	28.0	
1867	18.3	17.8	20.3	20.6	24.8	17.4	17.0	20.6	19.1	
1868	18.0	23.0	18.3	19.7	21.9	18.5	18.4	20.5	18.1	
1869	18.2	23.0	17.1	26.1	21.8	19.3	17.5	19.0	12.9	
1870	17.2	21.0	19.3	11.6	17.5	19.8	17.8	21.9	23.1	
1871	21.3	20.7	23.7	12.1	18.0	17.6	17.6	20.3	17.6	
1872	20.0	23.5	23.8	15.6	19.6	16.4	17.2	15.7	20.3	
1873	23.9	27.0	21.7	8.3	18.1	22.2	17.4	17.2	19.7	
Average...	8/155.3 19.4	177.5 22.2	161.3 20.2	131.4 16.4	158.0 19.8	149.6 18.7	138.0 17.2	153.2 19.1	158.8 19.9	
Relative health position ..	5	9	8	1	6	3	2	4	7	

It appears therefore from these tables, that as regards venereal sores, the *unprotected* Australian station occupies the *most favourable* position, and the *highly protected* Home station the *worst but one*; whilst as regards Gonorrhœa the *unprotected* S.E. American is the best; and the *protected* Mediterranean station is the worst in the list. In venereal sores the Mediterranean occupies a nearly intermediate position, as does the Home station in Gonorrhœa. *The protected stations therefore, when tried by the test of duration of sickness, fail to shew that the Acts have produced greater amelioration in the severity of disease in them than in stations not under their operation.*

80l.—Amount of invaliding from venereal disease in protected and unprotected stations.—When the severity of disease is tested by the amount of *invaliding*, the protected stations still fail to show any encouraging superiority over the unprotected ones, though

they occupy a more favourable position than when tested by the *duration* of disease. Whether this may be owing to sailors being invalided more readily Abroad than at Home, the writer of this "statement" is unable to form an opinion; but the fact is clear, that there is less proportionate invaliding at Home and in the Mediterranean stations than in many of the others. *Still, however, the unprotected stations hold their superiority over the protected ones*, for Australia and S.E. America occupy the most favourable position in regard to invaliding for venereal sores; and Australia is the first as regards Gonorrhœa also.*

80m.

INVALIDING.

Ratios per 1,000 Men invalided in	Home.	Med.	North Am'ca. and W.Ind.	S.E. Am'ca.	Pacific.	W. Africa.	Good Hope and E. Ind.	China.	Aus-tralia.
1866. Primary V. Sores...	·0	·0	0	0	0	0	·5	0	0
1867. " ...	·3	·2	0	0	2·4	1·0	·4	1·0	0
1868. " ...	·5	0	·4	0	1·1	1·6	1·9	1·8	0
1869. " ...	·2	·2	·2	0	·8	0	·4	·8	0
1870. " ...	0	0	0	0	0	0	0	1·4	0
1871. " ...	·1	0	·6	0	·5	0	0	·9	0
1872. " ...	·2	0	0	0	·5	0	0	·6	0
1873. " ...	·1	·9	0	0	·5	0	0	·7	0
	1·4	1·3	1·2	0	5·8	2·6	3·2	7·2	0
Relative position.	4	3	2	1	7	5	6	8	1
	Gon. Ore.	Gon. Ore.	Gon. Ore.	Gon. Ore.	Gon. Ore.	Gon. Ore.	Gon. Ore.	Gon. Ore.	Gon. Ore.
1866. Gonorrhœa and Orchitis	0 ·1	0 ·3	0 0	0 0	·4 ·4	0 1·7	0 ·5	·2 ·4	0 0
1867. " "	0 0	0 ·4	0 ·5	0 0	0 1·0	0 ·5	0 ·4	·2 ·5	0 0
1868. " "	0 0	0 ·0	0 ·2	0 0	0 ·3	0 ·0	0 ·9	·0 ·4	0 0
1869. " "	0 0	0 ·5	0 ·0	0 0	0 ·0	0 ·5	0 ·4	·2 ·0	0 0
1870. " "	0 0	0 ·4	0 ·0	0 0	0 ·0	0 ·0	0 ·0	0 0	0 0
1871. " "	0 0	0 ·2	0 ·6	0 0	0 ·0	0 ·7	0 ·0	0 ·3	0 0
1872. " "	·3 0	0 ·3	0 ·6	0 1·5	0 ·0	0 ·0	0 ·0	0 ·0	0 0
1873. " "	·2 ·2	0 0	0 ·3	0 0	0 ·5	0 0	0 0	0 0	0 0
	·5 ·3	0 2·1	0 2·2	0 1·5	·4 2·2	0 3·4	0 2·2	·6 1·6	0 0
	·8	2·1	2·2	1·5	2·6	3·4	2·2	2·2	0
Relative position.	2	4	5	3	6	7	5	5	1

* Gonorrhœa and Orchitis are added together, both in the last table and that about invaliding, because they are immediately connected in point of time. Stricture is omitted, because it is generally a remote result in point of time, and its origin may have no connection with the station where it is treated.

SUMMARY.

80n.—It appears, therefore, that whatever test of efficiency is adopted, the stations under the operation of the C. D. Acts fail to show their superiority in health over the others; for *the protected stations have neither a lower general average of disease, nor a greater proportionate reduction in the original amount, nor a more mitigated form of disease as judged of by the time required for recovery.* The one respect in which they have the advantage is in the smaller proportion of invaliding; though even here, two unprotected stations excel them, whilst in every other respect the unprotected stations carry off the palm. Unless therefore, some other test can be devised, which shall show such a superiority in the protected stations as to counterbalance their failure in all the above, their opponents are even more than warranted in saying that the Acts have entirely failed to establish their claim to success as sanitary enactments, or to justify the proposals to extend their operation to towns not now subject to them.

80o.—The question has been frequently proposed to the Author, “How is it that the results you have arrived at differ so completely from those of the Army and Navy Surgeons who see the state of the troops, and from the conclusion drawn by the Compilers of the Army and Navy Health Reports?”

The first point to be settled is—“Do the Army and Navy Reports, in fact, shew the sanitary failure of the Acts, by shewing that the Stations under their operation exhibit no better, but rather a worse health position than those places not under them?” The Author of this “Statement” thinks that this point is conclusively established by the forgoing statistics, taken exclusively from the official documents prepared by acknowledged advocates of the Acts, and he accounts for the different conclusions arrived at in the following manner.

“Common sense” appeared to indicate that some such legislation as the Contagious Diseases’ Acts would naturally reduce, if it did not extinguish Contagious Diseases, and the Medical Profession entertains this opinion to some extent, in which the Author himself so far shared, as to decline for some years to take any part against the Acts. Under this general impression it was easy for the “wish to be father to the thought” in the medical officers and others who had to assist in carrying out the Acts; and as there has been an undoubted abatement in Venereal Diseases within the last few years, any improvement in the Army or Navy was not unnaturally attributed, by the medical officers who witnessed it, to the influence of these Acts. And when on the other hand the result

was not favourable, it was equally natural to pass it over without notice or to find some excuse for it. And such has been the case in a striking manner in the Reports of the various Medical Officers. Some, indeed, have written with much caution—have claimed time to produce or to prove the success of the Acts, and have candidly acknowledged failure or disappointment; but such writing has been quite the exception. Again, the Medical Officers inevitably write, if they write at all, upon a very short experience in nearly all cases, because the troops are moved from year to year, and the ships also remain for only limited periods. The consequence is, that the most confident opinions are continually expressed upon an experience of a few weeks or months only, without considering—probably without knowing—the extreme fluctuations that occur in these diseases from year to year whether under the Acts or not.

The Author of this Statement, on the contrary, has had the whole succession of changes brought under his notice at once, by the examination of volume after volume of the Health Reports, and has had the improvement in unprotected places forced upon his notice by the statistics, just as much as that in protected places, without being able to avoid also seeing the fluctuations in different years.

He has further had the advantage over the Compiler of the Army Reports in having to analyse those for the Navy also, and over both the Army and Navy Compilers in having to examine Parliamentary Papers relating to Prostitutes, with which they have neither of them any official connection. He has, therefore, had the whole of the Army, Navy, and Prostitutes under view at one time, instead of isolated portions only; and he has seen that the victory against disease has not gone with the Acts as a whole, whatever isolated gains may appear to the immediate actors to have fallen to their share in their strenuous contest with this fell enemy.

8Op.—In reading the volumes of the Navy Health Reports consecutively, an opponent of the Acts is struck with this feature. That when a favourable condition as to health occurs in a protected place, the C.D. Acts are warmly commended, and everything good is attributed solely to their influence; whilst if a similar or even more favourable condition is met with in an unprotected place, it is either passed over without a word of comment, or is spoken of as something strange and inexplicable. If a large amount of disease is present in an unprotected place, the absence of a C.D. Act is lamented, and glowing prophecies are uttered of the great things it would accomplish if only it was introduced; but if an unreduced or increased amount of disease has to be recorded in a

protected place, numerous reasons for the failure are at hand, but none of them implying doubts of the efficiency of the Acts. These varying judgments are often based upon simple conjecture, but they are not unfrequently supported by figures that are satisfactory to the writers at the time, but are most inconclusive to opponents, *because the praise and blame, and the statistics to support them, are based upon a far too limited experience*, so that the same place often yields most conflicting results in successive years. The fluctuations in the amount of disease in the Army have been fully considered in parag. 65 et subs., and similar variations in the naval stations are apparent throughout the table in parag. 80e. It is only, therefore, by taking a wide range of places, and a period of many years, that anything approaching to truthful average can be arrived at. In the foregoing analysis the whole world has been under comparison, and the longest attainable period *i. e.* eight years since the Acts have been passed, has been reviewed, with the result of shewing (as it appears to the writer) *that the direct influence of the Acts upon the health of the navy, either for good or bad, is almost unappreciable, and is certainly not for good.*

PROSTITUTES.

81. Upon the effect of the Acts on the health of PROSTITUTES extraordinary evidence has been given, and even repeated after its nature had been pointed out. It is said that the Acts have produced a most remarkable diminution of disease amongst the prostitutes in Devonport, for that in 1867, in Devonport, 352 cases of disease were found in 378 examinations, or nearly every person examined, whilst in 1870, on 10,393 examinations only 868 cases of disease were found, or less than one in twelve. And this statement has been dwelt upon by advocates of the Acts, as proving the extraordinary improvement in the health of the women, without any notice of the fact that in 1867, in Devonport, *only those women were examined against whom the police had information that they were diseased. Whilst in 1870, every registered prostitute was examined every fortnight, whether well or ill.*

82. If compared with the number of *women* instead of the number of *Examinations* the cases stand thus:—Col. 21 and 30, p. 6, 7, Parl. pap. 149.

Year.	Cases of Disease.	Number of Women.	Percentage of Disease
1867	... 352	... • 304	... 115.8
1870	... 868	... 612	... 141.8
1872	... 706	.. 487	... 144.9

showing that each woman was much more frequently diseased in 1870, (after the last and most stringent act was passed) than in 1867, the year after periodical examinations were first enforced, and still more frequently diseased in 1872, after three years experience of the Act of 1869.

83. Mr. Lewis, late M.P. for Devonport, has stated, as if it was an irresistible proof of the benefits from the Acts, that in 1862-4, 697 females were treated for venereal diseases in the workhouses in the Devonport district, whilst only 115 were so treated in 1868-70; and this statement he has repeated as if incontrovertible, although it is known to himself and every one interested in the matter, that there was no place but the workhouses in the first of these periods, whilst the lock wards of the Royal Albert Hospital, of which he was the chairman, had been prepared specially for the reception of these patients before the second period, and therefore the prostitutes were treated there instead of being taken into the workhouses as formerly.

84. From the Parliamentary Paper, No. 149, p. 5, (7th April, 1873,) it also appears that *the health of the Registered Prostitutes had fallen off since the Acts came into operation*, for the Column (31) shewing The "annual ratio per cent. of cases of disease calculated on the average number of women on the Register," is as follows:—

1866,	1867,	1868,	1869,	1870,	1871,	1872,	1873,	1874*
121.60,	140.71,	202.74,	194.73,	148.25,	135.44,	146.94.	141.75,	137.31.

Shewing nearly 13 per cent. more disease at the present time than in 1866, when the second Act was passed. This column, however, is subject to the same source of fallacy as is pointed out in parag. 62, in reference to the tables in Parliamentary Paper 208.

85. It is not disputed that the registered prostitutes are more highly paid, and are consequently better fed and better clothed than formerly; but, as it is also undisputed on either side, that every registered woman now consorts with more men than formerly, (89. 962-3. 4258-9,) it was asserted before the Royal Commission that the registered women were more frequently diseased then than formerly. (3534-5. 3571-2.)

86. The Column (14) of the same Paper (No. 149), shewing the Deaths amongst Registered Prostitutes, is to the same effect.

1866,	1867,	1868,	1869,	1870,	1871,	1872.
15,	15,	23,	41,	50,	53,	51.

*Report of Metrop. Police for 1874, by Capt. Harris.— March 12, 1875. This Report has been published since Page 29 of this "Statement" was in print, and the amount of disease in 1874 is less than in 1873, but the deaths amongst prostitutes are higher than ever.

As however the stations in which the Acts have been in force have varied from time to time, and the districts to which they have applied have been extended, it is necessary to ascertain the ratio of deaths, and not simply the numbers. The proportions are not given in the Parliamentary paper, No. 149, but data are supplied in Col. 14 and 30, p. 4, from which the following results have been calculated:—

	Col. 14.	Col. 30.
1865—the year before periodical examinations were in force, there were	4 deaths in	406 women, or 9·8 per 1000.
1867—the year after the New Act ...	15 „	1439 „ 10·4 „
1869—the year in which a still more stringent Act was passed	41 „	2455 „ 16·7 „
1870—the year after ...	50 „	2977 „ 16·79 „
1871—two years after ...	53 „	2567 „ 20·64 „
1872—three years after ...	51 „	2371 „ 21·5 „
1874—five years after ...	50 „	2174 „ 23·0 „ *

More than twice as many as before the periodical examinations were in force, and still increasing year by year.

86a. The Acts cannot be considered favourable, either to the health or the longevity of the “Registered” Prostitutes, when disease has increased above 12 per cent., and the deaths are much more than twice as many as in the year before the Act enjoining periodical examinations was passed.

GENERAL SUMMARY OF FAILURE OF ACTS IN DISEASE.

87. Tried then by comparing the rate of fall in venereal diseases of all kinds, previous and subsequent to the passing of the Acts, (parag. 50, and Diagrams,) and tried in their influence on the health of the army and navy for whose benefit they were passed, and of the women, (parag. 84, 6) on whose improved health their efficacy was to depend, the Contagious Diseases Acts are a conspicuous failure; and the nation has nothing but an increase of expenditure in carrying them out, in return for the sacrifice of some of its most ancient and valued constitutional principles; and for the outrage done to morality and religion by the acceptance of unchastity in men as worthy of the protection of the state.

EXPLANATION OF FAILURE.

88.—“IT STANDS TO REASON THAT IF YOU SHUT UP A NUMBER OF DISEASED WOMEN IN HOSPITAL, YOU MUST LESSEN THE AMOUNT OF DISEASE, EVEN IF SOME ESCAPE YOU, AND MEN ARE NOT DETAINED AT

* Rep. Metrop. Police for 1874, by Capt. Harris.—March 12, 1875.

ALL."—Such is the objection frequently made by professional friends and others consulted during the preparation of this Statement, when made aware of the results now arrived at; sometimes made by advocates of the Acts, determined that nothing shall shake their confidence in such legislation, but more frequently by men simply desirous of ascertaining the truth and perplexed at finding a result so different from what appears a natural expectation. There are many reasons why such Acts fail, and about the following there is no dispute between advocates and opponents of the Acts, both equally acknowledging their truth.

88a.—INCREASED INTERCOURSE WITH REGISTERED PROSTITUTES SINCE THE ACTS.—This is not disputed (parag. 85); and as a consequence each woman runs the risk of being diseased more frequently than formerly; and the latest Metropolitan Police Report, 1874, (parag. 84), shews that there is an increase of above 12 per cent. in disease amongst the Registered Prostitutes since the Acts, and as more men consort with them infection is naturally further spread.

88b.—MEDIATE INFECTION.—A diseased man leaves diseased secretions in the vagina after intercourse, which do not necessarily affect the woman herself, but impart disease to the next healthy man who has intercourse shortly afterwards. This source of infection entirely escapes detection during the periodical medical examinations, and the danger is increased in proportion to the number of men who resort to a registered woman, under the fallacious supposition of safety.

88c.—INABILITY TO DETECT DISEASE WHEN PRESENT.—The general evidence of Gonorrhœa can be easily removed by washing and syringing previous to going up for examination, and the true Syphilitic Sore is frequently so small and concealed amongst the folds of the mucuous membrane, as to escape the most careful examination.

88d. The failure of these and similar Acts to effect a reduction of Venereal Diseases, is what might be anticipated from a consideration of human nature as it is, when compared with simple animal nature. It is no new discovery that stolen water is sweet and that liberty is prized: and although disease might possibly be *lessened* amongst *cattle* by applying repressive laws *to one sex only*, it is certain that amongst human beings the females will always try, and in a large proportion of cases successfully, to evade the police and escape from such partial and oppressive legislation as the Contagious Diseases Acts; and that the men will seek for something forbidden and difficult to attain, rather than be satisfied with what is common to everybody, (see parag. 20 note). Men will therefore receive and spread disease beyond the restricted limits, and diseased women will

not resort early to medical treatment for fear of detection and consequent subjection to the law : and the state of things described by Lecour (parag. 20 note) and lamented by every continental writer upon this subject will be perpetuated. If disease of this nature is to be effectually lessened it must be by both sexes practising self-restraint, and not by legislation forcibly to restrain one sex only, while the other is at liberty to spread disease unchecked, which all the experience of history—whether ancient or modern—shews to be futile.*

In concluding this section on the sanitary aspect of this question, the opponents of the Acts desire to state that while this failure of proof of their medical efficacy takes away every excuse for the existence of the Acts ; their sanitary success, even if proved, would not remove the moral objections urged against them. The more real the security for profligacy provided by the government, the greater is the impulse given to the practice of vice, which is, and ever must be a greater evil than its resulting disease.

INCONSISTENCY BETWEEN THE PROFESSIONS AND THE CONDUCT OF THE ADVOCATES OF THE ACTS.

89. Without desiring to impute dishonesty, or even conscious inconsistency to the authorities or to the advocates of the Acts, their opponents find it impossible to reconcile their actions and those of the government which upholds them with their professions ; *for whilst they profess to uphold these Acts in order to check disease, the soldiers and sailors who are under the absolute control of the government, are released from the examinations formerly made, at the very time that the Acts are passed for examining women, who owe no submission to the government beyond that of ordinary citizens.* As if any one could be considered honest in a profession of desire to check the spread of small pox, who should assert that female children must be vaccinated, and their mothers sent to prison for neglect, whilst male children need not be vaccinated, but might be allowed, even if actually suffering from small pox, to spread it wherever they pleased, without let or hindrance.

90. *They profess to advocate these Acts, because they have reduced the number of prostitutes.* But the evidence of Lord Sandhurst and Dr. Ross before the Royal Commission, showed that *when a regiment goes to India, the medical officers fill up a printed form, ordering so many prostitutes*

* See a very valuable paper on the History of Repressive Legislation and its results, by Dr. Chapman. "Prostitution—Government Experiments in Controlling it." Trubner & Co., London, 1870. Price 6d.

for the supply of the soldiers, and so many more, if the first number seems too small; just as provender is ordered for the horses, or camp followers for the stable; and the order is confirmed by the commanding officers as a matter of course. And several of the advocates of the Acts before the Royal Commission, deprecated too limited a supply of prostitutes for the home army, though they did not think this likely to happen, as the demand, with higher pay resulting from a scarcity, would always ensure a supply.

90a. *They advocate the Acts, because they are asserted to have extinguished juvenile prostitutes, yet they have constantly thrown out Mr. Charley's bill for making the seduction of girls of 12 years of age a crime, on the pretence that as a girl of 12 years old can legally be married, she is old enough at that age to take care of her own virtue.*

91. *They advocate the Acts, because they are said to have reduced the number of brothels. But in Hong Kong the British Government licenses the brothels, and derives an income from each brothel of four dollars per month, and Mr. Knapp, Assistant Surgeon, and Superintendent of Contagious Diseases' Acts in Bombay, states in an official report to the Municipal Commission of Bombay, June 15th, 1871, that "the entire expenses of working the Acts in Hong Kong, have been defrayed by the prostitutes and brothel keepers, leaving a balance of 50,000 dollars in hand."*

92. *They advocate the Acts, because they are stated to have an elevating moral tendency, yet the government throws the greatest obstacles in the way of honourable marriage amongst the soldiers, by restricting the number to a very small one, and punishing a soldier severely who marries without the commanding officer's permission; whilst it encourages profligacy amongst the unmarried, by relieving them of liability to support their illegitimate children,* and by the costly provisions made for the health of prostitutes for the men, and the quasi sanction which these Acts are unquestionably believed by both the men and the women to give to prostitution.*

93. Sir Henry Storks advised the government that until they recognize prostitution as a necessity, they will do no good; and evidence is adduced in paragraph 90, as to a plentiful supply of prostitutes in order to keep the soldiers in health.

94. If there is not barrack accommodation for the wives and families

* The Mutiny Act has been verbally altered in this respect, but the government itself acknowledged during the debate in the House of Lords, that the change would probably be without effect, and would leave the soldiers as free as formerly.

even of those who have had permission to marry as a reward for good conduct, they must shift for themselves as best they can ; but if there is not accommodation for prostitutes, costly hospitals are built for them.

95. If the wives who are sanctioned are sick, a pitiful allowance indeed is made during the sickness ; but if a prostitute is sick, she has everything that special hospitals can supply, some of them built on purpose for her accommodation, and at a weekly expense of certainly not less than fourteen or fifteen shillings.

96. NATIONAL PROTEST AGAINST THE ACTS.

Up to the close of the session of 1874, including previous sessions, 3,800 petitions against these Acts have been presented to Parliament, bearing above 1,600,000 signatures ; and as many of these are the signatures of chairmen of large meetings, religious bodies, &c. ; they represent the opinion of from two to three millions of persons. Against this outburst of public moral reprobation are to be set 43 petitions in favour of these Acts, with 3,578 signatures, some hundreds of which were those of women under the Acts.

97. These Acts have been petitioned against by several bishops, and notably condemned by the bishops of Hong Kong, Bombay, and Cape Town, who have seen the working of these or similar Acts when unchecked by English public feeling ; by 1,700 clergymen, by nearly 900 congregational ministers, and upwards of 2,000 medical men ; by the Free Church and United Presbyterian Church of Scotland, the Irish Presbyterian Church, the Wesleyan Conference and other Methodists, the Society of Friends, the Baptists, and the Congregationalists.

98. SUGGESTED SUBSTITUTES FOR THESE ACTS.

A continuance and extension of all those moral, intellectual, and sanitary improvements in the army and navy, which have already produced such good fruits.

The encouragement of virtuous, and the discouragement of vicious conduct amongst the soldiers and sailors, instead of almost patting vice upon the back, by publishing to the world, as the opinion of the Royal Commission, that prostitution in man is merely "an irregular indulgence of a natural impulse." (see report, s. 60.)

The establishment, on a sufficient scale, of voluntary lock hospitals, or lock wards in general hospitals—which latter possess a great recommendation over the first in not stamping the patients as viciously diseased, from the simple fact of having been in a lock hospital.

Encouragement to enter such hospitals, or wards, on the first appearance of disease, by removing as far as possible all hindrances to admission.

The following extract from Capt. Harris's Report of the metropolitan police for 1874, is important:—"Women come from unprotected districts and insist upon signing the voluntary submission form, in order that their names may be placed on the register, and that by this means, they may gain admission into hospital," p. 7, s. 10. If diseased women are so anxious to get into hospitals, which are practically prisons, that they *insist* upon being registered as common prostitutes and incurring the penal consequences of registration, in order to obtain admission, it is difficult to believe that they would not avail themselves readily of voluntary hospitals unaccompanied by such penal provisions.

Placing these institutions under the charge of honorary medical officers, instead of under the charge of paid government medical officers. There has never been a lack, and the time is far distant when there will be a lack of eminently qualified medical men, who will willingly undertake honorary posts for the cure or relief of diseases, even though arising from the sufferers' own misconduct, who would scorn to undertake such a duty as examining prostitutes day after day, not for the relief of disease, but simply to ascertain that they are fit for prostitution with safety to men, and then to turn them loose upon the streets for this purpose. If such is to be the duty imposed upon medical men, direct payments will be a necessity; and it is difficult to appreciate the mental characteristics of a man who will decline to examine men, because of its moral degradation, (parag. 40), but can see no degradation of the high motives and spirit that ennoble the medical calling, in examining women for the purposes of prostitution.

Upon this point we cannot express our feelings better than by quoting the following from the *Medical Times and Gazette*, which was written before habit and familiarity had made that seem good which was loathsome to the Editor's professional instinct when first proposed:—"THERE
" IS NOTHING WHICH WOULD TEND MORE TO DEPRIVE MEDICINE OF THE
" RANK OF A RESPECTABLE CALLING THAN THE FACT THAT PRACTITIONERS
" SHOULD BE FOUND WILLING TO LEND THEMSELVES TO THE DIRTY WORK
" OF EXAMINING PROSTITUTES, IN ORDER TO ENABLE THEM TO CARRY ON
" THEIR TRADE, AND EVEN, AS HAS BEEN PROPOSED, INSTRUCTING THEM
" IN THE ART OF INJECTING, SO THAT THEY MAY SIN WITH SAFETY. IF
" THE HEADS OF THE PROFESSION, OR THE COLLEGES, EVER DESIRE AN
" OPPORTUNITY OF PROTECTING THEIR MEMBERS FROM DEGRADATION, HERE
" IS ONE."—Sept. 22nd 1869.

It is a secondary, but not an unimportant consideration, that no "vested interests" would be created by such honorary appointments, to be afterwards bought out by the nation, when the principle of the Contagious Diseases' Acts is so condemned as to cause their removal from the Statute Book.

The encouragement of "Homes" for the reception of such women as are reclaimable by such an agency ; and the more strict enforcement of the ordinary police regulations, by which many, if not all the benefits attributed to the Acts have been and can be obtained, without the unjust and one-sided legislation of the Acts.

These Acts are credited with having checked if not suppressed juvenile prostitution. Their advocates ought therefore to favour *a law which should make the seduction of a female under sixteen years of age a crime, whether with or without consent ; and which should punish seduction as a crime, without requiring the fiction of "loss of service,"—seduction being one of the most fruitful causes of subsequent prostitution.*

The Report of the Royal Commission, which certainly was not composed principally of opponents of the Acts on its first appointment, condemned the periodical examinations, and the employment of police spies. Yet even these suggestions have not been acted upon. The present opponents of the Acts would actively and willingly co-operate with the government, in its desire to raise the fallen, to prevent the fall of others, and to promote to the utmost the health and morals of the community at large, by every moral and equitable or merciful agency that offers a prospect of success, whilst they will continue their strenuous opposition to all such immoral, unjust and merciless legislation as that of the Contagious Diseases' Acts.

EXTRACTS FROM REPORT OF ROYAL COMMISSION.

99. Object of Acts, s. 13.—"The Acts so far sought to control the conduct of prostitutes, *as to render the practice of prostitution if not absolutely innocuous, at least much less dangerous.*"

100. Health—Results—Navy, s. 31.—The returns of Dr. Armstrong, (navy) of cases of Gonorrhœa are remarkable, they would seem to show that since the introduction of the system in 1864, the more serious form of disease has diminished, whilst the other form has increased.

101. Army, s. 32.—Dr. Balfour, (army) was of opinion so far as

Gonorrhœa was concerned the Acts were a failure. The other tables put in by Dr. Armstrong, (navy) exhibit similar results.

102. Royal Marines, s. 35.—From the tables quoted by Mr. Romaine, (royal marines) the cases of syphilis were 71 per 1000 on Lady day 1864, before any special legislation had taken place. At Lady day 1867, *before* periodical examinations had been introduced, the ratio had fallen to 23 per 1000. These results therefore, *if due to legislation at all, were certainly not due to the legislation of 1866, of which periodical examination is the principle.*
103. No Reduction from Acts, s. 37.—*There is no distinct evidence that any diminution of disease among the men of the army and navy which may have taken place, is attributable to a diminution of disease contingent upon the system of periodical examination among the women with whom they have consorted.*
104. Prostitution recognized as a necessity, s. 48.—It is said that prostitution is recognized as a necessity by placing it under regulations. On the other hand, it is contended that it is not recognized as a necessity, but the fact of its existence only is recognized. *It is difficult, however, to escape from the inference that the State in making provision for alleviating its evils has assumed that prostitution is a necessity.*
105. Virtually, a license to be upon the streets as "healthy."—(S. 48)
"Some (of the women) exhibit the printed order to attend the periodical examination as a certificate of health." NOTE.—In consequence of this use of their printed orders, papers are now withheld from the women, who say they can do just as well without them, the fact of their being "registered" and "at large" being sufficient proof of their health.
- 105a. Protected towns resorted to as safe, s. 48.—*"There is some slight evidence that the protected districts are resorted to by strangers for the purpose of safe indulgence.*
106. Condemn Police Spies, s. 56.—We desire to express our opinion, that the police officers employed in the service should perform their duty in uniform.
107. Condemn the Periodical Examinations, s. 66.—We recommend that the periodical examination of the public women be discontinued.

108.

APPENDIX.

DEGRADING AND HARDENING INFLUENCE OF THE ACTS UPON THE WOMEN.—(*Taken from the Evidence before the Royal Commission.*)

109. The writer of the foregoing "statement" may perhaps be excused for mentioning that his own impression was generally favourable to the Acts, and he had frequently declined to take any part against them, until he was induced to read the Acts themselves and the evidence before the Royal Commission, which resulted in his earnest opposition to them, as herein illustrated. He has not yet met with a single medical man, clergyman, or man of general education and intelligence favourable to the Acts, who has read either the Acts themselves, or especially the evidence before the Royal Commission.

110. The question was pressed upon the witnesses before the Royal Commission, Is the Periodical Instrumental Examination likely to be felt as degrading, or morally repulsive by women who are ready to sell themselves to any comers? and when the witness was a Medical man, accustomed to think of the Examination as an ordinary matter, and as a common plan of treatment, and also in two or three instances when the witness was a minister, the answer was frequently that such women were so degraded already that it was impossible to think the Examination would shock them or degrade them still lower. When the witness was a Woman, a Minister, or "Refuge"-Manager, and in many instances a Medical man, the answer, on the contrary, was that many of the women are not lost to all sense of modesty, that they do feel the Examination and its object as a degradation beyond that of their daily life, and that they are morally sunk after they have been subjected to it, to a depth below that of an unsubjected prostitute.

111. 18,184. Mr. Thomas, Secretary of the London Female Prevention and Reformatory Institute.

"One and all (the women who have passed under these Acts) state that it has a tendency to stamp out all the remains of good feeling."

112. 8,561. Mr. Littleton, Registrar of Marriages in Devonport.

These Acts have been the means of bringing more youthful prostitutes into the streets. (8401.) "I have had frequent communication with them (women affected by the Acts); I should not exaggerate in the slightest if I said I had seen nearly 200,"

(8402) and taken down their statements," (8571) "I do not believe that every particle of self-respect is stamped out of these women; but while they are subjected to examinations of this kind simply for the purpose of vice, that is a degradation, and the women so express themselves."

113. 18,345. Corporal McGranery, Head of the Artillery Police, Woolwich.

The Acts were a good thing for the soldiers, but they injured the girls morally very much. Some were thrown into prostitution, and it had bad effects on the prostitutes. They became committed to it.

- 114 18,362. Captain Browne, Royal Artillery, Woolwich.

The periodical examination is the public registry of girls as prostitutes, who may not have made up their minds to continue as prostitutes, although their conduct may not perhaps be moral in all respects. They become publicly registered, and known in the town as prostitutes.

115. 18,383. Mrs. Sawyer, Bible-woman, Woolwich.

Obtained leave to speak to the women whilst waiting for examination, (18,326) and when she commenced, she considered she had a good opportunity of speaking to them, but after a few times, she considered they had become hardened, and the tone amongst them indecent and bad.

116. 3241.2. Mr. S. Wolferstan, Surgeon to the Royal Albert Hospital, Devonport.

These Acts raise the legal status of the women in their own eyes, and harden the women subjected to periodical examination. (3,754.) Although the women are common prostitutes, they are not altogether devoid of a sense of delicacy, and if you subject them to a surgical examination once a week, or once a fortnight, it does tend to deprive them of that sense of delicacy.

117. 17,011. Mrs. Kell, wife of a Unitarian minister residing in Southampton.

"I have used their own expression (speaking of a very low class). 'It takes all the modesty out of them.' One young girl has said 'we respected ourselves after a manner before, but now we go out in the street, and do not care how we are seen, or what we do, for we have lost all feeling of that.'" (17,015.) "I think she felt that the indecency at the examination house exceeded all that she had known before." (16,943.) I have not heard lately of any resistance.

I have no doubt there will be less and less shrinking from the examination as they become accustomed to it, that is to say, as womanly modesty becomes more and more destroyed.

118. 17,965. Miss Brown, matron of the Colchester Lock Hospital.

The operation of the Acts hardened the girls very much ; they used to have a delicacy at first and used to shrink almost from going, but it was not so latterly, they came quite freely and without any feeling. (17974.5.) So much levity and laughter on both going to and coming from the examination room. I thought it increased as they got more accustomed to it. (17,846.) I think these Acts stand in the way of the prostitutes leaving their bad life. (17,891) Another reason why I gave up the matronship, was the return to the hospital of girls who were coming back for the fifth or sixth time. It seemed to be so confirmed, I felt I could not go on any longer in it.

119. 18,045. Mr. Krause, formerly for many years in the Army, missionary in the Woolwich district from the London Mission.

I think these Acts have had the effect of aiding young girls to enter on that sort of life, and when once they have been under inspection, I question whether they are ever induced to leave, as they are known to every prostitute in the whole town. (18,046.) And no matter if they have only been a week on the streets, if the girl once goes to inspection, she is known to every prostitute in the town, and is a marked person. (18,055.) I am quite sure that the system of periodical examination has a tendency to confirm women in a life of prostitution. (18,056) I could give an instance of a girl I visited who was ill ; she said she was brought to examination, and she begged, as for her life, not to be put upon the chair that they examine them on, but there was no alternative - she either had to be examined or go to gaol, and she preferred the examination, and now she is one of the worst girls I know of in the district.

120. 18,504. Mr. Henry Richardson, Registrar of Court of Probate, Cork.

His evidence was generally to the effect that the women thought the Acts "profitable" to them. (18,495 to 18,552.) That they promoted prostitution amongst men under a supposition of safety. (18,597 to 18,613.) "There is a society of young men in Cork, which debated the matter and came to a resolution in favour of the Acts on the express grounds, that it made immorality more safe for them. The whole tone of morals in Cork has been lowered by the Acts,

and practically; as far as women are concerned, I think there is a great difference. They have a hardening effect upon women who have not been long at the business. The reply that he has received has been, "Oh! sir, they are shocking, we are not quite so bad yet as that we should not object to these examinations." He mentioned, (18,567) (what is entirely confirmed by the writer's own experience,) that in conversing with intelligent men, desirous of benefitting the poor and degraded as well as society at large, he found many who had a general impression in favour of the Acts, whilst they were ignorant of them, and had not really looked into them, but as soon as they were made acquainted with them, nearly all saw what they believed to be the immoral tendency of the Acts, and it was not hard to convert them.

121. 19,743. J. A. Phillips, Constable in the Metropolitan Police, who was employed in the execution of the Acts.

It was very clear that there was with many at first going up to examination a considerable amount of shame and sensitiveness, and afterwards a marked spirit of boldness and hardening influence. (19,747.) Their reply was, that they were often obliged to get half drunk before they could submit to the ordeal they had to pass through by the examination. (This necessity for being drunk or half-drunk is confirmed by many of the witnesses.) (19,774.) I left the employment of Constable to carry out the Acts from my own observation of the immoral effects that were produced consequent upon the Acts.—(*This involved a loss of 5s. per week, the extra pay of these Special Constables.*)

122. 20,293. W. R. D. Williams, Member of Committee of the Rescue Society.

Q. "Are these Acts calculated, in your opinion, to reclaim prostitutes?"

"So far from that, my conviction, based upon experience, is that they first produce prostitutes, and then that they obstruct reclamation." They first deprave their feelings and render them less amenable to remonstrance and advice, and next give them a certain status or privilege, and an actual license in their sinful traffic.

His further evidence, though most important upon the degrading effect of these Acts upon the women, and printed in extenso in the Minutes of the Royal Commission, is such that it cannot be transcribed even in an official paper like the present. It is sufficient to say, that it is most important and startling, and deserves perusal in the Original Minutes,

(20,298 and subs.) In answer (20,358) he says, I should like to have given the actual instances of girls who were just on the brink of evil, being pushed over and precipitated into vice by this system, in consequence of the police having them up for examination. I have many instances of that character if you could have given me the necessary time. And in (20,359) he states that he has authority from Mrs. Macdonald, the Matron of the Exeter Penitentiary; Mrs. Clayton, the Matron of a Home at Woolwich; and Mrs. Walker, the Matron of Pentonville Institution, who say that the women are quite unlike what they were before the Acts came into operation, and the chance of their reformation is very much on the decrease. It is utterly hopeless to go among the women now, they will not enter the Home. The Committee will not receive the "government women" into Pentonville "as nothing is to be done with them."

123. 7,412. Rev. J. Hawker, Chaplain at the Royal Albert Hospital, Devonport.

His evidence is to the effect that the Acts "encourage prostitution;" "do not deter girls from becoming prostitutes," but (7465) "by their indirect effects offer inducements for girls to become prostitutes;" "do not give greater opportunities of reclaiming women than voluntary agencies." That the statements about the number of women reclaimed or returned to their friends by the agency of the Acts or Hospitals are "very much exaggerated," and the number really amounts to a (7477) "very small proportion." (7519 to 7521) The moral advantage of the chaplain's teaching is not worth much, from its compulsory character; they are bound to listen to it, but do not wish for it, and do not derive advantage from it, though they behave quietly.

124. 7700.1. Rev. James Metcalfe, formerly Chaplain of the Royal Albert Hospital, Devonport.

I think the examinations tend to harden her character, and that she is more likely to persevere in that course of life than a woman not subject to periodical examination.

125. 7821 to 7863. Miss Lucy Bull, Matron of the Royal Albert Hospital, Devonport.

"Have you formed any opinion of the effect of these Acts on these women; do you think they lead to immorality or otherwise?"

"I think the girls are not nearly so well behaved as they were formerly;" not nearly so obedient to the discipline of the hospital.

I think the periodical examination has a great tendency to harden

and keep them in that life. They are not reclaimed so readily, and the proportion of reclamation is very much less now than under the voluntary system; (7844-5) and the reclamations are not real, for the 'reclaimed' women return again and again to the hospital. (7941) The girls are more about the streets in the daytime than they were.

Note.—The following pages contain information too detailed for insertion in the text of the "Statement."

Failure of the Contagious Diseases' Acts as Sanitary Measures.

Evidence from Malta, Gibraltar, and the Mediterranean generally; from India and the Cape of Good Hope.

As Malta has been prominently put forward as a proof of what Contagious Diseases' Acts can do, and Sir Henry Storks boasted that he had "stamped out" Venereal Diseases in that Island during his Governorship, the question is not unnaturally asked of the opponents of the Acts, "Well, but how about Malta?"

The following paragraphs contain all the information to be obtained about Malta, from the Army and Navy Health Reports, and the information relating to Gibraltar and the Piræus is added because of its importance in estimating the success or failure of these Acts in these protected stations. If it were possible to conceive circumstances that should be most favourable to the success of such laws as the Contagious Diseases' Acts, they already exist in Malta. If in this Island they are a failure, what place can be conceived more favourably circumstanced for success?

Malta.—Army.—

1859.—P. 40.—Increase of 50 per 1000 over former ratio—probably attributable to police surveillance being discontinued for some time,—but in consequence of representations made to the governor, it has been resumed, and we may hope to find the amount of Venereal reduced in consequence.

1860.—P. 49.—Nearly the same proportion as last year, and greatly in excess of the former average, which is doubtless attributable to the discontinuance of police surveillance of prostitutes. (Though this was stated to have been resumed last year.)

1861.—P. 43.—Reduction in Venereal very satisfactory, and this is stated to have arisen from greater police strictness. A new and more stringent law had been passed on the 10th May, 1861.

1862.—P. 50.—Very great reduction. This is attributed to the adoption and efficient execution of a system of police surveillance of the prostitutes.

1862.—“Extraordinary improvements reported in the Navy.”

1863.—Army.—P. 49.—A slight reduction upon the low ratio of 1862.—The Medical Officers attribute this to the operation of police surveillance of prostitutes.

Navy.—P. 54.—Great reduction generally, but for a time a new regiment brought a considerable increase.

1864.—P. 42.—Shows an increase upon the ratio of 1863. This is attributed to the arrival in Malta of the women who followed the troops from the Ionian Islands. (A significant comment upon the failure of repressive Acts like these, when they encounter the will and ingenuity of men and women to defeat them.)

1864.—Navy.—P. 67.—There can be no doubt, INCOMPLETE AS IT MAY BE, that the surveillance at Malta exercises a most salutary influence. (If it is so incomplete in Malta, five years after its “resumption” in 1859, and three years after the “new and more stringent law” of 1861 was passed, where can completeness be hoped for?)

1865.—Army.—P. 42.—Enthetic Disease as low as in 1863. (44.1 per 1000.)

Navy.—P. 73.—Notwithstanding the absence of any case of Syphilis that could be traced to Malta, the place is not so free from Gonorrhea.

P. 73.—We experienced a very satisfactory exemption from Venereal Affections at Malta, and though it must be admitted that in the female the DISEASE-GIVING SORE IS OCCASIONALLY TOO SMALL TO BE DETECTED ON EXAMINATION, yet incalculable benefit arises from the better attention to cleanliness, to be expected when such a system is in operation.

1866.—Army.—P. 47.—An increase of 15 per 1000 on the ratio in 1865, entirely in Syphilis.

Navy.—P. 87.—Notwithstanding all the zeal and efforts of the police, Venereal Disease does exist and circulate about to some extent, the principal Media being, it is supposed, females over whom jurisdiction is a MATTER OF CONSIDERABLE DELICACY. (This relates to mistresses of officers, who in the absence of their keepers resort to lower grades in the Army. It is

“matter of considerable delicacy” to interfere with a fashionable woman, even when diseased; but such a consideration of course does not apply to the general run of prostitutes, who are poor women.)

1867.—Army.—P. 48.—Ratio of Enthetic Diseases, 54·5 per 1,000.

Not a word of comment.

Navy.—P. 83.—The value of the stringent surveillance at Malta, is well evidenced by the returns during the first quarter of the year, when only one case was added. In the second quarter five cases of indurated sores were added. (Nothing is said about the third and fourth quarters, and the returns do not supply any information as to anything but indurated sores.

1868.—Army.—P. 57.—Enthetic Diseases, though under the average of the last nine years, were more than in 1867, but there is a decrease in other diseases and accidents, p. 58.

Navy.—P. 69.—More Disease was contracted by the Caledonia men in Malta, than in Constantinople, Beyrout or Trieste; and as much as was contracted in Naples. And yet, in the next page of this report, (page 70,) we are informed that Malta continues to maintain its character for freedom from Venereal Disease. The ground for this commendation is the following—not a single case occurred from *two days* leave of absence, given early in December. Yet in the Christmas quarter, as a whole, as much disease was contracted in Malta as in Gibraltar, which is thus described in the next year's reports (1869, p. 53.) “Gibraltar is a perfect hot-bed for all sorts of Venereal Diseases.”

1869.—Army.—P. 60.—Line.—Disease less than 1868. Syphilis 9·7 per 1,000. Gonorrhœa 23 per 1,000.

Navy.—P. 53. Whilst Malta is almost free from Venereal Disease, Gibraltar is a perfect hot-bed for all sorts of it, but Cadiz, which bears a bad name for it, did not produce a single case, although many men went daily on shore.

(If the men were so long free from disease in Cadiz, which has such a bad name, how does two days' freedom prove the absence of Venereal Diseases in Malta?)

1870.—Army.—P. 56.—Syphilis only 8 per 1,000. Slight increase in Gonorrhœa.

Navy.—P. 54.—9 cases at Piræus, 5 at Malta, and 4 at Naples, contracted by the Caledonia men,—(*i.e.*, again more in Malta than in Naples.)

1871.—Army.—P. 55.—Syphilis, 13·5 per 1000.

P. 57.—“Malta Fencible Artillery. Increase of Syphilis—42·6 per 1,000, and considerable increase of Gonorrhœa, (but no comment is made upon them by the Navy Report.)

Navy.—P. 62.—“One-seventh of all Venereal sores in the Caledonia was contracted in Malta: the rest chiefly in Naples, Lisbon, and Gibraltar.

1872.—Navy.—P. 55.—The latest evidence of all is brief and emphatic. The Staff-Surgeon of the “Lord Warden,” one of the ships specified in the Navy Report as having had the greatest amount of disease on the Mediterranean station, says after all these years experience, “The working of the Contagious Diseases’ Acts at Malta does not prevent the contracting of Disease by our seamen and marines.”

1872.—Army.—P. 66.—“Syphilis was greatly more prevalent than in 1871, and the ratio of admissions for it exceeded threefold the average for the three years from 1869 to 1871.”

If in 1859 police negligence is pleaded as an excuse for the inefficiency of the Acts even in Malta, and the resumption of its activity, after remonstrance with the Governor, is still unaccompanied by benefit in 1860; if in 1864, such an influx of diseased women took place, along with the troops from the Ionian Islands, as to require special excuse for the increase of disease, said to have been occasioned by them, and if the police surveillance is described as useful, “incomplete as it may be;” if in 1865, the Ratio of Enthetic Diseases was 44·1 per 1,000, and was higher still by 15 per 1,000 in the following year; if the DELICACY OF INTERFERING with known sources of disease is accepted as an excuse in 1866; and if in 1868, more disease is contracted in Malta, than in Constantinople, Beyrout, Trieste, or Naples; if in 1872, the Staff-Surgeon of the most diseased ship in the Mediterranean, has to acknowledge that the Acts do not prevent the contracting of disease by our seamen and marines in Malta, and the Army Report shows that it is more than threefold the amount of the previous three years, the opponents of the Acts may well call upon their advocates to put forward some better proof of their efficiency, than is afforded by the experience of this much praised, singularly favoured, and highly protected Island.

Gibraltar has long been under Contagious Diseases’ Acts, with the following results:—Army.—

1859.—P. 35.—Army.—Enthetic Disease: “Enormous Increase.”

“It is difficult to assign any reason, except that the FLEET

(an army surgeon is writing) was more frequently here than usual, and it is believed that the disease was greatly kept up by the SAILORS. So far as can be ascertained the police regulations respecting prostitutes, have neither been relaxed nor inefficiently put in force."

1860.—P. 45.—"Much lower ratio of admission, probably attributable to increased police vigilance." Yet it is said there was no police laxity or inefficiency before.

1861.—P. 38.—Increase compared with the preceding years. Principal medical officer cannot assign any reason for it. He states that the police regulations remain unchanged.

1862.—P. 46.—Considerable reduction—entirely in sores: Gonorrhœa rather increased.

1863.—P. 46.—Reduction to the extent of 56 per 1,000. Principal medical officer unable to account for it, as no alteration has taken place in the police regulations.

1864.—P. 39.—Has exceeded 1863 by 31 per 1,000, so that the reduction noticed in our last Report has not been maintained.

1865.—P. 38.—Reduction only 10 per 1,000 since last year. Considerable decrease in Syphilis, but nearly counterbalanced by increase in Gonorrhœa.

1866.—P. 43.—Rather more prevalent than in 1865, chiefly in Syphilis.

1867.—P. 45.—Greatly in excess of 1866, and entirely in Syphilis, Gonorrhœa being nearly unchanged. No special explanation is given of the increase.

1868.—P. 51.—Increase of 10 per 1,000 upon last year, in Gonorrhœa.

1869.—P. 56.—"Syphilis furnished the largest proportion of cases, one-seventh of the whole admissions into the Hospital—13 per 1,000 above the average of last 10 years, *i. e.*, one-fifth more than the average. From Gonorrhœa and its consequences, there were 393 admissions, *i. e.*, 8 per 1,000 above the average of the whole of the unprotected garrison towns in Great Britain. Navy—P. 53.—"It is unfortunate that some measures are not adopted at Gibraltar, to prevent such an amount of preventible Disease."

1870.—P. 52.—"A marked reduction in the amount of Syphilis—one-third less than in 1869," but still 59.1 per 1,000. There is no allusion to any change of police vigilance to account for it.

1871.—P. 51.—A very satisfactory decrease. Admissions less than half those in the preceding year. Yet the Navy Report complains of the large amount introduced from unprotected surroundings.

1872.—P. 58.—“ Syphilis was greatly more prevalent, the ratio of admissions from it being more than double that for 1871, though scarcely equal to the average for 1869-70.”

Piræus and Greece. —

1864.—Navy.—P. 68.—The Piræus, above all places in the Mediterranean, is the worst for these diseases.

1865.—Navy.—P. 73.—The Laws in the Piræus were quite sufficient for the purpose, but they had been allowed to fall into disuse.

1866.—P. 84.—The great majority were contracted at the Piræus.

1867.—P. 80.—During the first month no cases were contracted at the Piræus. (2 days without contracting disease is given as a proof of the freedom from Venereal Diseases in Malta, in 1868, at p. 70. What a triumph for the Contagious Diseases' Acts this immunity in the Piræus would have been, if only such an Act had been passed in 1866.) In December 3,000 foreigners of all kinds assembled to welcome the King and Queen of Greece, and disease began to appear. (It appears, therefore, that it was the men, rather than the women, that required examination.) “The government medical officer stated that the disease was contracted from a secret set, whom the police could not discover.” (Clandestine prostitution is the usual and natural result of such Acts everywhere.)

1868.—P. 68.—With the exception of about half-a-dozen, all the cases were contracted at the Piræus and Trieste.

1869.—P. 54.—At Malta and the Piræus, matters are now different. In these the police exercise their power and medical inspections of women are held. (Yet the Lord Warden's cases were mostly contracted at the Piræus, and at Naples, Messina, and Lisbon.)

1870.—P. 54.—Half the cases contracted at the Piræus, but the medical officer writes, p. 56., He feels bound to admit that the government was always well disposed to the Acts, and that Greece is not behind other nations in her efforts to check the disease.

1871 and 1872. The Piræus is never alluded to.

INDIA.

A Contagious Diseases' Act was brought into operation in India in 1868.

The short summary condemnation of the Contagious Diseases' Acts, by Mr. de Renzy, given in this "Statement" at page 39, is confirmed by the following extracts from the Army Reports, containing all the information to be obtained from that official source.

BENGAL.—1868.—P. 154.—The two following contradictory paragraphs are published at pages 146 and 154.

Page 146.—Enthetic Diseases are MUCH MORE PREVALENT than in 1867. So far, therefore, as the prevalence of these diseases may be taken as an index, the establishment of lock hospitals does not seem to have produced satisfactory results as yet.

Page 154.—The CONTINUED AND PROGRESSIVE DECREASE in Venereal Diseases since the introduction of lock hospitals, and of the sanitary measures for their repression, is on the whole satisfactory.

1869.—(Supplement contained in Army Report for 1870, p. 206.) Syphilis "was 13 per 1,000 higher than in 1868."

1870.—P. 144.—Syphilis also shews an increase upon the previous year.

1871.—P. 118.—"Syphilis differed very little from the amount in the previous years." (It had fallen in fact one and a half per 1,000.)

Madras.—There is scarcely a comment upon the effect of the Acts in the Madras Reports, which give little but the figures in the subjoined table without remark.

Bombay.—1868.—P. 181.—During this year an Act was passed for the supervision of prostitutes, and establishment of lock hospitals, but it has not been long enough in operation to have produced any material effect as yet.

1869.—P. 180.—No change in amount of disease.

P. 191.—Venereal Disease has been gradually decreasing for several years past, and still continues to do so, except in four stations, where there was an increase from women who could not be brought under the Acts. (The old and invincible enemy of repressive laws—Clandestine prostitution.)

1870.—P. 185.—Higher rates than in 1869 in all the divisions, except Poonah, Mhow, and troops on the march.

P. 193.—“ There was an increase of Venereal Disease in the aggregate in 1870, but solely in Gonorrhœa. It is not satisfactory to find an increase of Primary Syphilis in Deesa, and two other stations ; and in Deesa to a serious extent. In these stations there were between four and five times as many cases, and in Ahmedabad nearly four times as many as in 1869.”

The following tables shew the amount of disease in these three presidencies, before and since the Act of 1868. In this year the method of keeping the Army Health Report was changed, which accounts for the change in the second half of the table.

BEFORE CONTAGIOUS DISEASES ACTS WERE IN FORCE.

Bengal.—1860-6.—Average ratio of all kinds of		
	Venereal Diseases	281·8
1867	ratio	163·8
	Reduced.....	<u>118·0 per 1,000.</u>

Madras.—1860-6.—Average ratio		
	256·1	
1867	ratio.....	222·5
	Reduced.....	<u>33·6 per 1,000.</u>

Bombay.—1860-6.—Average ratio		
	262·7	
1867	ratio	209·0
	Reduced.....	<u>53·7 per 1,000.</u>

Total reduction in 7 years.—Before Acts, 205 per 1,000 = 29 per 1000 per annum.

AFTER CONTAGIOUS DISEASES' ACTS WERE IN FORCE.

	BENGAL.	MADRAS.	BOMBAY.
Venereal Diseases of all kinds...1868...188·8	258·5	.....	197·6
Primary Venereal Sores.....1869... 93·0	114·2	.....	99·9
1870...100·7	100·1	.....	95·8
1871... 99·2	93·7	.....	85·7
Increase... 6·2 decrease	<u>20·5 decrease</u>	<u>14·2</u>	

Total reduction in 3 years. After Acts, 28·5 per 1,000 = 9·5 per 1,000 per annum, or barely a third of the fall before the Acts were introduced. The local government of Bombay was so disgusted with the result and the character of the Acts that it stopped the supplies, and the Acts then came to an end.

The FLUCTUATIONS in Venereal diseases in India are remarkable, and forcibly illustrate the error arising from expressing a favourable opinion upon a brief experience of the Acts.

BOMBAY PRESIDENCY.

Station.	1868	1869	1870	1871
Colaba	32·3	160·0	114·4	76·1
Sattara	60·0	15·4	2·1	27·3
Asseeghur	52·2	47·6	132·3	88·7
Belgaum	290·8	169·1	99·0	134·6
Kirkee	131·4	207·0	119·8	76·7
Indore	102·6	102·6	139·5	186·4
Neemach	106·5	135·2	62·2	196·4
Nusseerabad	97·6	265·4	131·6	136·3
Deesa	95·4	67·8	223·2	107·3
Mount Abeo	31·9	122·0	103·4	132·7

Cape of Good Hope.—As the Navy Report for 1872* contains the following lamentations and forebodings upon the Repeal of the Contagious Diseases Acts in that Colony, it is desirable to examine the grounds upon which they are based—1872, p. 177. “The abolition of all restrictive measures at the Cape of Good Hope, has been attended with the anticipated results.” The Medical Officer of the “Seringapatam” writes—“The ill effects of the repeal of the Contagious Diseases Act, which took place three months ago, are becoming alarmingly apparent just at present, and syphilis and gonorrhœa which had almost ceased to exist in Simon’s Town, now rage. We have had 8 cases of gonorrhœa (no syphilis though) within the last few weeks,...whereas in the whole of 1871, whilst the Act was in full force,...there were but 13 cases of gonorrhœa and 1 of

* The Navy Report for 1873 contains a still more remarkable illustration of exaggerated statements, founded on even weaker bases. These have been fully examined in the first number of *The Medical Enquirer*, p. 2, March 15th, 1875.

syphilis," with a much larger company of men. "I greatly fear, this is only the first instalment, of what we may expect from this unhappy legislation. I look upon it as the most deplorable calamity to the public generally, and to the services in particular, that has occurred to whole community for many a long day;" and the surgeon of the Rattlesnake says, "I may mention that the Contagious Diseases Act having been abrogated,...leaving venereal complaints to run riot and work mischief, which they are sure to do." SYPHILIS is now raging forsooth! because there are 8 cases of GONORRHOEA in three months, a disease that the advocates of the Acts now tell us is not worth considering, and is never likely to be lessened by the Acts.

In 1870.—P. 193.—The same medical officer in charge of the Seringapatam, says, 9 cases of Gonorrhœa and 2 of Syphilis appear in the table, which is wonderfully little considering our numbers; and speaks volumes for the way in which the C. D. Act is carried out (8 cases of Gonorrhœa, without the Syphilis is called a "disease now raging" in 1872.) However, the general feeling is so strong against the Act, that I fear it will be repealed. Venereal Diseases in their most virulent forms, will rage as they did three years since, and the Naval and Military hospitals will be crowded.

On turning to the Navy Health Report for 1867, the year thus specified, we find in p. 272 that the "number of days sickness in hospital" was, for

Syphilis. Primary.....	1761
Gonorrhœa	121
Orchitis.....	114

1996 Days sickness

for the whole of the Cape of Good Hope and East India station; which amounts to less than 6 men per day in hospital, taking the whole year through: and as we are informed at page 266 that Venereal Diseases appear to abound at Bombay, Sychelles Islands, Tamatave in Madagascar, and at Simon's Town, and Cape Town, there are five ports individually named to furnish these less than 6 inmates of the hospital; and yet we are told that Venereal Diseases in their most virulent form will rage as they did at this time, and the Naval and Military hospitals will be crowded.

If it should be said that there were 832 days sickness from Secondary Syphilis, and 307 from Strictures, it will add 3 men daily, and the Naval

hospitals will be crowded with an average of 8 men and a half daily. But since Secondary Syphilis and Strictures are the result of disease contracted some time previously and probably elsewhere, the repeal of the Act would have little effect upon these diseases, which Dr. Balfour himself told the Royal Commission ought not to be taken into account, in estimating the results of Contagious Diseases Acts. (16073.) (Parag. 51.)

The following is the evidence relating to the Cape of Good Hope station, from the Army Medical Report.

Cape of Good Hope.—Army.—

1868.—P. 101.—Enthetic Diseases, considerably less prevalent than in 1867. (No Act at this time in existence.)

1869.—P. 110.—Much above the average of last ten years, and slightly IN EXCESS of 1868.

P. 111.—A Contagious Diseases' Act has been in operation in Cape Town, Graham's Town, and King Willam's Town, the three principal stations. But the results have NOT BEEN SO SATISFACTORY as might have been desired. It is to be remembered however, that prejudices had to be overcome, and a system arranged at first. And yet the same Deputy Inspector General Grant writes in the following page—"On account of the Contagious Diseases Act having come into force, there has been a DIMINUTION in the number of Venereal cases."

1870.—P. 99.—The same Deputy Inspector Grant writes—The result of the Contagious Diseases' Acts and Lock Hospitals, as far as the Military are concerned, has not been satisfactory, no apparent impression having been made upon the disease, and the question of its continuance will probably be soon discussed in (the Colonial) Parliament.

1871.—P. 89.—Syphilis was considerably less prevalent than in 1870, (*i. e.*, 13 per 1,000 less.)

Hong Kong.—A local Contagious Diseases Act has been in operation in Hong Kong since 1857 (Army Rep. 1867, p. 120), and this has from time to time been made more stringent, until now it includes actual licensing of brothels, and the most perfect regulations that can be devised for the checking venereal diseases by such means as legislation can command. It is stated in the Navy Report for 1873, p. 282, "Owing to the excellent working of the Contagious Diseases Acts, venereal diseases in this colony are reduced to a minimum."

It is important to compare this with the Army results. In the Army Reports for 1869, '70, '71, and '72 the ratios of "syphilis" are as follows:—71, 57, 91, and 69 per 1,000—average 72 per 1,000—and as this term includes secondary as well as primary syphilis, the ratios when reduced to the Home proportion of "primary sores," are about 54 per 1,000, corresponding nearly with those in the *unprotected* Home station of Warley, which had 51, 55, 57, and 66—average 59 per 1,000 in the same four years. *This ratio is higher* by one-third than in Pembroke Dock, and by one-half than in Athlone, and is barely less than the ratio in Belfast for the same four years, and *is higher than the average of the 5 unprotected Home stations for the four years, viz.:*—Warley, Pembroke Dock, Edinburgh, Athlone, and Belfast put together. *A remarkable feature, however, in the Army Returns for China is the very large proportion of secondary diseases compared with primary;* for in the four years above mentioned (which are all that the altered mode of keeping the Army Returns enables us to compare) there were 95 cases of secondary against 76 cases of primary disease, showing that more than every other case is affected with constitutional disease. The ratios per 1,000 of secondary in these 4 years were 38, 60, 58, and 29, or an average of 46 per 1,000, whilst the average in the Home Army since 1866 has only been 25·4 per 1,000. *It appears, therefore, that the sequel of this legislation in Hong Kong for 15 years is an average ratio of primary disease scarcely below that of five of the unprotected stations at Home, and an average of constitutional syphilis per 1,000 higher by above one-half than the average throughout the whole Army at Home.*

Unprotected Places.—Some of the allusions to them in the Navy Reports.

Sydney.—1867.—P. 335.—When it is considered that the whole ship's company were exposed to the contagious influences of these diseases for twelve months, the number of cases is very small—this may be attributed to the superior class of prostitutes in Sydney, (why should they be superior there?) and to the much greater attention paid to bathing and general cleanliness. There never has been any particular supervision of prostitutes in Sydney.

336.—Only a single case of Venereal Disease occurred in six months in the "Charybdis," though the men would appear to

have had ample opportunities of contracting disease at every port the vessel visited.

"I believe that no special police regulations, with reference to this matter, exist in any of the ports we have visited."

337.—Speaking from an experience of over three years, the surgeon says, "Our men have been specially free both from syphilis and gonorrhœa during their stay on the Australian station." And yet he is so enamoured of the Contagious Diseases' Acts, that he goes on to say, It is to be hoped that the Contagious Diseases' Act which is now doing so much, at least to lessen Venereal Disease at home, will soon be extended to the colonies.

1871.—P. 308.—The immunity from disease at Sydney, where we spent nearly a year and the men had so much leave, and prostitution is rife, speaks well for the cleanly condition of the women. (But there are no Acts.)

S. E. America.—1870.—P. 138.—A single case of Gonorrhœa was the only Venereal Disease in the whole twelve months. The surgeon says, "I am quite unable to explain the remarkable absence of primary venereal affections among the crew, as there is no lack of the disease among the community on shore." (But there are no Contagious Diseases Acts.)

Bermuda.—1870.—P. 102.—General leave was granted, but no cases of Syphilis resulted, which is rather remarkable in a district like Bermuda, where there must be great opportunities for contracting it. (No Contagious Diseases' Acts.)

1872.—P. 94.—The surgeon of the "Plover," writes—Two cases at Bermuda. Kingston bears a favourable comparison with Bermuda, having only four cases, and the ship was there much longer than in Bermuda. Kingston is protected and Bermuda is not, which accounts for the difference in favour of Kingston.

DOES GONORRHŒA CALL FOR CONTAGIOUS DISEASES' ACTS?

Before the Contagious Act of 1864 was passed, the complaints in the Army and Navy Reports about the amount of sickness and loss to the service from Gonorrhœa, did not differ in tone or urgency from those made about Venereal Sores; and the two diseases were so completely identified in the minds of the medical compilers of the Health Returns for the Army and Navy, as to be classed together as "Enthetic Diseases,"

this heading including both forms of disease. Since the hopeless failure of the Acts in Gonorrhœa has been so conclusively proved that its advocates have been obliged to give this disease up, as having increased rather than decreased under the operation of the Acts, it has become the fashion in the Army and Navy Reports, and in discussions upon the subject, to throw Gonorrhœa overboard, and say that it is of no consequence ; that it was never likely to be checked by such Acts ; that it produces no constitutional or hereditary consequences, and that nobody would think of legislating for it.

Mr. Lewis, late M. P. for Devonport, is more consistent, and in his speech in the House of Commons in May, 1873, laid stress upon the loss to the service from Gonorrhœa ; but he stands almost alone amongst the advocates of the Acts, in attaching importance to this disease now. It is, however, a question of medical interest, to learn what amount of permanent injury it does inflict, compared with Primary and Secondary Syphilis, which is now said to be the only disease worth caring about. The following table contains the returns of invaliding in the Navy, for the last 11 years.

TABLE SHEWING THE NUMBER OF CASES PER ANNUM INVALIDED IN THE NAVY, FOR PRIMARY AND SECONDARY SYPHILIS, AND FOR GONORRHŒA, ORCHITIS, AND STRICTURES FOR THE LAST ELEVEN YEARS.

Syphilis—Primary and Secondary.		Gonorrhœa et Seque.
1862	79	39
1863	102	39
1864	101	34
1865	130	35
1866	93	39
1867	70	24
1868	97	26
1869	87	29
1870	101	30
1871	62	25
1872	79	26
<hr/>		<hr/>
11/1001		11/346
Average. 91		31.5
<hr/>		<hr/>

Shewing that the "mild and unimportant" disease, causes above one-third as much permanent disability as the other form, for which the Acts are still praised ; and shewing also precisely the same amount of invaliding for Syphilis in 1872, six years after the Act, as in 1862, five before it was passed.

STATISTICS FURNISHED BY THE WAR OFFICE FOR THE PURPOSE OF THE ENQUIRY.

TABLE shewing the average strength of the Troops at each of the Principal Stations in the United Kingdom, with the Admissions into Hospital for Primary Venereal Sores and Gonorrhoea respectively in each year, from 1860 to 1863 inclusive :—

STATIONS.	1860.			1861.			1862.			1863.		
	Str'gth.	Ven. Sores.	Gonorrhoea.	Str'gth.	Ven. Sores.	Gonorrhoea.	Str'gth.	Ven. Sores.	Gonorrhoea.	Str'gth.	Ven. Sores.	Gonorrhoea.
Devonport and Plymouth ..	3825	..	..	3537	..	..	3426	..	..	2782	..	..
	..	609	..	..	703	..	..	500	..	..	344	..
	..	..	684	..	..	623	..	..	497	..	..	354
Portsmouth ..	5710	..	..	5107	..	..	4691	..	..	4630	..	..
	..	1073	..	..	851	..	..	608	..	..	497	..
	..	..	1057	..	..	1041	..	..	839	..	..	669
Chatham and Sheerness ..	5647	..	..	4609	..	..	3634	..	..	3899	..	..
	..	601	..	..	470	..	..	327	..	..	366	..
	..	..	919	..	..	622	..	..	511	..	..	590
Woolwich ..	6877	..	..	5967	..	..	5887	..	..	5234	..	..
	..	1280	..	..	823	..	..	781	..	..	500	..
	..	..	1065	..	..	894	..	..	878	..	..	641
Aldershot ..	15,164	..	..	12,898	..	..	12,078	..	..	11,746	..	..
	..	1939	..	..	1894	..	..	1400	..	..	1297	..
	..	..	1681	..	..	1362	..	..	1548	..	..	1116
Windsor ..	*	..	..	*	..	..	*	..	..	*	..	..
Shorncliffe ..	3631	..	..	3758	..	..	3589	..	..	2905	..	..
	..	476	..	..	459	..	..	234	..	..	236	..
	..	..	386	..	..	434	..	..	389	..	..	328
Colchester ..	2609	..	..	2135	..	..	1479	..	..	1850	..	..
	..	440	..	..	286	..	..	233	..	..	241	..
	..	..	451	..	..	350	..	..	247	..	..	289
Winchester ..	1449	..	..	1186	..	..	674	..	..	621	..	..
	..	176	..	..	118	..	..	107	..	..	63	..
	..	..	293	..	..	198	..	..	133	..	..	88
Dover ..	2405	..	..	2339	..	..	2054	..	..	2188	..	..
	..	365	..	..	352	..	..	212	..	..	215	..
	..	..	306	..	..	432	..	..	299	..	..	325
Canterbury ..	1880	..	..	1593	..	..	1124	..	..	1079	..	..
	..	155	..	..	227	..	..	119	..	..	147	..
	..	..	237	..	..	254	..	..	247	..	..	209
Maidstone ..	492	..	..	412	..	..	271	..	..	299	..	..
	..	52	..	..	14	..	..	6	..	..	24	..
	..	..	59	..	..	39	..	..	17	..	..	24
Cork ..	1848	..	..	1835	..	..	1408	..	..	1126	..	..
	..	222	..	..	217	..	..	153	..	..	108	..
	..	..	205	..	..	248	..	..	131	..	..	92
Curragh ..	5942	..	..	5962	..	..	5007	..	..	5060	..	..
	..	1017	..	..	853	..	..	544	..	..	615	..
	..	..	623	..	..	636	..	..	547	..	..	477
Isle of Wight ..	1245	..	..	1164	..	..	800	..	..	1037	..	..
	..	111	..	..	100	..	..	86	..	..	50	..
	..	..	163	..	..	135	..	..	134	..	..	125
London ..	*	*	..	*	..	..	*	..	..	*	..	..
Warley ..	No Returns.			336	..	..	823	..	..	692	..	..
				..	30	..	..	62	..	..	..	..
				..	..	34	..	..	116	..	88	135
Hounslow ..	386	..	..	367	..	..	547	..	..	513	..	..
	..	46	..	..	49	..	..	52	..	..	45	..
	..	..	37	..	..	30	..	..	9	..	..	26

STATIONS.	1860.			1861.			1862.			1863.		
	Str'gth.	Ven. Sores.	Gonorrhoea.	Str'gth.	Ven. Sores.	Gonorrhoea.	Str'gth.	Ven. Sores.	Gonorrhoea.	Str'gth.	Ven. Sores.	Gonorrhoea.
Pembroke	1315	..	..	1262	..	..	750	..	..	819	..	..
Dock ..	..	92	..	..	87	..	..	36	..	..	43	..
	..	..	125	..	..	147	..	..	73	..	..	75
Sheffield ..	509	..	..	632	..	..	573	..	..	626	..	..
	..	85	..	..	61	..	..	76	..	..	47	..
	..	..	67	..	..	63	..	..	70	..	..	46
Manchester ..	1168	..	..	1118	..	..	1051	..	..	1031	..	..
	..	135	..	..	258	..	..	185	..	..	96	..
	..	..	130	..	..	210	..	..	192	..	..	117
Preston ..	944	..	..	1068	..	..	710	..	..	698	..	..
	..	126	..	..	88	..	..	38	..	..	39	..
	..	..	190	..	..	82	..	..	184	..	..	96
Edinburgh ..	1471	..	..	1496	..	..	1409	..	..	1303	..	..
	..	173	..	..	145	..	..	98	..	..	138	..
	..	..	197	..	..	176	..	..	207	..	..	176
Fermoy ..	1666	..	..	1820	..	..	1204	..	..	1355	..	..
	..	172	..	..	117	..	..	43	..	..	87	..
	..	..	173	..	..	145	..	..	83	..	..	122
Limerick ..	1257	..	..	1246	..	..	1064	..	..	910	..	..
	..	154	..	..	150	..	..	148	..	..	146	..
	..	..	229	..	..	157	..	..	146	..	..	68
Athlone ..	922	..	..	717	..	..	810	..	..	876	..	..
	..	81	..	..	100	..	..	41	..	..	38	..
	..	..	201	..	..	82	..	..	90	..	..	112
Dublin ..	5423	..	..	4899	..	..	4645	..	..	4622	..	..
	..	1009	..	..	706	..	..	577	..	..	741	..
	..	..	708	..	..	566	..	..	715	..	..	647
Belfast ..	812	..	..	1001	..	..	640	..	..	650	..	..
	..	108	..	..	158	..	..	58	..	..	54	..
	..	..	154	..	..	196	..	..	101	..	..	71
* London and Windsor combined ..	5782	..	..	5757	..	..	4755	..	..	4987	..	..
	..	766	..	..	839	..	..	621	..	..	745	..
	..	..	297	..	..	299	..	..	367	..	..	361

STATIONS.	1871.		1872.		STATIONS.	1871.		1872.	
	Average Strength.	Admitted for Gonorrhoea.	Average Strength.	Admitted for Gonorrhoea.		Average Strength.	Admitted for Gonorrhoea.	Average Strength.	Admitted for Gonorrhoea.
Devonport and Plymouth ..	3200	..	2748	..	Dover ..	2759	..	2691	..
	..	614	..	421		..	238	..	203
Portsmouth ..	5056	..	6065	..	Canterbury ..	985	..	891	..
	..	794	..	724		..	243	..	129
Chatham and Sheerness ..	4719	..	4674	..	Maidstone ..	338	19	331	..
	..	659	..	414		..	..	..	51
Woolwich ..	5814	..	6257	..	Cork ..	2345	..	2595	..
	..	754	..	869		..	213	..	218
Aldershot ..	15,493	..	12,741	..	Curragh ..	5714	..	5067	..
	..	1706	..	1332		..	390	..	363
Windsor ..	1046	..	1035	..	Isle of Wight ..	1147	..	1190	..
	..	55	..	61		..	147	..	102
Shorncliffe ..	2938	..	2738	..	London ..	4282	..	4708	..
	..	245	..	144		..	363	..	356
Colchester ..	2331	..	2124	..	Warley ..	1073	..	711	..
	..	249	..	306		..	127	..	81
Winchester ..	752	..	837	..	Hounslow ..	753	..	667	..
	..	75	..	55		..	41	..	50

STATIONS.	1871.		1872.		STATIONS.	1871.		1872.	
	Average Strength.	Admitted for Gon'rhea	Average Strength.	Admitted for Gon'rhea		Average Strength.	Admitted for Gon'rhea	Average Strength.	Admitted for Gon'rhea
Pembroke {	1057	..	935	..	Fermoy {	1230	..	1128	..
Dock {	..	98	..	51	..	..	46	..	79
Sheffield {	730	..	837	..	Limerick {	742	..	802	..
.. .. {	..	153	..	154	..	..	76	..	63
Manchester {	1133	..	944	..	Athlone {	493	..	720	..
.. .. {	..	145	..	133	..	..	37	..	29
Preston {	916	..	874	..	Dublin .. {	4638	..	4914	..
.. .. {	..	130	..	144	..	..	575	..	737
Edinburgh {	1106	..	1082	..	Belfast .. {	657	..	438	..
.. .. {	..	98	..	116	..	..	101	..	48



DATE	NAME	AGE	SEX	RELATION	DATE	NAME	AGE	SEX	RELATION
1871	John	25	M	Head	1871	John	25	M	Head
1871	Mary	22	F	Wife	1871	Mary	22	F	Wife
1871	William	10	M	Son	1871	William	10	M	Son
1871	Elizabeth	8	F	Daughter	1871	Elizabeth	8	F	Daughter
1871	James	5	M	Son	1871	James	5	M	Son
1871	Anna	3	F	Daughter	1871	Anna	3	F	Daughter
1871	Thomas	1	M	Son	1871	Thomas	1	M	Son
1871	Sarah	1	F	Daughter	1871	Sarah	1	F	Daughter

