

Should the principle of the Contagious Diseases' Act be applied to the civil population? : a paper read at the meeting, at Bristol, of the National Association for the Promotion of Social Science, October 4, 1869 / by Berkeley Hill.

Contributors

Hill, Berkeley, 1834-1892.
Royal College of Surgeons of England

Publication/Creation

London : National Association for the Promotion of Social Science, 1870.

Persistent URL

<https://wellcomecollection.org/works/b8894kpb>

Provider

Royal College of Surgeons

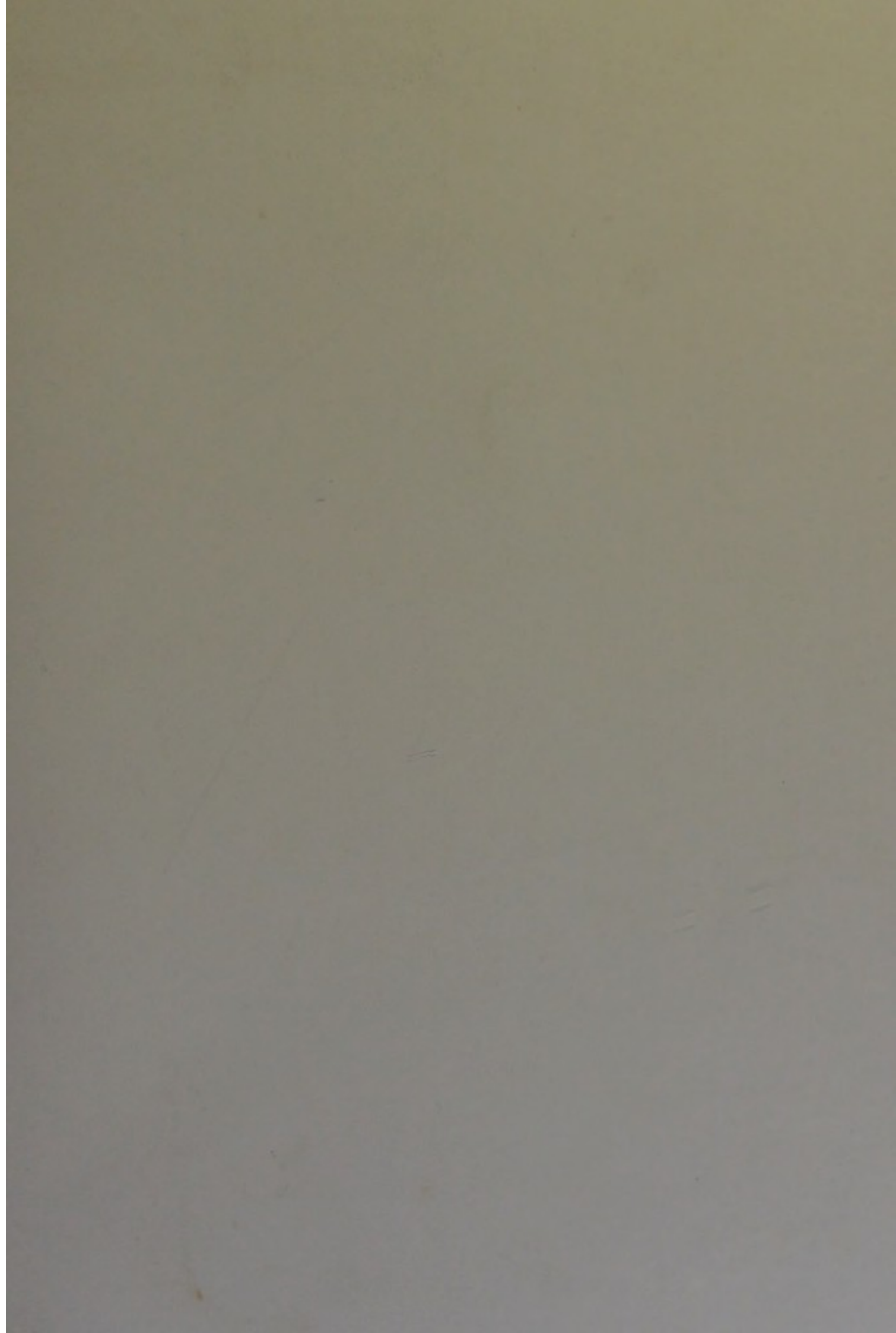
License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>





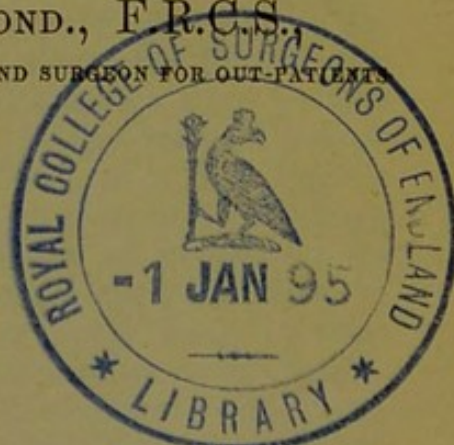
SHOULD THE PRINCIPLE (10)
OF THE
CONTAGIOUS DISEASES' ACT
BE APPLIED TO THE
CIVIL POPULATION?

*(A Paper read at the Meeting, at Bristol, of the National Association for
the Promotion of Social Science, October 4, 1869.)*

BY

BERKELEY HILL, M.B. LOND., F.R.C.S.

ASSISTANT-SURGEON TO UNIVERSITY COLLEGE HOSPITAL, AND SURGEON FOR OUT-PATIENTS
TO THE LOCK HOSPITAL.



LONDON:

PRINTED FOR THE NATIONAL ASSOCIATION FOR THE PROMOTION OF
SOCIAL SCIENCE,

1, ADAM STREET, ADELPHI, W.C.

—
1870.

LONDON:
PRINTED BY W. WILFRED HEAD, VICTORIA PRESS, 11, 12, & 13, HARP ALLEY,
FARRINGTON STREET, E.C.

EXTENSION OF THE CONTAGIOUS DISEASES' ACT.

IT is admitted on all hands that much loss and suffering are caused by the propagation of contagious venereal diseases, but it is doubted, in the first place, whether the evil be sufficiently great to justify such interference as can alone hold out prospect of success; second, whether it be possible by any practicable means to lessen the prevalence of contagious disease; third, whether this interference be justifiable in the interests of society; lastly, although this consideration need not detain us long, whether more harm than good results from the propagation of venereal disease.

One word as to the nature of the injury inflicted by these diseases. There are three varieties or distinct disorders, which, for convenience, are termed, contagious venereal diseases. *First*, The local contagious sore; this is entirely a local affection, very rarely endangering life or permanently injuring the sufferer. *Second*, gonorrhœa, though often a trifling ailment, is very frequently a cause of much suffering and of sterility in women, and in men of organic disease, that, besides crippling the individual, sooner or later destroys him. The third, syphilis, is one of the gravest of human diseases, which no doubt you are aware, by its tedious course, keeps its victims long disabled; by its tendency to attack organs essential to life, causes death; and, by the faculty of passing from parent to offspring, continues its virulence to a second generation. A disease that, according to Sir William Jenner, "is one of the most fatal that we have in this country; one of which every day's advance in our medical knowledge raises its position in that respect;" and it is Mr. Paget's conviction that, "as inquiries are continued, we shall find the range of syphilis wider and wider in the diseases which at present we do not consider to be syphilitic." Mr. Paget mentioned also that he had seen five surgeons die, and fifty others suffer more or less, through inoculating themselves by accidental scratches on the finger.

Statistical returns enable us to estimate, with comparative accuracy, the amount of venereal diseases in the army and navy, both before measures were taken to prevent their spread, and since regulations for that object have been enforced in certain of our dockyard and garrison towns. In 1864, the average attacks for 1000 of effectives was 291, making of all the admissions to military hospitals nearly one-third due to this disease alone. One thousand three hundred and ninety-nine men were constantly withdrawn from duty in our

home force, in the year 1864, a loss equal to an entire week's service of 73,000 men.

In the British navy the loss was equally great ; nearly 600 men of the crews afloat were constantly sick from this cause, and the loss in money of their services was estimated at £32,000 in 1862.

But when attempting to estimate the extent of loss from venereal disease among the civil population, we have only very insufficient data for our calculation. The Association for Extending the Contagious Diseases' Act collected information from various hospitals of the metropolis and large provincial towns, which has been published in the Report of that Association. Thus, for instance, the chief Resident Medical Officer of Guy's Hospital states, that 25,800 cases of venereal disease are annually registered in that one institution, being 43 per cent. of the total number of out-patients. At hospitals founded for the treatment of affections of particular organs, we find that a large proportion of the sickness is due to contagion. At the Hospitals for Diseases of the Skin one in ten ; at the Hospital for Diseases of the Throat, in $15\frac{1}{2}$ per cent. of the patients the disease had a syphilitic origin. At the Moorfields Hospital for Diseases of the Eye, about one in five owe their malady to this cause. The Medical Officer of the Privy Council, Mr. Simon, devotes a section of his last report to the consideration of the question we are met to discuss, and while arguing against the expediency of extending the principle of the Contagious Diseases' Act to the civil population, with reasons that, to my mind, are either inconsistent with fact or insufficient, he has supplied us with the result of an investigation carried out by one of the assistant-inspectors for the information of Government, who noted down the number of persons afflicted with venereal disease, who applied for relief during a short period at certain charitable institutions. From this report Mr. Simon calculates that about 7 per cent. of those who applied for relief from all kinds of sickness are attacked with venereal disease of some kind ; but that only $3\frac{1}{2}$ per cent. are afflicted with the gravest variety of the contagious disease, namely, syphilis. But to take merely the percentage of venereal cases in the total sickness is manifestly an incorrect mode of estimating the importance of venereal contagious diseases, as sources of suffering and despoilers of the producing power of the nation. A large proportion of hospital out-patients suffer from most trifling ailments, which do not lower the strength, or interfere with the occupation, of the affected. Neither is it fair to suppose the loss to society from any disease is fairly indicated by its death-rate ; an acute epidemic will destroy in a given year a much greater number than syphilis will in the same time ; yet the epidemic passes away and its traces are quickly lost ; syphilis on the contrary steadily continues its ravages year after year. Those killed by an epidemic cease to burden society, and their places are soon occupied ; but a chronic endemic disease, not only incapacitates its victims, but throws the cost of their maintenance on the healthy ; and here Health Returns fail to inform

us of the amount of *continual* sickness among the population, and still more to define the position of contagious disease among the disabling afflictions of humanity. In endeavouring to appreciate this, we must not forget that syphilis is eminently a disease that impedes the development and lowers the vitality of the individual, and consequently deteriorates the vigour of the stock. For this last reason, syphilis is evidently a cause of much active disease in those who have suffered from its ravages, either in their own persons, or in those of their parents. Therefore, in attempting to estimate the evil following from syphilitic infection, besides the bodily and mental suffering of the individual, besides the average extent of his disablement from the disease itself, and besides the amount of degeneration to the stock of the human race through the production of an enfeebled offspring, we must include some part of the loss through other sickness, to which his weakly condition exposes him, and which he would escape were he strong and robust.

In a letter that I published in the *Times*, 22nd February, 1869, I calculated from the data at my disposal that 10 per cent. of the London sick poor were affected with "contagious disease." But adopting Mr. Simon's proportion of 7 per cent., as being one safely within the mark, we shall still have an enormous number of persons in London, and of course in provincial towns likewise, sick from this cause. Time does not permit me to discuss the grounds of Mr. Simon's estimate, but by analysing the tables in the Medical Officer's Report, it appears that in one week 9363 sick persons attended at four large general hospitals and nine dispensaries. Among them were 830 venereal patients, of whom 231 adult males, 148 women, and thirty children (total 409) had constitutional syphilis, the rest having less important forms of venereal disease. If these 409 are multiplied by fifty-two, we have 21,268 cases of syphilis only annually seeking relief at these nine institutions, none of which, be it remarked, was Guy's Hospital, where it has been stated before, 43 per cent. of the out-patients are venereal. Reckoning the sick poor who annually apply to the London hospitals for relief at 850,000 (Mr. Simon estimates them at 1,500,000), 7 per cent. amount to 59,500 venereal patients, of whom 56 per cent. are male adults, that is, producers, not merely consumers; or 33,320 of the male working population of London alone are every year more or less hindered from earning their bread by "contagious" disease. This calculation omits that portion of the venereal sick that is thrown directly upon the poor's rates by this cause, which the Medical Inspector found to reach 10 per cent. of the sick inmates of St. Pancras Infirmary, and the same proportion of the sick population of Lambeth Workhouse Infirmary, if the cases of senile debility were subtracted, as was the case at St. Pancras. Nor does the calculation include that still larger portion of the venereal sick which is either treated by regular practitioners, by druggists, and quacks, or has no treatment at all. Thus the estimate in the official report is evidently considerably under the actual amount.

Second, is it possible by any practicable means to lessen the prevalence of contagious disease? Fortunately for solving this question we can appeal to the effect of the Contagious Diseases' Act in the dockyard towns; to the condition of British troops in stations abroad, where sanitary regulations are enforced; and to the health of foreign armies in respect of these diseases. In the year 1864, that is before preventive measures were at all in force, the loss to the State from venereal disease among the troops at home equalled one week's service of 73,000 men. The returns for the second quarter of 1869 show that a great saving in men has now been effected. In 1864, 1400 men out of 73,000 were constantly off duty: 55,000 of these troops are now stationed in protected districts, and the proportion of them according to the former ratio constantly sick would be 1054, but in fact only 666 were so disabled; hence a force of 388 men was at the service of the country during that quarter through the effect of the Act.

Take another comparison. The army medical reports for last year are not yet published; but Dr. Balfour, of the Army Medical Department, has published in Dr. Parkes' work on Hygiene, statistics for five years of the admissions with syphilitic sores at five stations under the Act, and at four stations not under the Act; from which Dr. Parkes remarks that the following convincing facts are evident. "In all the protected stations the number of men attacked in 1868, is not only below the mean of the previous four years at every station, but is below the minimum of any former year; whereas in two out of the four not protected stations, the number of attacks in 1868 is above the mean of the previous four years, in one station it is only just below the mean, and in only one station is the number lower in 1868 than in any of the four preceding years."

If we compare the past conditions of single stations with their present state, the result is also satisfactory. The admissions for syphilis at the Royal Naval Hospital at Plymouth were in 1865, 270; in 1866, 233; in 1867, 173; in 1868, 156. In the corps of Royal Marines at Plymouth, there were thirty-seven cases of true syphilis in 1867, but only eighteen in 1868. Of the military garrison of Devonport, 8000 strong, in April, 1865, 180 men were sent to hospital, with contagious disease. In April, 1868, the garrison, numbering 10,000 men, sent only sixty-nine such cases to hospital, proportionally less than one-third of the amount three years before. Still better has the effect been shown at Sheerness. There the disease has been reduced to very small dimensions; in one month only two women were found diseased, and not one single man in another. Nevertheless, though the influence of sanitary operations is decided, their success is greatly impeded by the limited area over which they extend. So long as protected districts are easily accessible to the inhabitants of neighbouring towns there is a constant influx of the disease, and a continual re-infection of those liable to spread it. The evidence of the visiting surgeons before the Parliamentary Committees abundantly proves this fact. The success

of preventive measures was perfect in Malta, where it was possible to carry out those measures completely. Sir Henry Storks, when Lieutenant-Governor of Malta, instituted the sanitary regulations which are still in force, and has given his testimony in the appendix to the "Report of the Committee on Venereal Disease in the Army and Navy." He says, on the 12th of April, 1865, the garrison of Malta amounted to 6192 men, of whom five were sick with venereal disease. On that day a regiment arrived from Dublin, and brought thirty-eight cases. On the 1st July another regiment arrived also from Dublin, and brought sixteen cases. Yet immediate seclusion of these fifty-four patients so effectually controlled the spread of the disorder, that on the following 21st of October there were but eight cases reported for the whole garrison.

To pass from the condition of the British army to that of foreign military forces. In various garrisons of the French army, which has been for some years under sanitary restrictions, the admission per 1000 effectives was, at Lyons 88, at Marseilles 65, at Bordeaux 54, at Paris 33. These numbers compare well with the numbers at different English stations. Thus at Devonport and Plymouth in the year 1860, that in which the above proportions existed at Paris, the entries were 440 per 1000 of effectives, or more than thirteen times as many. In the Belgian army, the average for many years has been 80 per 1000.

When the condition of the women is considered, we find that periodical examination and detention in hospital have been most influential in restoring their health. The prevalent form of diseases is greatly modified. I have here an abstract of the Lock cases admitted at the Devonport Hospital under the Contagious Diseases' Act since April 1, 1865, to March 31, 1869, a space of four years. The proportion of constitutional disease was during the first year and a half $24\frac{1}{2}$ per cent. This ratio has steadily sunk, till in the first quarter of the present year it was only $9\frac{1}{2}$ per cent. The rest of the cases were of local disease only. The same result is shown in the returns sent me from Portsmouth, by the kindness of the visiting surgeon of that district. At the Lock Hospital in London, where patients both from protected and not protected districts are received, during 1867, syphilitic cases formed only 13 per cent. of the patients from the former localities, and 43 per cent. of those from London and other unprotected localities. This improvement steadily increases, and we may hope that their health will in a short time equal that of women under surveillance in foreign towns, as at Bordeaux, where syphilis is found only once in 500 examinations. The effect of the Act is shown by the much larger proportion of women now found free from disease in the periodical examination to what was the case when the Act was first set in operation. When I visited the districts under the Act at the end of 1867, I was told at each station that very few women were ever examined without disease being found, and at Devonport of 903 women examined, only thirty-seven were found free of disease. Increased

accommodation and the continued operation of the Act, have together gradually raised the proportion of healthy, till 84 per cent. of those examined at all the stations in the second quarter of 1869 were found free of disease.

These facts are most important in disproving the inference of the Medical Officer of the Privy Council, when considering the practicability of carrying out preventive measures. This gentleman infers that probably one-third of the abandoned women of London (whom he assumes, for the sake of argument, number 18,000) are diseased; yet, taking only half that number for his calculation, he estimates at least 3000 beds for the metropolis alone would be necessary, at a first cost of 500,000*l.*, and an annual one of at least 100,000*l.*, an expense, Mr. Simon rightly remarks, too great to be incurred. But the exact contrary of his supposition is the truth. Wherever the abandoned women have been brought under the Act, the number diseased has rapidly diminished, and most especially has the diminution been effected in the constitutional or syphilitic variety of contagious disease, just the one which Mr. Simon doubts could be controlled by sanitary regulations. Moreover, the average stay of each patient from the protected districts in the London Lock Hospital is thirty-two days, and the annual cost of each bed 24*l.* 10*s.*; hence 12,250*l.* per annum would provide the yearly charge of 500 beds, and for the reception of eleven patients per bed, or 5500 per year, an amount of hospital accommodation that would speedily reduce the prevalence of venereal disease in the metropolis, though no doubt it would be advisable to have at first a larger temporary accommodation until the Act had time to take effect.

Having shewn that the bodily health of the women has greatly improved wherever sufficient time has elapsed since the Act was put in force, it will be useful to touch upon the social condition of these persons, that it may appear how much they have benefited in this respect also.

Little resistance is offered by those most interested in the Act. The returns for the second quarter of 1869 show that of 8037 women subject to sanitary regulations, only nine were compelled by a magistrate's order to submit, the other 8028 complied voluntarily with the regulations. This acquiescence has been the same throughout, simply because the women feel that, while the Act consults their true interests, voluntary submission is far less irksome than a forced subjection.

Some two years ago public indignation was aroused by the heartrending description of the outcasts who hang about the camp of the Curragh, in Ireland, the so-called "Wrens of the Curragh." That over-true description could have been paralleled by an account of the destitution of the women at Aldershot; and though perhaps somewhat less horrible, the condition of the women in all the dock-yard towns was in many respects too wretched to describe.

Being out of the pale of ordinary society, many of them were at

the mercy of the beershop-keepers, who employed them to attract the soldiers, and induce them to spend their money. When the poor creatures were unable, through disease, to carry on their occupation they were turned adrift to shift for themselves, and thus the lives of many were destroyed when quite young, or rendered useless by premature old age, while irretrievably debauched in mind. And before condemning these unfortunate creatures, let us consider for a moment their origin. The report of the Rescue Society for the year 1867, tells us that of 526 girls under the care of that Society, 419 had been domestic servants, and mainly what are called general servants, or drudges of the household, born of very poor parents, and having little education or knowledge of right and wrong. Even now the visiting surgeons report that the police are constantly bringing to them young girls, and even children, wanderers into the districts, who are quite unaware that their mode of life is unlawful and shameful. As they conceive, Nature has put into their hands an easy and pleasant pursuit, whereby they rise rather than sink in the social scale, and they have no suspicion of the wrong they do nor of the suffering which a life of debauchery and drunkenness entails. Now, wherever the Act is in operation, this horrible destitution has been much improved. Of those who still pursue this evil life the change is marked. They are less drunken, more cleanly, and more decent in their language and behaviour, and carry with them from the wards of the hospital into their vicious haunts some relish for the good teaching they have there received. The visiting surgeon of Aldershot has related, in his evidence before the Committee of the House of Commons, how, one evening, when inspecting the low resorts of these persons, he found a group of his former patients listening eagerly and most respectfully to John Bunyan's "Pilgrim's Progress," which one of them was reading aloud. Numerous instances have been reported by the police, of girls of a higher class, who, having fallen through treachery or heedlessness into vice, have been rescued and restored to their friends through the operation of the Act.

Public decency greatly improves. Mr. Sloggett, the visiting surgeon for Devonport, reports that there is not one-fourth as many brothels in that town as there were a few years ago. Besides improving the behaviour of the prostitutes the Act has very greatly diminished their number. In Plymouth, before the Act was enforced, the police had a list of 2000 women who were known prostitutes; the number at present under surveillance is 770, or a little over one-third of the former number. This reduction has come about in several ways, chiefly through many women having flitted away to other towns where no check is put upon their license. Some few, but probably very few, manage to escape the notice of the police, and secretly, but therefore to a limited extent, continue their avocation. A part, the better disposed, are occupied in creditable employment.

Again, the fear of being summoned for examination restrains many young shopwomen, servant girls, and others inclined to adopt vicious habits; for they know that if they parade the streets in vicious company or frequent resorts of avowed prostitutes, they will come under the surveillance of the police, who, if not able to inform their friends of the young women's danger, will, as soon as they have sufficient evidence, compel the latter to undergo examination and so declare their evil pursuit. There are two other points with regard to clandestine prostitution which are of great importance in showing how little we need fear that the Contagious Diseases' Act would be rendered nugatory by a fancied impossibility of getting the majority of the abandoned women to comply with these regulations. The first of these reasons is this—if a woman is only occasionally a prostitute, the chances of her becoming diseased or of propagating disease are few, hence the necessity for her periodical examination and detention is not great. Now for all who become avowed prostitutes—and these are by far the most important to get hold of—whatever their position, a place of resort is an absolute necessity. The prosperous go to singing halls and dancing saloons; the destitute women have the public street, which they use for the same purpose, and, fortunately for our object, they habitually frequent the same locality night after night. Thus, were the Contagious Diseases' Act in force in any large town, the women would soon become known to the special police-officer in charge of that locality, and could be easily induced or compelled to present themselves for the surgeon's examination. Let us suppose that a diseased woman, in order to avoid detention, quits her accustomed haunts; she must either change her mode of life or seek a new resort, but if she does the latter, her new face would quickly attract the attention of the police, who would insist on her going to the surgeon for examination.

Third. We have to consider how far the measures necessary for the object are justifiable. The principle that persons suffering from contagious disease of any kind may be justifiably separated from society while liable to communicate disease has been accepted by other Acts of Parliament besides the Contagious Diseases' Act, notably by the Act of 1867 to make the Poor Law Board permanent, &c. In this Act there is a clause empowering Boards of Guardians to detain inmates of workhouses so long as they are suffering from contagious disease, or are in a state dangerous to themselves and others. Hence we need not argue respecting our right to detain persons affected with contagious disease. Society, I maintain, is interested in removing any cause of diminution to the general prosperity, and is quite as much at liberty to prevent a person from injuring himself with contagious disease, still more from injuring others by communicating it, as it is to hinder him from committing suicide, or to punish him for being drunk and incapable. Next, the means employed where this right is exercised are proved by their effect to be successful, and that they are not unreasonable will be

seen when the provisions of the Acts are explained. It should be mentioned in the first place that only abandoned women are liable to the operation of the Act, and not any women whatsoever, as has been asserted by some opponents of the measure.

Before the Act can be set in operation in any place, a certified Inspector of Hospitals must report that a proper hospital is provided, with duly appointed surgeons and staff, and that proper moral and religious instruction is furnished for the inmates. This preparation made, any woman whom the information of a superintendent of police satisfies a magistrate that she habitually resorts to disorderly houses for the purpose of prostituting herself, and thus is a common prostitute, may, if the magistrate see fit, be ordered to attend periodical examination, and if certified to be diseased, to be detained in a hospital till cured.

There is also a Section (No. 17) in the Act, allowing a woman to submit to periodical examination without being summoned before a magistrate, if she prefer that course (and all but very few do so). The true intent of this Section 17 has been thoroughly misapprehended by those who oppose the extension of the Act. This section was inserted to enable the women, if they so pleased, to avoid the exposure of a magistrate's court, but it authorises their appeal to a magistrate whenever they desire it—a privilege that extends to all the detained women the whole time they are in hospital. No one is deprived of her liberty without as ample safeguards as those established to protect the ordinary citizen. The assertion made recently, that respectable married women, and one virgin of tender years, have been grossly violated by the surgeons' examination, is a monstrous perversion of the truth. The story referred to is Answer 124 of the evidence before the House of Commons' Committee last summer, and runs as follows:—The surgeon being asked if he had ever had a woman brought to him for examination who was not a prostitute, replied "Yes, once, and only once. It was a most horrible case; a child was brought from the country by her own stepfather, who accused her of prostitution. The poor child came willingly to the hospital, but the surgeon on inquiring into the case refused to examine her. But the girl begged him herself to do so, that he might clear her character, as she was not a prostitute. She was examined and proved not only to be not a prostitute, but a virgin." This is the true version of the story, as it is published in the Parliamentary paper. This submission to examination once made holds good so long as the woman continues to be a common prostitute; but the necessity for examination may be remitted by the examining surgeon, if he have reason to believe the woman no longer prosecutes her occupation. Or, the woman may at any time demand to have her case heard by a magistrate, who has discretion whether she shall or shall not cease to be under the operation of the Act. If the woman is found to be diseased on any examination, she may be detained in a certified hospital until cured, or until three months have expired; should her health render it expedient to

detain her longer, she must be again examined, and certified to be diseased. In this way, by the Act of 1869, nine months may be consumed. At the end of this time the patient must be discharged as incurable, and she regains her liberty, though liable to punishment if found frequenting disorderly houses for the purpose of prostitution.

In order to encourage reformation, the Act authorises the patient on her discharge to demand to be carried either to an asylum or to her friends, or to the place whence she was taken when found diseased. Not a few women avail themselves of this clause to enter asylums or to regain their home.

Lastly a few words on the moral effect which the repression of contagious disease would have. First, it is urged that Providence has arranged that this disease shall pursue the fornicator, and either deter him from sin or punish him for committing that sin. As a deterrent I have little faith in the fear of contagion, and have too much reverence for Providence to imagine it seeks to correct us in so bungling a manner; for suppose that this disease is a punishment for sin, and therefore ought to be allowed to exist unrestrained, how unequally is the punishment applied. One man, an habitual fornicator, but grown cunning, may continue his evil practices for years, and suffer only the most trifling inconvenience. Another, a youth, at an age little trained to self-control, passing through the streets of our towns is led astray in a moment of passion, and contracts a disease that hangs on him for years, enfeebling him for life, and passing to his wife and children if, in after years, imagining he is thoroughly cured, he marries and begets a family. These are no uncommon instances of the way the fornicator is punished, and in punishing him Providence punishes other innocent persons. Then, again, sanitary regulations do not increase the commission of fornication; they lessen its occurrence by removing much of the ease with which it can be carried on. Public and social morals, so far as they are influenced at all, are improved, not deteriorated. Further, the Contagious Diseases' Act in no way licenses the prostitute; she still remains liable to prosecution as a disorderly person, and the only legal protection she gains by being cured of disease, is this—she cannot be detained in a certified hospital so long as her health remains sound. If the magistrates see fit to punish her for being what she is, they have exactly the same power where the Act is in operation as where it is not.



