

**The Contagious Diseases Acts : the Contagious Diseases Acts, 1864, '66, '68 (Ireland), '69, from a sanitary and economic point of view : being a paper read before the Medical Society of University College, London, on Thursday, November 30th, 1871 / by C.W. Shirley Deakin.**

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# CONTAGIOUS DISEASES ACTS.

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THE CONTAGIOUS DISEASES ACTS, 1864, '66, '68 (IRELAND), '69, FROM  
A SANITARY AND ECONOMIC POINT OF VIEW.

BEING A PAPER READ BEFORE THE MEDICAL SOCIETY OF UNIVERSITY  
COLLEGE, LONDON,

ON THURSDAY, NOVEMBER 30TH, 1871.

BY  
C. W. SHIRLEY DEAKIN.

(PUBLISHED BY REQUEST.)

[SECOND THOUSAND.]

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MR PRESIDENT AND GENTLEMEN,

The subject of the Contagious Diseases Acts is such a large one, and one involving, as the lawyers say, so many distinct counts, that I have thought it best to confine myself to that view of the subject which most nearly concerns us as students of the medical art, viz.: the consideration of these enactments as a means for the preservation of the Public Health, though I here express my belief that the strongest defence of these acts is that based on their moral, social, and political aspects.

1. Before proceeding to examine the acts themselves, I propose to say a few words on the subject of prostitution, an evil which it has been found impossible to suppress without the most disastrous consequences, in the form of seductions, infanticide, and worse vices.

2. To refer briefly to foreign legislative attempts to deal with this subject, more especially in France, and to note the good results obtained thereby; and then,

3. To go on to the legislation for venereal diseases in England.

## I. PROSTITUTION.

Prostitution, gentlemen, is no passing evil; from the earliest records of our race even to the present time we find that the daughters of shame have been ever present among men; kings, philosophers, and priests, the learned and noble, the wise no less than the ignorant, have tasted freely of Circe's cup in every age and under every clime. And having thus always existed, have we not good reason to fear that the "great social evil" will always continue? Some of our opponents believe that prostitution can be done away with altogether. But the day when not a single prostitute can be found in London even, will not be, I fear, in the time of any of us. Hence, when we say that prostitution is a necessary evil, "we imply" merely that it will "always exist so long as the animal part of his nature preponderates in man," and I believe that this will always be the case among a great number of men. It is a necessary evil only in the same sense that poverty and disease are necessary evils, and it is almost as impossible to eradicate one as the others. Prostitution is a "great and a permanent fact."



How untrue, then, is it to say, that "instead of seeking to root out the conditions favourable to vice, the Contagious Diseases Acts are framed on the assumption that it is impossible to do so, and deal with effects because they despair of exercising any influence over causes; it is clear that their authors do not use the word necessary in (this) its legitimate sense, but to express their conviction of the inherent, unalterable brutality of the human race; and IF"—(mark that little word, gentlemen)—"IF this is really their belief, it is natural and inevitable that they should abandon their fellow creatures to vice" (Miss Wolstenholme), and this too is written of men whose high moral excellence and Christian philanthropy are its refutation.

Now, gentlemen, I beg to humbly suggest that the estimable lady who penned the above was rather "in a fog," together with her "necessarian philosophy." The Contagious Diseases Acts are framed on no assumption as to the possibility or impossibility of eradicating prostitution. But they are framed on the assumption that such a happy result will not be attained to-morrow, and that, in the meanwhile, loathsome disease stalks broadcast through our land grasping in its withering clutches victims from among the pure and innocent and from "generations yet unborn," and that, therefore, it is the bounden duty of the State to take due precautions to preserve the Public Health and to prevent the spread of contagious disease of every kind.

Prostitution and incontinence are not *physical* necessities; those sturdy old Romans forbade their youths under twenty having connection with women, &c., that they might become powerful soldiers, and we all know the evil results, to both parents and offspring attendant on breeding from young cattle, horses, or dogs. Indeed, if the young, of man or beast, give full scope to their "natural impulses" soon after puberty, they quickly find that "Nature" is an inexorably hard taskmaster, whose laws may not be broken with impunity. Many men who are continent have emissions occasionally, analagous to menstruation in the female. Of the general ignorance of this natural phenomenon, the unscrupulous class of venereal quacks make great profit and render many men's lives miserable.

In dealing with this question people forget the difference in passion of the two sexes; what is the rule in the male is the exception in the female; as Coleridge says, "The man's desire is for the woman, but the woman's desire is rarely other than for the desire of the man."—(*Table Talk*, p. 50). In short the sexual instinct is much more powerful in men than in women as a rule.

Prostitution, it is a sad fact, is a phase of life through which untold numbers of our countrywomen are ever on their pilgrimage, destined sooner or later to emerge from it, and to be incorporated, perhaps for the first time in the lives of many of them, into respectable society, and,



strange as it may sound, often to become virtuous wives and affectionate mothers. This is opposed to the first of the popular fallacies on this topic, viz. : "*That once a prostitute always a prostitute*"

Another fallacy is, that most of these women either die of venereal diseases or come to a miserable end, for as Bacon says, "*Men mark the hits and not the misses,*" thus

" One more unfortunate  
Weary of breath,  
Rashly importunate,  
Gone to her death "

forms a text from which to expatiate on the evil consequences of sin in the columns of the papers, whence it is inferred that such is the end of all the members of a class often *more sinned against than sinning*—the fact is that being seduced argues a certain amount of good looks, health, and personal attraction on the part of any girl, and, to the poor especially, beauty is a great snare—but, venereal diseases apart, it may be doubtful whether the prostitute has not less care, suffering, and anxiety, than her chaste and virtuous married sister.

The last fallacy is, "that all prostitutes are equally degraded," whereas there are not a few prostitutes who would willingly quit their life, and before whom men are ashamed to use foul and disgusting language—while on the other hand nothing is too bad for some of them to say or do.\*

## II. FOREIGN LEGISLATION FOR PROSTITUTION.

Before treating of our second point—the attempts which have been made abroad, more especially in France, to repress the diseases incident on illicit intercourse, I would remind you that the English acts owe "their origin to the preponderating weight of medical opinion" as to the great benefit to be derived from sanitary legislation for the diminution of these diseases.†

"Among the many instances of the futility of attempting to suppress prostitution, that of Berlin may be cited; this capital has been thrice purged of prostitutes since the Reformation, and has as invariably fallen a prey to desertion of infants, adultery, seduction, and clandestine prostitution. Hence comes the government recognition of an evil which could neither be repressed or ignored with public advantage." ‡ A like attempt was made under the Commonwealth in England, and with similar results.

\* Acton on "*Prostitution considered in its Social, Sanitary and Moral Aspects.*" 2nd ed. 1870.

† Vide *Lancet*, November 11, 1871, et seq.

‡ Acton (Pamphlet, 1870) on "*The Contagious Diseases Acts.*" (Churchill, 1s.)



In Rome where the Church suppressed prostitutes prostitution was till last year "all pervading," and as Mr. Acton says, "the Roman ladies not only put their stomachs in harness, but very often their honour too."

Thus, to ignore an ever-present evil appears as fatal a mistake as to attempt its suppression.

Speaking of the marked diminution of disease in Brussels, Mr. Acton says, "I further stated my belief *that if the suburbs of Brussels were placed under the same surveillance, syphilis would be stamped out.* On the morning I was present eighty registered women were examined with the speculum, yet I could discern no trace of disease in any of them. Their certificates were signed, and the thorough examination concluded in an hour and a half. Of the public thoroughfares I may remark that a young man may pass through the streets of Brussels without danger of being solicited, the mechanic might reel home half drunk without any woman addressing him, and the police authorities themselves seem hardly aware how thoroughly their regulations are carried out."

In July, 1860, Mr. Acton\* found only eleven cases of venereal in hospital out of a garrison of 3,500 (in England he would have found eighty-two, see Table I.), and this too, though in the Brussels garrison every case of venereal, "no matter how slight, is treated in hospital." Of these eleven cases six were slight cases of gonorrhœa only.

To quote this gentleman again; he says, "To show that this was not an accidental immunity, a table was given of the whole of the diseases under which the Brussels troops suffered during 1859, and the following important deductions were drawn: first, the extraordinary rarity of venereal disease, one out of ten men only suffering from the affection, and secondly, the singular mildness of the complaint. THE ALMOST TOTAL EXEMPTION FROM SYPHILIS is a no less remarkable phenomenon. Only *sixty-two* cases of chancre in the year occurred in the garrison; in other words, one only in fifty-six men fell ill during that time. Secondary symptoms are almost unknown, as only ten men came into hospital with this serious complaint. . . To show that this immunity was not confined to the military hospitals, I gave a table showing that in the wards of the civil hospital only forty-two cases were under treatment out of a population of 260,000."

And, gentlemen, that this happy result was really the consequence of government control of prostitution is proved by M. Thiry's reply to Mr. Acton: "In the wards where we now have forty-two cases, we formerly (*i. e.* before the present system had been set on foot) had from a hundred and fifty to a hundred and sixty venereal patients." And yet you will find persons totally ignorant of every statistic connected



with this unpleasant subject, boldly asserting that wherever legislation has been tried it has proved a failure, and that disease has increased under sanitary regulations; in short, they have vowed a vow that the Contagious Diseases Acts shall be repealed—and they know nothing else—neither will they know.

It is on account of these grossly mendacious assertions, gentlemen, that I trouble you so largely with the effects produced by sanitary legislation on the Continent. For “Justina” (Mrs. Josephine Butler) has not scrupled to challenge the truth of Dr. Garrett-Anderson’s statements in her letter to the *Pall Mall Gazette*, and most kindly undertakes to show that lady her errors, being “at a loss to conjecture what can have been the sources of her information.”

I will now pass to the system in force in France, more especially in Paris, remarking that the main difference between this system and the Belgian is that in Belgium the circulation of prostitutes in the streets is prohibited after sundown. No woman under twenty-one is allowed to be registered, and the medical examination *au speculum*, takes place twice a week. Every licensed house, and common woman in both (though not in Paris) pays a certain tariff and duty.

Now, about the French system, which I do not hesitate to assert would, if adopted in its entirety, be far preferable to that shameful state of “*laissez faire*,” which, except in certain garrison and seaport towns, now exists, to the everlasting disgrace of christian England be it said; concerning this French system, there are many misapprehensions and errors rife in this country.

“In the first place, the women do not, as is commonly supposed, receive from the administration a sort of patent, or legal license, for pursuing their career as prostitutes—far from it; for, with the exception of an indispensable protection against ill-treatment on the part of their visitors, they are subjected to such regulations as should disgust them with their wretched position, and induce them to make every effort to escape from it.” They are compelled to carry about on their persons a card, on one side of which is their name, address, and the date of their last sanitary inspection. They are not allowed to leave their houses before the street lamps are lighted, nor to remain out after 11 P.M. They must not stop in the streets, form groups, walk in company, or be accompanied by men, and they must not render themselves remarkable by their dress. For breaches of any of these regulations they are punished. How strictly the law is carried out is seen from the fact that out of a total of 4000 registered women (being nearly equal portions of the two classes—*filles des maisons*, who reside in registered houses, and the *filles à carte*, who reside by permission in furnished lodgings or in rooms which they furnish them-



selves), there were in 1864, 4812 apprehensions for infractions of the law, 3155 punishments being inflicted at St. Lazare.\*

Further, in Paris every public woman who really desires to renounce prostitution, may obtain the erasure of her name from the Register of the Police, on stating her means for procuring an honest livelihood, and the erasure is attended with no difficulty in the case of women who are going to marry; in some cases a woman so applying is subject to two or three months' special surveillance, and after that, if her conduct has been satisfactory, she obtains the erasure.

About 700 or 800 women annually abandon prostitution, or disappear from the streets of Paris. A woman in one of the tolerated houses, I admit, can be subjected to but few influences likely to make her desire a change of life. Speaking of this class, Parent Duchâtelet says they are obliged to abandon themselves to the first comer who calls for them if even he is covered with the most disgusting sores. Alphonse Esquiros thus describes the downward course of a prostitute—"The young, the pretty, and pleasant-looking girl commences her career in the better class of houses; but each year, each month, robs her of a charm, and produces a wrinkle . . . Stepping down from one house to another, from affronts to affronts, from one quarter of the town to another, from St. James to St. Giles . . . The girl must quit the boudoir to walk in the streets, must walk them in the rain and in the cold; yes, and must do so half clothed, *seeking that universal and lost husband* who pushes her aside with his elbow . . . Let a girl once enter these houses she must necessarily bid adieu to heaven, to liberty, to honour, and to the world. I would write over the door of such a house those celebrated words of the Italian poet, 'All hope abandon ye who enter here.'"

It is these licensed brothels that are the dark spots of the Parisian system, which is further too exacting and oppressive on the women. We shall see later on that the English Contagious Diseases Acts, achieving that "happy golden mean," have avoided these two errors, and aim at not being unpopular among the prostitutes themselves.

A number of the opponents of any legislation for the control and repression of vice, utterly regardless of statistical results, do not hesitate to affirm as a consequence of legal control and repression, (1st) that syphilis has increased, (2nd) that clandestine prostitution has greatly extended itself.

For instance, Dr. Chapman in his article in the *Westminster Review*, January, 1870, says as follows, p. 51; "The group of facts we have last described may be thus summed up: there are 1000 BEDS in the Paris

\* Prostitution in Paris, London, and New York. 1867. Vintras.



hospitals CONTINUOUSLY occupied by venereal patients; during the last five years concerning which we have information on the subject there has been a gradual and GREAT INCREASE in the number of patients admitted to the Lourcine and the Midi: the severity of the disease has increased; the proportion of those women inhabiting the *maisons tolérées* who are attacked with syphilis is increased; the proportion of those registered women living in their own apartments who are attacked with syphilis is increased; and finally, the proportion of diseased women among those inhabiting the *maisons tolérées into which the administrators would fain force the whole prostitute population of Paris* is far greater than is the proportion of those diseased among the registered women inhabiting *les maisons garnies*."

Though Dr. Chapman is acquainted with M. Lecour's paper, he has not thought it expedient to give recent tables of the statistics in which this work abounds, but has contented himself with the statistics of the years 1845-54 inclusive. He is also silent about the facts and figures published in 1867 by Dr. Vintras who, together with Mr. Skey, had been deputed by the Home Office to obtain information from the French government on this subject.

How utterly worthless Dr. Chapman's "group of facts" is we shall now see. On p. 47, he says that "In Paris the treatment of the venereal diseases is mainly restricted to three hospitals. One forms part of the Maison de Saint-Lazare . . . which contains about 1,300 prostitutes . . . It thus appears that something like a fourth part of all the registered women in Paris are confined in La Maison de Saint-Lazare."

M. Lecour, formerly Chef du Bureau des Mœurs, the "especially trustworthy authority," writes as follows in the paper from which Dr. Chapman professes to quote. p. 728.

"Of 3,861 women on the Police Register of Paris on the 1st January, 1867,—

|     |  |
|-----|--|
| 47  | were detained awaiting trial                           |
| 188 | were undergoing punishment                             |
| 90  | were in the sick wards                                 |
| 34  | were in the various general hospitals for non-venereal |
| —   | complaints.  |
| 359 | Total."  |

I may say the 90 in the sick wards for that year was much below the usual average, about 160. All besides these 359 were at liberty, and they have grown to 1,300, "or about one fourth of the whole number of registered women in Paris," in Dr. Chapman's fertile imagination. Again Dr. Chapman states that there are 2 in every 259 of the women in *maisons tolérées* affected with syphilis annually (1850-54) and that in 1867 there were 2 cases in every 100 women, and also that among the *filles isolées* the



proportion of 1 in 289, 1854, was 1 in 200 in 1867. M. Lecour again is the professed authority; on p. 721 of the paper quoted (*Archives Générales de Médecine* 1867, tome ii.) he really says that "The Report for the month of September, 1867, gives two cases of syphilis for every 100 women of the *maisons tolérées*, and one case in every 200 women in furnished lodgings." Moreover, M. Lecour gives on this same page 721, only four lines further down, a table of the number of registered women found syphilitic, who he says are without exception (*sans aucune exception*) treated at *St Lazare*.

" 'This table gives the number of syphilitic women annually sent to that establishment from 1857 to 1866, and these numbers steadily fall year by year from 982 in 1857, to 277 in 1866. And on page 722 M. Lecour gives another table for the same period of 1857 to 1866, showing that the number of the women living in private lodgings (*maisons garnies*) who are found annually syphilitic, has not increased (134 in 1857 112 in 1866), but the number of women living in *maisons tolérées* found syphilitic has steadily decreased from 933 in 1857, to 229 in 1866.

" 'Further, on page 727, is another table of the women *arrested for clandestine prostitution*, during the same period of 1857-1866, which shows that while the number of women arrested has increased from 1,405 in 1857 to 1,988 in 1866, the number found syphilitic has remained *stationary*—namely, 434 in 1857, and 432 in 1866.

" 'All the preceding figures are given in the very paper quoted by the *Westminster Reviewer*." (Berkeley Hill.)

I have given a table (IV.) from Dr. Vintras' book\* which shows the diminution of disease among, both *les filles des maisons* and *les filles isolées* and also among the CLANDESTINES arrested, and these figures are those drawn up by order of the French government for the Home Office. M. Lecour's figures differ from some of these, and I have also added a table (IV.) showing this fact for the four years up to 1869, so that you may see the French system from its least favourable aspect.

On page 40, Dr. Chapman gives the admission at the two venereal hospitals during the years 1851-55, showing a steady increase year by year. M. Lecour in his new work ("La Prostitution à Paris et à Londres." Paris, Asselin 1870, p. 86) gives the admissions for 1867 and 1868; these figures are:—

|                  | 1851 | 1855 | 1867 | 1868 |
|------------------|------|------|------|------|
| L'Ourcine ...    | 1102 | 1384 | 1030 | 1024 |
| Midi (for Males) | 3019 | 3632 | 3226 | 3185 |

Thus though Paris has increased, the total amount of disease has diminished.

How "we wish" that Dr. Chapman instead of finding the *mote* in Mr. Acton's eye would pull the *beam* out of his own!



Dr. Vintras' table IV. shows the larger amount of disease existing among the women of the *maisons tolérées* who are of the lowest class, and are consequently exposed far more frequently to contagion than are their wealthier and less frequented sisters who live in lodgings. Such are a few of the "lies of statistics," and may Dr. Chapman heed them, for no one desires to introduce the *maisons tolérées* into London where they are almost unknown. The women suffer far less pollution, spending their prostitute-life living in lodgings than when congregated in large establishments.

All registered prostitutes, WITHOUT EXCEPTION, are treated at Saint Lazare, and the chief part of public venereal practice is carried on at two hospitals in Paris—l'Hôpital du Midi for males and L'Ourcine for females who are not registered prostitutes; and from the above table you will see that though the population of Paris must have very materially increased in the last twenty years, and that though great numbers of plague-carrying English and Americans have constantly visited that city, carrying over with them a continuous and ever fresh supply of venereal contagion; notwithstanding too the fact that, as civilization has advanced rendering marriage more difficult, and placing it for most men among the class of luxuries, prostitution has not probably diminished; in spite also of greatly increased facilities of locomotion, causing people to travel much more than formerly, and so congregating immorality in the large towns; in defiance, I say, of all these extenuating causes, the admissions into these hospitals for venereal diseases have diminished. Dr. Chapman has asserted that many cases of venereal are surreptitiously treated in the general hospitals of Paris, regarding which assertion Mr. Berkeley Hill says, "an absurdity patent to any one familiar with the Parisian system of hospital administration."

M. Lecour gives the total entries into these hospitals for venereal as

1867 ... 1,403.

1868 ... 1,551.

M. Lecour says that in 1868 there were 9,500 public cases of venereal, and taking these as a fifth of the total number we get in the year 47,500, a fearful amount of preventible disease.

But compare this with London. Dr. Vintras makes a similar calculation for this vast city; he estimates that 43,870 cases of venereal are annually treated in public institutions in London, and taking these as a fifth of the total amount of venereal disease he gives us the appalling amount of venereal in this British metropolis as 219,370 cases. Both Lecour and Vintras say that these figures, enormous as they are, "are but an approximation to the truth."

Now London is about twice the size of Paris, so we will take 100,000 as equivalent to the 47,000 of the French capital, and this leads us to the conclusion that disease is more than double as common in London as in



Paris; and this, though the latter is the "city of pleasure" for all Europe.

In the French army in 1860, the mean average of disease was 7.11 per cent. against more than 19 per cent. in the English army for the same year. But this does not show the wonderful immunity from disease of the Paris garrison, as follows—

1858 ... 3.42 per cent.

1860 ... 3.39 per cent.

For the arrangements, so perfect in Paris, are such that its garrison is one of the lowest on the list. Nancy, at which there was an extraordinary epidemic of venereal one year (59 per cent.), is not included in this list (vide Vintras). Such is the evidence for the assertion that disease is increased in Paris.

Though within the four years, 1866-69, there has been a rise in the proportion of the number of women diseased among the registered, this is due to their proportion to the number of males in Paris being less than formerly: as a consequence, each woman having connection more frequently is exposed to contagion oftener, and also the number of syphilis-bearing English and Americans visiting Paris has much increased of late years, and so the eradication of disease is prevented; yet, in spite of these disturbing causes, venereal diseases are more than twice as common in London as in Paris.

Dr. Vintras tells me that M. Lecour informed him that he anticipated this rise, as the examinations had been less stringent than formerly. During the war all prostitutes were expelled from Paris.

The second allegation against the French system is that it has created a large class of clandestine prostitutes; and M. Lecour is quoted as the authority for stating that these *insoumises* number 30,000 in Paris. Now, if you will look at page 119 of his book, you will find him stating that certain authors represent 50,000 and even 80,000 prostitutes as the number in London, whereas the fact is that 8,600 is the number really known to the police. Now, M. Lecour concludes that if only an eighth of the London prostitutes are known to the authorities, in like manner only an eighth of the Parisian common women are under police surveillance; and as the registered women are 4,000, eight times this quantity is about 30,000, and so you get his estimation.

The point I wish to insist on is this: that this large enumeration of Parisian prostitutes is based on the assumption that there are between 50,000 and 80,000 of the same class in London, and that the class is EQUALLY COMMON IN BOTH CITIES, perhaps rather the larger in London, which is double the size of the French capital.

So much then for those who would try and persuade us that the proportion of prostitutes is greater in Paris than in London.



Again, this much-maligned French system does *something* to reclaim women from a life of sin and misery.

Of the 1,934 clandestines arrested in 1864, 1,125 were restored to their friends, others were detained (as the French law allows) for insubordination to parental authority, and only 250, little more than one eighth, were placed on the register. *What Rescue Society in London can boast such a result?*

Mr. Cooper, the secretary of the London Rescue Society, stated before the Royal Commission as follows :—

“(17,542.) (*Mr. Applegarth*). But if I understand, supposing you admit 500 a year, if you had the accommodation and means to support them, 500 more are willing to come?—That is so.

“(17,543.) You say that you reclaim 70 per cent. of those you get?—That is it.”

It seems at first remarkable that the secretaries of most of the homes or refuges for fallen women, who, I believe, are persons really desirous of helping their fallen sisters, are opponents of these Acts, but the reason is soon explained—one of the objects of “The Association for the Extension of the ‘Contagious Diseases Acts’ to the civil population,” is to establish homes and refuges *in connection with* the Lock Hospitals.

I cannot pass on to the subject of our own Acts without just reading a passage from the evidence of Dr. Armstrong, as to the results obtained from legislative measures in Malta, where, from the time of the Knights Templars up to 1859, the common women had been subject to inspection. In this latter year some persons of like mind with the members of the Anti-Contagious Diseases Acts’ Associations incited the prostitutes to refuse to be examined, as their inspection was not ordained by law. The questions to Dr. Armstrong are—

“(16,555.) Were there any regulations then in force for checking this disease?—No. When I was Deputy Inspector General of the Naval Hospital at Malta, and also Senior Medical Officer of the Fleet (I went out there in the middle of 1859), the island was comparatively free from disease. I should say there had been a sort of police regulation existing with regard to the examination of women which had been very fairly carried out, and they found towards the end of 1859 that they had no right to be examined, and the regulation fell into abeyance. We had a very large fleet in the Mediterranean, I fancy the largest that ever was there, something like 15,000 or 16,000 men, and I found there was an increase of the disease after the abrogation of the law, and I made an official representation to the Commander-in-Chief on several occasions, and the result was the local government passed a very stringent law for the examination of the women. When it became law all the prostitutes were examined, about 145 in number, and all the diseased women were



taken out, and from that time the disease ceased. I for two and a half years after that held the same position; and when I left the island in 1864 there had not been seen a case of disease admitted into hospital that had been contracted in the island. That is an experience of upwards of two and a half years; and I have reason to believe, from the returns received the same satisfactory state of things continued, and in fact the disease had ceased to exist in the island; it was fairly stamped out.

“(16,567.) Then the disease in 1864 having been banished from Malta, was there any corresponding effect produced on the health of the fleet?—Clearly a great effect.

“(16,568.) When you speak of the disease you mean syphilis?—Syphilis and gonorrhœa also. I include both.

“(16,569.) Simple gonorrhœa?—Simple gonorrhœa. It is most remarkable that we had not even a case of gonorrhœa brought into the hospital.”

This is what Dr. Bell Taylor calls “utterly useless.” Such, gentlemen, are the assertions that legislation increases disease as well as that it magnifies the number of prostitutes.

### III. THE CONTAGIOUS DISEASES ACTS, 1864, 1866, 1868 (IRELAND), 1869.

The Contagious Diseases Acts, gentlemen, as you are doubtless all aware, are the expressions of the recommendations of committees of eminent medical men, appointed to inquire into the amount of venereal disease in the British forces, and to suggest some mode of dealing with it.

The attention of Government has been directed to this point ever since 1856, just after the Crimean war, so that it is totally false to say that the subject had not received due consideration.

The first attempt to cope with the evil was on an entirely voluntary system with the sole exception of the funds, supplied by the Admiralty and War Office. There was no periodical examination of prostitutes, no compulsory detention in hospital, and the women were free to come and go as they pleased. This plan was tried at Devonport, Portsmouth, &c., from December 3, 1863, to March 31, 1865, a period of sixteen months, and with the following results at Devonport—out of 282 cases admitted, 68, *i. e.*, nearly 25 per cent., left the Royal Albert Hospital uncured. It was only for a new regiment to arrive, or a fresh ship to come into port, or a public holiday to occur, or any little difficulty of administration to arise, and the wards were left comparatively empty; so much so, that although the lock wards contained only thirty-two beds, the voluntary system could not keep them full. A still worse evil was that only a small amount of disease was reached by these means, and, be it remembered, that the milder forms of disease do not prevent women from carrying on their nefarious trade, and that many of them continue to practise it till physical suffering renders it impossible, and they then go into the hospital only to leave it as soon as



the painful symptoms are removed, and before they are cured.\* Under these circumstances the Government passed the first Contagious Diseases Act in 1864, and here, let me impress upon you the fact that these Acts, one and all, *deal solely and only* with women who are common prostitutes, and who make vice a trade, frequenting places of public resort for vicious purposes. "Not only are respectable women altogether outside the scope of the Acts, but women who lead immoral lives are equally with men exempt from their operation as long as their immorality is not publicly practised as a trade."—(Dr. Garrett Anderson.)

Captain Harris also gave evidence (13,332) that "Mr. Curling an eminent surgeon in London, connected with the London Hospital, Mile End, came to me on one occasion and told me there were fifteen beds set apart in the London Hospital for venereal patients, AND THERE WAS NOT A SINGLE PATIENT IN THEM."

The following evidence was given by Mr. J. R. Lane before the same Commission, with reference to the London Lock Hospital—

"(14,671.) On your voluntary side, you said that your beds are always full, and you could supply a great many more?—Yes.

"(14,672.) And 25 per cent. of the patients leave before they are cured? Yes.

"(14,673.) Do you find that those 25 in all cases go away without taking any further means of cure?—I do not know that.

"(14,674.) You cannot say that some do not go with a view of getting treatment in some other way?—No.

"(14,675.) Then it goes to this extent, even without the compulsory system of detention,—a very large number of women remain in hospital until cured?—Yes.

"(14,676.) Your evidence does go to that extent?—Yes the returns show that 75 per cent. remain."

It has been asserted that the title of these Acts was employed as a blind—that many people supposed they referred to the cattle plague—but for this theory there is the awkward chronological fact that the cattle plague only arrived in England on May 23, 1865. The "Contagious Diseases (Animals) Bill" was not introduced till 1867, and its title was, very naturally, suggested by that of the Contagious Diseases Acts, of which *the two principal ones, 1864, 1866, were already passed and in operation.* (Lancet, vol. ii. p. 212, 1865).

This brings us to the definition of a common prostitute. The opponents of these Acts have made great stock of the fact that the term "common prostitute" is not defined. And it may, perhaps, be wise to supply the omission when the Act is extended to the whole kingdom; but as Mr. Acton says, "this is liable to the objection that any distinct statement of the Acts that shall render a woman liable to be included in the

\* Mr. Christopher Bulteel.



class, supplies, by the definition, the means of evasion." It seems to me that here we can safely rely on the discretion of one, or better of two magistrates, and on appeal to healthy public opinion.

"I may at once state that there are many women whose lives are immoral, whom it will be impossible—perhaps even undesirable—to bring within the provisions of the Act, on account of the secrecy and reserve with which they pursue their calling, and though many of these women are doubtless diseased, the very secrecy which places them beyond the law, at the same time limits their sphere of mischief."—(Acton, Contagious Diseases Acts.)

But, what is a prostitute? Mr. Superintendent Wakeford, of the Devonport district, gave evidence before the Royal Commission, 1871, as follows (43)—

"Our definition of a common prostitute is a woman that we have several concurrent proofs is a prostitute; not one particular proof, but several proofs all to the same effect."

These proofs are six in number.

1. The woman's own personal admission.
2. Residence in a brothel.
3. Habitual association with prostitutes.
4. Habitually frequenting the haunts of prostitution.
5. Soliciting publicly in the streets.
6. Being informed against by men in the army and navy as having diseased them.

The caution exercised by the police, who, the Report of the Royal Commission says, "are not chargeable with any abuse of their authority, and have hitherto discharged a novel and difficult duty with moderation and caution" (23), is shown by the further evidence of the same witness: "We never proceed in the steps that are taken with prostitutes until we are positive that the woman is a prostitute from one or more proofs that we have to that effect; till we are certain there is no mistake that she is a prostitute" (51). "We do not consider women who live with men as husband and wife, although they are not married, as prostitutes" (83). It is the making only one category of what ought to be called private and common prostitution which has lead to great discrepancy in enumerating the number of prostitutes. Thus, Dr. Ryan, Dr. Campbell, and Mr. Talbot estimate the number for London at 80,000. On the other hand the returns of the Metropolitan Police give a total in

1841 of 9,400,

1857 „ 8,600,

1864 „ 5,689,

and as I have already stated, a like discrepancy exists in the case of Paris.

Now, as only those women known to the police would be the subject of legislation, whether there be 8,000 or 80,000 is immaterial; only 5,700



would come within the provisions of the Acts at first; doubtless, by the exertions of a special sanitary police devoted to this work, the number of women brought under the Acts would be increased; and Mr. Berkeley Hill, in his evidence before the Royal Commission, mentions 12,000 as the probable number.

The reason for bringing this class of women under the acts is that they are a comparatively small number of persons, for the most part well known, who, since each one of them has connection from once to ten or even twenty times in the course of every twenty-four hours, if they happen to be diseased, must be the means of spreading a vast amount of contagion. It is merely arguing in a circle to say that these women must have been diseased by men who were previously diseased; well, so they were, but then these men in their turn must have been diseased by other women, and so we may go on *ad infinitum*. The fact is that there is a fearful amount of venereal disease, 219,000 cases annually in London alone, and that the persons mainly instrumental in its propagation are the prostitutes. Undoubtedly the inspection of large bodies of single men, as soldiers, sailors, militia, and mariners will be very beneficial, and since 1869 this has become general in the army and navy; before 1859, such inspection in Her Majesty's forces had been the rule, but the examinations having been conducted in a very disgraceful manner, they were given up as demoralising; they are now revived but with due attention to decorum.

What are contagious diseases?—Under this head are included the three diseases, syphilis (hard sore), chancroid (soft sore), and gonorrhœa.

In a medical protest against the Contagious Diseases Acts, signed by the medical men of Nottingham, Dudley, and Scarboro', the following more than doubtful statements are made.

1st. That syphilis (besides being more readily amenable to treatment owing to improvement in diagnosis and therapeutics) has very much "*diminished in frequency*" during the last decade; and that gonorrhœa is a "comparatively unimportant local affection."

I have added a table IV. of the deaths attributed to syphilis (from Acton) whence it will be seen that *three-fourths of deaths from syphilis in London occur among children under five years of age*. So far from syphilis diminishing in frequency, the proportion of deaths ascribed to this cause has risen in the ten years 1857-66 from fifty per million of the population to seventy-five per million.

And in the Journal of the Statistical Society, December 1870, we read, "While improved diagnosis has increased the registered number of deaths from syphilis, it is fair to believe that the actual proportion of mortality has also augmented, because the propagation of syphilis through increased facilities of communication is more widely spread throughout the popu-



ation." In short, there is no evidence whatever on which to found such an assertion. But is gonorrhœa so unimportant?—Mr. J. R. Lane, of the Lock Hospital told the Royal Commission as follows:—

"(14,677.) (*Mr Holmes.*) Do you agree with the medical officer of the Privy Council in this statement, which is contained in his last report, that gonorrhœa is never even temporarily of much importance in women nor ever, unless very exceptionally, of much importance in men?—No, I do not. I think gonorrhœa in women is a much less serious affection than it is in men, but in men I think it is decidedly a serious affection, and has serious complications. An acute attack of gonorrhœa, even if simple, is no slight thing; swelled testicle may result from gonorrhœa, and that will disable a man for ten days or a fortnight. Then acute inflammation of the bladder may result from gonorrhœa, or abscesses in groin or in the perineum. Gonorrhœal rheumatism is also a very serious condition, and so is gonorrhœal ophthalmia; so I do not agree that gonorrhœa is at all the slight affection which the medical officer of the Privy Council states it to be."

Mr. Berkeley Hill states, that out of 1,289 male patients at the Lock under his care for gonorrhœa, in 595 the disease was the simple inconvenient disorder to which it is urged this contagion can alone give rise; in 395 it produced severe pains and more or less disablement for several weeks; 239 were cases of long duration, all of which had caused much suffering and loss; "in 60 the malady had given rise to stricture, an affection that not seldom in the end destroys the patient." [1869.] See Table V.

2nd. "That it is impossible to examine women during their monthly illness, and as it would be simply barbarous (as is actually now legalized) to imprison them till that period be past, the examination cannot, in many instances be carried out."

The clause of the Acts here referred to, is clause 3 of the Act of 1869, which is, that, "if any *common prostitute* is in such a condition that the surgeon cannot properly examine her, if such surgeon has reasonable ground for believing that she is affected with a contagious disease, she may be detained in a certified hospital until the visiting surgeon can examine her, so that she be not detained for a period exceeding five days . . . . If the reason be that she is drunk, she may be detained upon an order of the visiting surgeon for a period not exceeding twenty-four hours."

I regret to say, that the Royal Commission has recommended the repeal of this clause, which was not inserted till after five years' experience of the Acts, and it was then *only applied in cases where there was suspicion of disease*. If a woman who was menstruating went home and did not continue to prostitute herself she might be allowed to defer the examination, but when, as we all know, that (and in spite of her monthly courses) she continues her nefarious trade, and since, as is well known, and as Mr. Berkeley Hill said before the Royal Commission:—



"(14799.) Menstruation is contagious, is it not?—The menstrual fluid is a common cause of gonorrhœa."

This clause is a necessity and must not be given up in the new Act.

Thus, then, the mere fact of a woman's courses being on, renders her liable to communicate a contagious disease,\* and this even though she be a chaste woman.

Clause 5. Is it "difficult and oftentimes impossible to detect the infecting sore in woman?"

Mr. Hill when asked before the Royal Commission—

"(14,789.) Can you detect the presence of syphilitic disease in women," said, "Yes, just as surely as in men."

"(14,793.) Then a syphilitic sore, I suppose, is easily detected?—Yes.

"(14,794.) Then supposing there is an absence of such a sore, and there is only a discharge, would you, as a medical man, seclude a public woman who had a discharge?—Who merely had mucous discharge from the neck of the womb, but no sign of syphilis?

"(14,795.) Yes.—No."

And as the women will be inspected periodically, the primary sore itself will be mostly found, which is not the case at present, since women rarely apply for treatment, till the disease is fully developed, and the primary sore has healed.

Clause 5. That a woman herself free from disease may be the vehicle of disease from previous tainted intercourse, granted, but will any gentleman here present prove that one case of disease in a hundred is so contracted?

And shall the ninety-nine other cases not be prevented because of this one anomaly?

And now for clause 7, that examination, "frequently failing to detect disease, will *certainly* spread contagion from one female to another," which is simply abominable; will Dr. Bell Taylor, who is connected with the authorship of this "protest" produce a single case where such a thing has happened under these Acts?

Any man who so infected a woman would be culpable in the extreme, and would richly merit the severest punishment for his gross negligence.

The Contagious Diseases Acts are but the beginnings of a series of sanitary measures, already we have the Vaccination Act and the Factory Act. Already a man suffering from small-pox, scarlatina, typhus, cholera, or other infectious disease is liable to imprisonment for travelling in a public conveyance; and under the Poor Law Act of 1867, any person in a workhouse suffering from contagious disease, fever, venereal, or otherwise, may be compulsorily detained till cured. And because, forsooth, we cannot have everything at once, shall we have nothing? If we are to continue

\* The *urétrorrhée* of Diday, said by him to be an obstinate and intractable variety of gonorrhœa.



to put up with everything which "our forefathers have endured," we shall make no progress, and society would come to a dead lock. Professor Huxley, in this month's Fortnightly Review, says, speaking of the Mill school of philosophers, who, you are probably aware, are the chief opponents of these Acts—"To these opponents, the Education Act is only one of a number of pieces of legislation to which they object on principle; and they include under like condemnation the Vaccination Act, the Contagious Diseases Act, and all other sanitary Acts; all attempts on the part of the State to prevent adulteration, or to regulate injurious trades; all legislative interference with anything that bears directly or indirectly on commerce, such as shipping, harbours, railways, roads, cab-fares, and the carriage of letters; and all attempts to promote the spread of knowledge by the establishment of teaching bodies, examining bodies, libraries, or museums, or by the sending out of scientific expeditions; all endeavours to advance art by the establishment of schools of design, or picture galleries, or by spending money upon an architectural public building when a brick box would answer the purpose. According to these views, not a shilling of public money must be bestowed upon a public park or pleasure-ground; not sixpence upon the relief of starvation, or the cure of disease. Those who hold these views support them by two lines of argument. They enforce them deductively by arguing from an assumed axiom, that the State has no right to do anything but protect its subjects from aggression. The State is simply a policeman, and its duty is neither more nor less than to prevent robbery and murder and enforce contracts. It is not to promote good, nor even to do anything to prevent evil, except by the enforcement of penalties upon those who have been guilty of obvious and tangible assaults upon purses or persons. And, according to this view, the proper form of government is neither a monarchy, an aristocracy, nor a democracy, but an *astynomocracy*, or police government. On the other hand, these views are supported *à posteriori*, by an induction from observation, which professes to show that whatever is done by a Government beyond these negative limits is not only sure to be done badly, but to be done much worse than private enterprise would have done the same thing.

"Suppose, however, for the sake of argument, that we accept the proposition that the functions of the State may be properly summed up in the one great negative commandment,—'Thou shalt not allow any man to interfere with the liberty of any other man,'—I am unable to see that the logical consequence is any such restriction of the power of government, as its supporters imply. If my next door neighbour chooses to have his drains in such a state as to create a poisonous atmosphere, which I breathe at the risk of typhus and diphtheria, he restricts my just freedom to live just as much as if he went about with a pistol, threatening my life; if he is to be allowed to let his children go unvaccinated, he might as well be



allowed to leave strychnine lozenges about in the way of mine; and if he brings them up untaught and untrained to earn their living, he is doing his best to restrict my freedom, by increasing the burden of taxation for the support of gaols and workhouses, which I have to pay. . . . .

"Locke has furnished us with such a formula, in the noblest, and at the same time briefest, statement of the purpose of Government known to me:

'THE END OF GOVERNMENT IS THE GOOD OF MANKIND.'

"But the good of mankind is not a something which is absolute and fixed for all men, whatever their capacities or state of civilisation. Doubtless it is possible to imagine a true 'Civitas Dei,' in which every man's moral faculty shall be such as leads him to control all those desires which run counter to the good of mankind, and to cherish only those which conduce to the welfare of society; and in which every man's native intellect shall be sufficiently strong, and his culture sufficiently extensive, to enable him to know what he ought to do and seek after. And, in that blessed State, police will be as much a superfluity as every other kind of government.

"But the eye of man has not beheld that State, and is not likely to behold it for some time to come. What we do see, in fact, is that States are made up of a considerable number of the ignorant and foolish, a small proportion of genuine knaves, and a sprinkling of capable and honest men, by whose efforts the former are kept in a reasonable state of guidance, and the latter of repression. And, such being the case, I do not see how any limit whatever can be laid down as to the extent to which, under such circumstances, the action of Government may be rightfully carried."

Gentlemen, I hope ere long that new laws, dealing with the causes of prostitution, the one-roomed cottage, seduction and desertion, infanticide, unrestricted sale of alcohol, and other social topics, will be added to our Statute Books—but Rome was not built in a day.

I have added tables I. II., showing the relative amount of venereal disease in four armies, whence the fearful prevalence of these affections in the English army is seen; and these figures, gentlemen, but inadequately represent the difference then, for most of the foreign cases are simple gonorrhœa, while in England there is a very large proportion of syphilis, and that too of a severe type.

These figures from Mr. Acton show this—for *syphilis*, the proportion is

1 in 8 in London,  
1 in 33 in Paris,  
1 in 56 in Brussels.

Also much of the venereal in our army is not treated by the army surgeons, the men going to chemists in many cases—even these numbers, therefore, large as they are, do not represent the real amount of disease. Since the



Acts have come into force, the army surgeons have looked up these men more sharply, and thus what went to the chemist now comes to the surgeon. This is assigned as one reason for the remarkable fact that the Acts do not appear to have diminished the frequency of gonorrhœa. It is impossible to conceive of disease being *really* more frequent when treated than when left alone.

I have re-produced these figures because "Justina" (Mrs. Josephine Butler) has not scrupled to call their accuracy in question, and is at a loss for their author, who is Mr. Acton.\*

There is, further, in the English army a considerable fluctuation up to 1866 and SINCE THEN. While in the unprotected districts the average rises, *in the protected districts the diminution is constant*. And here I would call attention to the assertion that the diminution of venereal diseases was greater in the years preceding the introduction of the Acts than since, whence it is inferred that the Acts have done no good. How erroneous is this inference the table VII. will show, for we find that this vaunted fall up to 1865 without the Acts stops at that year in the unprotected districts and then rises, whilst in the *protected* districts the diminution has continued, thus proving incontestibly the great benefit in a pecuniary and sanitary sense conferred. This comparison is a very valuable one, and the numbers are large enough to eliminate any source of error. I have expressed this gain in a sum of money, £35,000, as the difference between the cost of venereal under the two conditions, and I may say that this sum only represents the saving on 54,000 men or only two-thirds of the home army. The saving too in the navy is about £9,000 per annum.

The Acts as at present worked cost £4,600, of course, exclusive of hospital building and accommodation.

The basis of the army calculation is that each man, according to Sir A. Tulloch, costs £100 per annum—each sailor costs £82 10s.

In 1869 the cost to the country of venereal, had not the Contagious Diseases Acts been in force, taking the ratio of the unprotected districts, would have been £20,000, allowing £16,000 for the working of the Acts. For the civil population Mr. Acton, in his paper, says, "Dr. Farre is my authority for stating that in the year 1868 there were 474,500 men in this metropolis between the ages of 20 and 40. If, therefore, it cost £56,000 to cure the venereal patients among 46,000 soldiers, it must at present be costing £577,670, or upwards of HALF A MILLION to cure venereal cases among the 474,500 men liable to be affected in this metropolis, supposing that the venereal disease was as common among the adult civil population as it is among our soldiers."

Table III. shows the number of prostitutes known to the police in 1864,

\* Prostitution, pp. 125, 131, 143.



and Table V. shows the great moral effect of the Contagious Diseases Acts in diminishing the number of these women in the "protected districts."

Captain Harris gave evidence before the Royal Commission which shows that the Acts have diminished the amount of disease among prostitutes. He says—

|                          | Examinations. | Cases of Disease. |
|--------------------------|---------------|-------------------|
| In 1865 (whole year) ... | 1,027 ...     | 783               |
| „ 1866 „ ...             | 1,661 ...     | 1,103             |
| „ 1867 „ ...             | 3,339 ...     | 1,977             |
| „ 1868 „ ...             | 10,968 ...    | 4,363             |
| „ 1869 „ ...             | 34,282 ...    | 4,769             |
| „ 1870 „ ...             | 52,370 ...    | 4,292             |

PERIODICAL examinations were not begun till January, 1869, for it was useless to examine the women when there was not sufficient hospital room. At this time too the periods for examinations varied at different stations. At Sheerness, up to May, 1870, women were only examined once in three months, then uniformly once a month, now at all stations the examinations are fortnightly. A very marked diminution of disease is, however, prevented by the constant importation of disease from towns where the Acts are not in force into the "protected districts," and also by the arrival of merchant vessels, on board of which the men are not inspected; yet the average amount of disease per woman has fallen from 1·7 to 1·4 per woman. Though the number of common women known in the "protected districts," when the Acts first came into operation was 4,852, was reduced to 2,650 on the Register on December 31, 1870 (p. 778), and this too includes the enlarged and newly added districts. See Table VI.

Dr. Balfour's statistics show clearly the diminution of disease (SYPHILIS MORE THAN ONE HALF) 11·3 per cent. to 5·4 per cent. among the MEN in Her Majesty's forces.

Disease, undoubtedly, is greatly diminished among prostitutes by sanitary legislation, for while one out of every three prostitutes in London is diseased, and of these half are syphilitic, or one in six constantly ill, in Paris only 520 cases occur in 4,000 prostitutes for a whole year, and allowing two months as the average treatment for each case (much too large an estimate), we get only one sixth of this number, or *eighty-six* only constantly sick; that is, ONE IN FORTY-FIVE AGAINST ONE IN SIX in England.—See "Evidence" (hearsay ?) of Mr. Thomas (18,319).

The number of prostitutes in England and Wales known to the police is 28,000—Table III. Dr. Vintras adds 21,000 for the 7,000 brothels, thus making 49,000 in all; and, as this is the number known to the authorities, only these would have to be provided for.

Now, to begin with, if one third of these are diseased, we have at £25 per bed for 17,000, £450,000 required for the whole of England and Wales



for the first year, irrespective of hospital accommodation. Experience has shown that this result is much too high. (Acton Pamphlet, p. 18.)

I believe that the sum of money now paid by ratepayers for venereal diseases in workhouses, prisons, and the army and navy, is more than sufficient to work these Acts, and besides this there is the heavy private expense. Mr. Simon has greatly over-estimated the sum required for the metropolis—he states £100,000.

£20,000, it is stated, will suffice for the 6,000 of London, whence £170,000 for the whole country. This estimate allows 800 beds for London, and that this number would, in the course of three or four years, be ample is shown by Mr. Lane's evidence (14,492). Then the Government has 152 beds in the London Lock (Westbourne Green), having gradually increased them to this number, which was kept full up to 1870, when the numbers went down, THE AVERAGE OCCUPIED BEING ONLY 50 IN THE LAST QUARTER OF THAT YEAR. Thus, 100 beds are all ready and waiting, and by using hulks for a short time much building expenditure might be saved.\*

The Metropolitan Police Returns (p. 796) show that though the government has hospital accommodation to the extent of 666 beds, on December 31, 1870, only 372 were occupied. Thus the Acts could be extended to a district half the size of the whole of those under the Acts at the present time WITHOUT ANY EXPENDITURE FOR BUILDING HOSPITALS.

In the workhouse infirmaries, as you are probably aware, venereal diseases are now treated AT THE EXPENSE OF THE RATEPAYERS, and the cases thus treated are long standing and of a severe type, so that the country is already paying money for the treatment of enthetic disease.

Portsea ... 1862 52 ... 1869 32.

Devonport District ... 1862 Males 147—Females 697.

„ 1870 „ 47— „ 115.

In Devonport Borough Prison in 1863, before passing of Acts (p. 818), 25—9 syphilis, 16 gonorrhœa; in 1868-69-70—5, 10, 14, respectively, only 1 of which in each year was syphilis (p. 825).

The London workhouses do not, as a rule, receive venereal patients, but send their patients to the Lock. The St. George's guardians, however, keep a Lock Hospital in Pear Street, Victoria Street, S.W., for the especial treatment of female venereal cases, which can only be admitted by application through the relieving officer, saying that the woman is destitute. This hospital, supported by the parish, is connected with the "Petty France Infirmary," and has twenty beds always full. The evidence of Mr. T. Bond, its surgeon (15,010 et. seq.), shows the fearful type of the disease in London; "60 per cent. of the patients suffer from the con-

\* See Acton, "Contagious Diseases Acts," p. 18, and Prostitution, 2nd ed.



stitutional infecting type of the disease." The patients left when they chose, Mr. Bond not having been aware that the Poor Law Act 1867 gave him power to detain them till cured. Speaking of the alleged diminution in severity, Mr. Bond says, "for the last three and a half years I have had an opportunity of following up the cases, and I have found no decrease at all. The disease in Westminster now is just as rife and of the same character as when I obtained my appointment three and a half years ago."

As you are probably aware, sir, the Royal Commission have recommended not that the *compulsory examination* be discontinued, but that the PERIODICAL one be given up. The Commissioners give no reason for the recommendation, indeed it is given in the face of almost universal medical evidence that the compulsory periodical examination is the very essence of the system, and regardless of the fact that any argument against the one is equally valid against the other. The women, too, themselves object, saying that they think "all should be treated alike, and not one taken and another left." Indeed, the picture Mr. Bond draws of this enlightened christian city is really fearful. Meanwhile, large sums are being expended on missionary efforts to convert the "heathen" (?) abroad as there are none nearer home.

I will now briefly state what is the nature and mode of procedure under these most admirable Acts.

#### PRECIS OF ACTS.

The "Contagious Diseases Acts" are four in number. The first, that of 1864, only examined "common prostitutes" *suspected of being diseased*, and was repealed by the principal Act, 1866, which examines every common prostitute periodically, whether suspected of disease or not, as long as she follows her trade. The Act of 1868 only refers to Ireland, and the Act of 1869 extends the limits of the protected districts from five to ten miles, adding certain towns, and also provides for the detention of women not in a fit state to be examined, *and suspected of disease, for not more than five days*.

These Acts, one and all, deal only with common prostitutes, and only a superintendent or inspector can lay an information, *on oath*, against a woman to the effect that he believes "A B to be a common prostitute;" and then only if a magistrate shall think fit shall a summons be issued citing the accused to appear. This she may do in person, by proxy, or by her solicitor on her behalf, if she deny the charge; but, as most of the women never think of denying their occupation, these may merely sign a "voluntary submission" paper for any period *not exceeding twelve months*, which subjects them to the same control as a magistrate's warrant.

Further, if a woman choose to appear before the magistrate, she may, *if she please*, avoid public scandal and demand a private hearing, so that should there unfortunately be a miscarriage of justice, no one is any the wiser. This is "the inquisition" of our opponents. Should the evidence against the woman be sufficient, the magistrate shall issue a warrant ordering the woman to attend for medical inspection, in no case longer than for one year; and if she fail to do so she may be arrested. If a woman please she may simply leave the district, and she is then beyond the pale of the law—or she may enter into a recognizance for her good behaviour for three months.

If on examination a woman be found diseased, she is sent to a hospital certified under this Act, *which must have proper religious and moral instruction for the women, and in which they now have schools and teach them to read, write, sew, and do other useful*



*work.* Here she is detained till cured, treated with kindness, clothed and fed, free of expense, and on leaving, if she desire it, she is sent home to her friends at the Government's expense; in every case the woman is offered a home in a refuge, or some respectable employment on leaving hospital.

If a woman leave the hospital before she is cured, she may be arrested and punished, for a first offence by imprisonment for a period not exceeding one month, and subsequently not exceeding three months, in both cases with or without hard labour. IN NO CASE may a woman be detained in hospital for MORE THAN NINE MONTHS, three months on each order, and if then uncured she is discharged, a written notice being given to her that she is still suffering from a contagious disease, and if she be found living as a prostitute she shall be liable to imprisonment as above.

When discharged from hospital a woman is freed from the Acts, and cannot be brought under them without a fresh submission or warrant. If a woman thinks she is wrongfully detained in hospital she can demand to be carried before a magistrate and have her case tried. If a woman has ceased to be a prostitute she can apply to the surgeon or magistrate, who, if he is satisfied, shall order her discharge from examination. Any brothel keeper harbouring a diseased prostitute knowingly is liable to heavy penalties.

*These Acts give immoral persons no protection whatever against the common law for the suppression of brothels and vice.*

Such, gentlemen, is briefly the nature of these admirable Acts. Everything is done that can be to protect the interests of the women and to prevent oppression.

No new power is given to the police, for the Metropolis Street Act, the Vagrants' Act, and other statutes give every common constable the power to arrest any woman in any town in England for soliciting prostitution, but to do so without sufficient ground is more than the man's place is worth, while the Contagious Diseases Acts only allow a superintendent or inspector to lay an information, and he may not arrest a woman in the very act without having previously obtained a warrant. Neither is any new "spy" system introduced, for we already have detectives.

THE ROYAL COMMISSION, 1871, consisted of 23 members, of whom nineteen are in favour of legislation for prostitution, and therefore are opposed to the opponents of "free trade in vice," seven desire to maintain the Acts in their integrity, eleven wish to return to that of 1864 (when amended), since most of the good has been achieved by this Act, that of 1866 not having been in complete working order till 1869, [VI.] OWING TO WANT OF HOSPITAL ROOM. Thus eighteen of the Commissioners are in favour of a modification of the Acts of 1864 or 1866. FOUR COMMISSIONERS ONLY ARE OPPOSED TO LEGISLATION OF ANY KIND FOR VICE—hence it is totally false to say, that the Royal Commission has reported against the Contagious Diseases Acts.

Detention in hospital must be COMPULSORY, and nothing short of this. What right has a woman suffering from syphilis to continue her trade, blasting her own body and that of her fellow sinners with loathsome disease? have we a right to interfere with her "liberty" of administering



poison, and shall we not stop her in this much more dangerous attempt to damage herself and her users?

In every town where the Acts are in force, a special body of the Metropolitan police are entrusted with the carrying of them out; these are all tried men of the highest character, and are now all married men; further, only a superintendent or an inspector may lay an information on oath.

I would recommend to your notice, the Association for the Extension of the Principles of these Acts to the Civil Population, of which society almost all the leading members of the profession in London are members. The secretaries are Messrs. Brendon Curgenven and Berkeley Hill, and I ask you each to use what influence you severally have, to help them in the *efforts they may make this winter* for the furtherance of this object. The subject is a very unsavory one for public discussion, and it is not they who have dragged such ghastly matters to light, and paraded them before the eyes of the young and the pure. For though this association was formed more than two years before either of the opponent associations, it has never been, and it is not, its rule to address any papers to any individual, except under cover, and marked private, *and on no condition are any papers sent to any lady who has not previously requested the same to be sent to her*, and I trust that not a single "placard" of any meeting to be held during this winter, will be thrust on the eyes of young and old, on walls and street corners, but that all advertisements will be confined to the newspaper columns. And now, if the promoters are obliged to defend these laws against the grossest misrepresentation and exaggeration, against hysterical shrieking, and bigoted fanaticism, the blame is not theirs, but their opponents.'

The opponents of these Acts assume that they are the only friends of liberty, morality, and religion, and do not scruple to attribute the basest motives to their supporters, monopolising exclusively the desire for the well-being and reclamation of those whom they please to style "their defenceless clients," as though men of the highest benevolence who desire to check disease, were fiends incarnate.

Amongst these opponents, Dr. Bell Taylor has signally distinguished himself, both for boldness of assertion in the face of facts, and for his successful appeals to fanatical sentimentalism.

Before the Royal Commission he gave some evidence which deserves to be handed down to posterity, (19,438) that "before Mr. Jonathan Hutchinson's time, inherited syphilis was unknown, and that its symptoms were attributed to scrofula;"\* he repeated this monstrous assertion, and he

\* Dr. Bridges kindly offered Dr. Bell Taylor the chance of withdrawing his statement, but he was obdurate.

Gaspard Torella in 1498 wrote—"In pueris lactantibus prima infectio apparet in ore aut in facie ;



also said, that syphilitic diseases of the eye are easily curable; doubtless they are, if treated properly, and if taken in time—Dr. Drysdale did not so commit himself—he was aware that medical men recognized syphilis long before Hutchinson's time.

Mr. Dunn's (a colleague of Dr. Drysdale's) evidence is so extraordinary, that I must read a passage; this gentleman is an M.R.C.S., and evidently regards prostitution as, at least not a degrading, if it is not a noble profession.

"(19,183.) Do you think the fact of being examined is more degrading to a woman than the habits of prostitution in which she indulges?—Most decidedly.

"(19,184.) You think a woman is not so degraded by habitual prostitution, but that means which are rendered necessary for her health's sake add to the degradation?—I do not think it a degradation at all.

"(19,185.) You do not think prostitution a degradation?—Simply if a woman chooses to become a prostitute she does it of her free will and accord chiefly.

"(19,186.) Do you state to this Commission the opinion that a woman who submits herself night after night to four or five men is not degraded by it?—To a certain extent she is no doubt; but then it is her business.

"(19,187.) Do you think that she is demoralised?—As a matter of course.

"(19,188.) You think that she is not degraded by it, because it is her business?—It is her business. Prostitution is a regular business now.

"(19, 189.) And you think that she is not degraded by it?—She is not degraded by it now.

et hoc accidit propter mammas infectas, aut faciem, aut os nutricis, seu alicujus alterius. Solent enim nutrices sæpius infantes osculari, et sæpius vidi infantem infectum hoc morbo multas nutrices infecisse."

Cataheus in 1505, George Vella in 1508, and in the same year Conrad Reitterius, in an ode to the Virgin, wrote—

"Non puer tutus teneris in annis,  
Quem suæ lactat genetricis uber."

In 1529, Paracelsus positively asserted the hereditary nature of syphilis, "*fit morbus hereditarius et transit a patre ad filium.*" After him came Nicholas Massa, Mathiolus, Antonius Gallus, J. B. Theodosius, Montanus, and Musa Brassavole, many of whom managed to dim the existing light.

But in 1553, Augier Ferrier said—"Cum in utero morbus contrahitur tanquam hereditarium fit malum et tanquam corruptum elementum unâ cum paterno vel materno semine infunditur; aut si mater a die conceptionis in morbum inciderit; communicatio foetui, vitiosis infectisque humoribus." "Here he distinctly defines the three modes of intrauterine infection; and modern researches have added nothing to this distinction."

Rondelet (1560) gives his own observation—"Ego vidi puerum nasci totum co-opertum (sic) pustulis morbi gallici." Thus it is evident that 300 YEARS AGO hereditary syphilis was known to the profession, and as Mr. Jonathan Hutchinson is living he could hardly have been the first to recognise hereditary syphilis. (*Diday Infantile Syphilis.*)—a work which I would earnestly recommend to the careful perusal of Dr. Bell Taylor.



"(19,190.) Therefore you hold, that a woman who submits herself to four or five men a night for what you call her business, is not degraded by it, and if examined by a surgeon to cure her of the effects of that profession, she is degraded?—Yes, I think so decidedly."

How totally unworthy of the term "evidence" are many of the statements made by some of the opponents of the acts, is shown by the "evidence" of Mrs. Lewis, a missionary from Birmingham. This lady was sent down to Plymouth and Portsmouth by the *anti-contagionists* to incite the women to rebel against the law of this realm. She informed the Royal Commission that there were no Lock Hospitals in Birmingham, for "the public would not tolerate them," unless on the voluntary principle.

Mrs. Lewis talks glibly about "our infirmary," and you will hardly expect to find that she means the WORKHOUSE infirmary; indeed she has been very careful to hide the fact that this institution is a pauper hospital.

Further, it will surprise you to learn that at the Birmingham Workhouse Infirmary, *the Poor Law Act of 1867 is strictly enforced*. This Act gives the authorities the power of detaining any person suffering from contagious diseases of EVERY KIND till cured. In this institution there are on an average fifty female and ten male primary venereal cases which are treated in special wards; besides these there are many chronic and incurable cases of syphilis in the ordinary wards. *Every one of these sixty patients is compelled to undergo a medical examination, and is detained in the infirmary till cured, just as prostitutes are confined in hospital under the Contagious Diseases Acts*. And yet this lady tells us "the public will not tolerate" Lock wards in Birmingham!

Instead of its being true that these wards "are not full," the fact is that at the present time (November, 1871) the authorities are contemplating building extra venereal wards, for the ACCOMMODATION IS INSUFFICIENT.

True, she says, "I am not very much up in this question," but would it not have been better to have avoided making such grossly untrue assertions as the above?

Besides this workhouse infirmary there are two general hospitals in Birmingham, the "General" and the "Queen's," and in speaking of these institutions before the Royal Commission, Mrs. Lewis has again shewn a lamentable ignorance of the whole subject. Concerning the "General Hospital" she said that "there was a ward in connection with the fever wards where these people were treated" (12,724). "Then I understand you to say cases of venereal disease are not excluded from that hospital?—No. They are admitted?—They are admitted" (12,727).

I give to these statements of Mrs. Lewis's (made on March 17, 1871) a flat denial. I have spent three years at this hospital myself, one of which was last year, 1870—71. There is no ward set apart for venereal cases in the General Hospital, *and it is against rule to admit such cases*, though



within the last year or two the medical staff have occasionally infringed the law. During last winter not more than six women suffering from venereal were admitted, and in the spring two or three of these were placed in the new "burn-ward," *built in February, 1871*, and this is the "ward set apart," I presume. Some dozen or more male venereal cases were admitted during that time.

At the present time (December, 1871) only two female and 6 male venereal cases are in the General Hospital. Now at the Queen's Hospital they have had venereal wards for some time, though Mrs. Lewis was not sure of the fact. There are six female and eleven male beds, and *four* of the female beds are now full.

To sum up then, Birmingham has sixty venereal beds at the *Workhouse Infirmary*, seventeen at *Queen's*, and we will allow nine for the *General Hospital*, that is eighty-six in all, fifty-nine of which are female; and this is what Mrs. Lewis calls "ample accommodation,"—for venereal diseases are very prevalent in Birmingham, and of a severe type as compared with London. Indeed, I have seen as great a proportion of venereal cases among the out-patients at the General Hospital, Birmingham, as at University College Hospital; and the general type of disease is, if anything, more severe than I see either at this or at the Lock Hospital.

*But the most striking point is that out of these fifty-nine female beds fifty are under compulsory medical inspection and detention till cured; and yet Mrs. Butler and Mrs. Lewis kindly promised us a "rebellion" in Birmingham if we attempted to introduce legislation FOR THE REPRESSION OF VICE and disease into that town.*

Thus, gentlemen, Mrs. Lewis has shown herself utterly unworthy of the least credence in this subject. But what can we expect else from a person who says that out of hundreds of prostitutes reclaimed by her efforts during eleven years, "if I report to you two cases of failure, in the second I should have my hopes that it was not a failure. That would leave only one that I know of during the whole of that time?"

Treating of syphilis, Parent Duchâtelet, the great Paris authority, wrote—

"Of all contagious diseases to which the human species is liable, and which cause to society the greatest evils, there are none more serious, more dangerous, or more to be dreaded, than syphilis; and I am not afraid of being accused of exaggeration in saying that its ravages far surpass those of all the plagues which at different times have terrified society.

"Thousands have been spent every year, for more than a century, to stop the progress of the plague, which, although existing permanently at Constantinople, has not yet depopulated it; the same is done for yellow fever, which, however terrible, has not prevented the prodigious increase of the American towns; but nothing has been done to arrest the progress



of syphilis—the worst and most frightful of all plagues—which for nearly 300 years has been raging among us.

“Such neglect could hardly be believed, and will, I am sure, astonish future generations.

“If legislation cannot render men virtuous, if it cannot correct their judgment, and repress the impetuosity of passions which appeal to their senses too loudly to leave them the consciousness of duty; at least, it may meet the danger to which the imprudent expose themselves, and for the sake of these men’s wives and children look after the health of the guilty in order to preserve the innocent. I will go further, for I maintain that it ought to do so, and that those who have neglected this important duty have been unfaithful to their trust, and can only be excused by their ignorance of the benefits of the sanitary surveillance of prostitution.”

It is to do something to diminish this scourge that the Contagious Diseases Acts were passed, and, as I have shown, they have not failed in their object.

I trust, gentlemen, that I have shown good reason why, on medical grounds, you should support these measures as a defence for the young and helpless and the pure and innocent. Voluntary effort is useless to cope with such a gigantic evil. Voluntary hospitals are still more useless, they only patch up the diseased women and make them last a longer time, and so propagate disease, and they do harm. **COMPULSION, AND COMPULSION ALONE CAN BE OF ANY SERVICE.** At the same time, any measure must be popular with the women, or else they will try and evade it. This is the fault of the Parisian system, but the English Acts have attained the happy “Golden Mean.”

In conclusion, I trust then before many years have passed away, England too will have a “Bureau des Mœurs,” with a Minister of Health at its head, a large and efficient staff of medical officers of health in every town and throughout the length and breadth of the land, as well as a sanitary police, entrusted with the working of the Contagious Diseases Acts, the Vaccination Acts, the Factory Act, and the suppression of public nuisances, obscene literature (notably that emanating from a certain quarter), and demoralising exhibitions of every kind—for gentlemen, “The End of Government is the Good of Mankind.”



From VINTRAS.

TABLE I.

| BELGIAN ARMY. (p. 52.)              |   |                         |  |
|-------------------------------------|---|-------------------------|--|
| In 10 Garrison Towns, mean average— |   |                         |  |
| 1858                                | ..  | 9.80                    | per 100 of strength.                     |
| 1859                                | ..  | 7.67                    | " "                                      |
| 1860                                | ..  | 7.21                    | " "                                      |
| ITALIAN ARMY. (p. 52.)              |   |                         |  |
| 1850-53                             | ..  | 20.45                   | per 100 of strgth.                       |
| 1856 (after reform)                 | ..  | 11.60                   | " "                                      |
| 1857                                | ..  | 12.6                    | " "                                      |
| 1858                                | ..  | 9.16                    | " "                                      |
| FRENCH ARMY. (p. 52-3.)             |   |                         |  |
| 1865                                | { <i>Real</i> number of men } 9.2 per 100 |                         | of<br>strength.<br>of venereal<br>cases. |
| 1858                                | ..  | 7.41 <i>per centage</i> |  |
| 1860                                | ..  | 7.11                    |  |
|                                     |   | "                       |  |
| ENGLISH ARMY.                       |   |                         |  |
| 1869                                | ..  | 21.3                    | per 100 of strength.                     |

| ENGLISH ARMY.<br>From Return from War Office (p. 815. ) |                      |                     |                      |
|---|----------------------|---------------------|----------------------|
| Year.   | Average<br>Strength. | Ratio per 1,000.    |                      |
|   |                      | Constantly Sick for |                      |
|   |                      | All<br>Diseases.    | Enthetic<br>Disease. |
| 1860  | 97,703               | 54.72               | 23.73                |
| 1861  | 88,955               | 54.54               | 21.70                |
| 1862  | 78,173               | 53.49               | 22.32                |
| 1863  | 75,945               | 49.19               | 20.31                |
| 1864  | 73,252               | 47.66               | 19.11                |
| 1865  | 72,999               | 46.14               | 18.14                |
| 1866  | 70,292               | 41.85               | 16.00                |
| 1867  | 73,420               | 42.47               | 17.95                |
| 1868  | 78,261               | 43.30               | 17.82                |
| 1869  | 73,764               | 40.82               | 14.87                |
| Total Average   |                      | 48.71               | 19.56*               |

\* "The constant loss of service from venereal diseases among the troops in the United Kingdom, has on the average of the ten years, 1860-69, been equal to that of 1,531 men or TWO AND A HALF REGIMENTS ANNUALLY."

TABLE II.

*Comparison between the Amount of Venereal Disease in the French and English Armies. (VINTRAS, p. 55.)*

| FRENCH ARMY.  | ENGLISH ARMY.   |
|---|---|
| 1. Average number of Troops serving in France in 1865—364,934.  | 1. Average number of Troops serving in the United Kingdom in 1864, 73,252.  |
| 2. <i>Real</i> number of <i>men</i> suffering from venereal has been 31,918, or 92 per 1,000 of the strength.             | 2. No statistics made.  |
| 3. Compared with other diseases, 147 per 1,000 patients.  | 3. Ratio for admissions from venereal, per 1,000 men 290.7 (of strength).   |
| 4. Daily average of venereal patients, 2,280, or nine per thousand.   | 4. Average number constantly in hospital for venereal, 1,399.2, or 19.10 per 1,000.                                     |
| 5. Average duration of venereal illness, 33 days.   | 5. Average duration of venereal treatment, 23.98 days.  |
| 6. Loss of service (per man) by venereal in the whole force, 3.10 days.   | 6. Loss of service (per man) by venereal in the whole force, 6.97 days.   |
| 7. The number of days lost from venereal diseases is equivalent to the loss of the whole army services during THREE DAYS. | 7. Number of days lost from venereal diseases is equivalent to the loss of service of the whole army during SEVEN DAYS. |



TABLE III.

Table showing the number of Prostitutes and Houses of Bad Character known to the Police [1864], from VINTRAS, 35-39.

|   | Prostitutes. | Houses. |   |
|---|--------------|---------|---|
| Birmingham ..                                       | 402          | 532     | Number of prostitutes in England and Wales .. .. 28,094 |
| Brighton ..   | 375          | 183     | Number of women in the 7,092                            |
| Bristol ..  | 294          | 241     | brothels known to the police                            |
| Devonport* ..                                       | 169          | 48      | (supposing three for each                               |
| Liverpool ..  | 2,343        | 1,353   | house) .. .. 21,276                                     |
| London ..   | 5,689        | 1,808   | Female thieves .. .. 5,648                              |
| Manchester ..                                       | 1,073        | 653     | Female receivers of stolen goods 628                    |
| Plymouth* ..  | 770          | 135     | Suspected females .. .. 5,673                           |
| Portsmouth* ..                                      | 1,791        | 701     | Female vagrants .. .. 44,654                            |
| Sheffield ..  | 124          | 131     |   |
| Southampton* ..                                     | 800          | 163     |   |
| * Contagious Diseases Acts in force in these towns. |              |         | Total number of female }<br>bad characters } 105,963    |

TABLE IV.

| TABLE SHOWING THE NUMBER OF WOMEN FOUND AFFECTED WITH SYPHILIS IN PARIS. DR. VINTRAS, p. 13. |       |       |      |      |
|--|-------|-------|------|------|
|  | 1861  | 1862  | 1863 | 1864 |
| Women in Tolerated Houses of Paris.....  | 149   | 167   | 159  | 105  |
| Women in Tolerated Houses of Suburbs .   | 197   | 230   | 280  | 184  |
| Registered Women in Lodgings   | 104   | 91    | 104  | 120  |
| Clandestines   | 540   | 519   | 425  | 251  |
|  | 1,090 | 1,067 | 986  | 660  |

| TABLE SHOWING THE PROPORTION OF SYPHILIS AMONG THE PUBLIC WOMEN IN PARIS. DR. VINTRAS, p. 17. |                               |                                 |                             |                    |
|---|-------------------------------|---------------------------------|-----------------------------|--------------------|
|   | In Tolerated Houses of Paris. | In Tolerated Houses of Suburbs. | Registered Women. Lodgings. | Clandestine Women. |
| 1857  | 1 in 28                       | 1 in 16½                        | 1 in 145                    | 1 in 3½            |
| 1858  | 1 in 40½                      | 1 in 21                         | 1 in 128½                   | 1 in 4             |
| 1864  | 1 in 101                      | 1 in 45                         | 1 in 196                    | 1 in 7½            |

| DEATHS OF CHILDREN UNDER 5 YEARS OF AGE FROM SYPHILIS IN THE YEAR 1868. (ACTON, C. D. A.) |                    |                                       |  |
|---|--------------------|---------------------------------------|--|
| Ages.   | England and Wales. | London.                               |  |
| Under 1 year  | 1,364              | 361                                   |  |
| 1 and under 2 years   | 82                 | 21                                    |  |
| 2     "     3     "   | 19                 | 2                                     |  |
| 3     "     4     "   | 6                  | 2                                     |  |
| 4     "     5     "   | 1                  | 0                                     |  |
| Total under 5 years   | 1,472              | 386 (473 total deaths from syphilis.) |  |

| TABLE SHOWING THE AMOUNT OF VENEREAL AMONGST THE REGISTERED WOMEN IN PARIS. (LECOUR.) |                   |                |                         |
|---|-------------------|----------------|-------------------------|
| Années.   | Filles Inscrites. | Syphilitiques. | Galeuses. (Scabies,) &c |
| 1866  | 4,003             | 432            | 169                     |
| 1867  | 3,861             | 557            | 182                     |
| 1868  | 3,769             | 651            | 217                     |
| 1869  | 3,731             | 840            | 81                      |



TABLE V.

| DIMINUTION IN NUMBER OF PROSTITUTES IN THE PROTECTED DISTRICTS.<br>From [1] Metro. Police Returns (p. 778). |    |  |                                     | MR. BERKELEY HILL'S OUT PATIENTS,<br>LOCK HOSPITAL, 1870. |       |       |     |
|---|----|--|-------------------------------------|---|-------|-------|-----|
| Portsmouth Devonport<br>District.   |    | Known<br>Number<br>of<br>Prostitutes<br>when<br>Acts first<br>applied. | Num-<br>ber on<br>Dec. 31,<br>1870. | MALES.  |       |       |     |
| Portsmouth .. ..  | .. | 1,355  | 590                                 | General Syphilis ..                                       | 305   |       |     |
| Devonport .. ..   | .. | 1,770  | 557                                 | Hard Sore .. ..   | 63    |       |     |
| Sheerness .. ..   | .. | 73   | 59                                  | Total Syphilis .. ..                                      | 368   |       |     |
| Chatham .. ..   | .. | 230  | 281                                 | Chancroid (soft sore) ..                                  | 138   | 138   |     |
| Woolwich .. ..  | .. | 240  | 197                                 |   |       |       |     |
| Aldershot .. ..   | .. | 266  | 239                                 |   |       |       | 506 |
| Windsor .. ..   | .. | 54   | 30                                  | Acute Gonorrhœa ..  | 889   |       |     |
| Shorncliffe .. ..   | .. | 70   | 46                                  | Chronic Discharge (Stric-<br>ture, 79) .. ..              | 155   | 1,044 |     |
| Colchester .. ..  | .. | 158  | 74                                  |   |       |       |     |
| Greenwich .. ..   | .. | 151  | 141                                 | Not Venereal (patients mis-<br>took disease) .. ..        | 323   |       |     |
| Winchester .. ..  | .. | 76   | 49                                  |   |       |       |     |
| Dover .. ..   | .. | 92   | 95                                  | Total .. ..   | 1,873 |       |     |
| Canterbury .. ..  | .. | 42   | 42                                  |   |       |       |     |
| Deal .. ..  | .. | 26   | 15                                  |   |       |       |     |
| Maidstone .. ..   | .. | 58   | 40                                  |   |       |       |     |
| Gravesend .. ..   | .. | 47   | 40                                  |   |       |       |     |
| Southampton .. ..   | .. | 154  | 155                                 |   |       |       |     |
| Total..   |    | 4,862  | 2,650                               |   |       |       |     |

TABLE VI.

[12] METROPOLITAN POLICE.

*Return showing the Dates on which the Contagious Diseases Acts were first put into operation; as also the Dates on which the Register was first taken into use.*

| District.         | Date at which operations commenced. | Date at which Register was first taken into use. |
|-------------------|-------------------------------------|--|
| Portsmouth .. ..  | 3rd December, 1864                  | February, 1869                                   |
| Devonport .. ..   | 1st April, 1865                     | January, 1869                                    |
| Sheerness .. ..   | 9th June, 1865                      | February, 1869                                   |
| Chatham .. ..     | 12th „, 1865                        | January, 1869                                    |
| Woolwich .. ..    | 14th November, 1866                 | February, 1869                                   |
| Aldershot .. ..   | 12th April, 1867                    | „ 1869   |
| Windsor .. ..     | 1st „, 1868                         | „ 1869   |
| Shorncliffe .. .. | 27th July, 1868                     | „ 1869   |
| Colchester .. ..  | 27th January, 1869                  | January, 1869                                    |
| Greenwich .. ..   | 6th „, 1870                         | „ 1870   |
| Winchester .. ..  | 6th „, 1870                         | „ 1870   |
| Dover .. ..       | 19th „, 1870                        | „ 1870   |
| Canterbury .. ..  | 21st „, 1870                        | „ 1870   |
| Deal .. ..        | 5th February, 1870                  | February, 1870                                   |
| Maidstone .. ..   | 15th January, 1870                  | „ 1870   |
| Gravesend .. ..   | 17th „, 1870                        | „ 1870   |
| Southampton.. ..  | 28th May, 1870                      | May, 1870  |

(Signed) W. C. HARRIS,  
Assistant Commissioner.



TABLE VII.

*Comparison between the percentages for Venereal in Protected and Unprotected Districts.—26 Garrisons (including all Stations in the United Kingdom where the Garrisons number 500 Troops and upwards).*

| Year. | Unprotected.           |            |        | Protected.             |            |        |
|-------|------------------------|------------|--------|------------------------|------------|--------|
|       | Primary Venereal Sore. | Gonorrhœa. | Total. | Primary Venereal Sore. | Gonorrhœa. | Total. |
| 1864  | 10·86                  | 11·25      | 22·11  | —                      | —          | —      |
| 1865  | 9·99                   | 11·33      | 21·32  | 12·0                   | 14·05      | 26·05  |
| 1866  | 9·09                   | 9·93       | 19·02  | 9·05                   | 16·49      | 25·54  |
| 1867  | 10·80                  | 13·16      | 23·96  | 8·63                   | 13·09      | 21·72  |
| 1868  | 10·67                  | 12·84      | 23·51  | 7·21                   | 12·66      | 19·87  |
| 1869  | 11·19                  | 10·25      | 21·44  | 6·09                   | 10·86      | 16·95  |
| 1870  | 11·33                  | 9·65       | 20·98  | 5·45                   | 9·81       | 15·36  |

From II. Army Returns (1 A).—*Dr. Balfour* (p. 811).

FINIS.



# TAB. VII.

Comparison between the percentages for Garrison in Protected and Unprotected Districts.—28 Garrison (including all Stations in the United Kingdom) the Garrison number 200 Troops and upwards.

| Year. | Unprotected.      |        |                   | Protected. |                   |        |
|-------|-------------------|--------|-------------------|------------|-------------------|--------|
|       | Primary Garrison. | Total. | Primary Garrison. | Total.     | Primary Garrison. | Total. |
| 1870  | 11.35             | 10.65  | 11.27             | 10.85      | 11.05             | 10.75  |
| 1871  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1872  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1873  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1874  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1875  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1876  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1877  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1878  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1879  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1880  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1881  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1882  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1883  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1884  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1885  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1886  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1887  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1888  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1889  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1890  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1891  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1892  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1893  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1894  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1895  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1896  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1897  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1898  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1899  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |
| 1900  | 11.10             | 10.55  | 11.05             | 10.55      | 10.85             | 10.55  |

From II. Army Returns (I.A.)—Dr. Balfour pp. 811.

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