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REMARKS

ON THE

RECENT REPORT OF THE ROYAL COMMISSION

ON THE

CONTAGIOUS DISEASES ACT

AND ITS APPLICATION TO THE VOLUNTARY HOSPITAL
SYSTEM.

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REMARKS
ON THE
RECENT REPORT OF THE ROYAL COMMISSION
ON
THE CONTAGIOUS DISEASES' ACT.

THE question of legislative interference with regard to the gigantic evil of the continual propagation of the Venereal Diseases, and the infliction of incalculable ills on innocent persons, has just now received fresh interest from the Report of the Royal Commission upon the administration and operation of the Contagious Diseases' Act, published within the last few days. Witnesses have been examined, and a Blue Book of unusual dimensions has been printed, embodying the evidence on what the Report admits to be "a most painful and delicate question."

In the conduct of the inquiry, the presence was allowed of the representatives of those who advocated the necessity for the existence of the Contagious Diseases' Act, which brought the pursuit of an immoral trade (if pestilent or prejudicial to the community), within legislative action. The representatives of the agitation so actively set in motion to rescind and abolish the Act as at present in force, were also allowed to watch the proceedings and suggest witnesses to be examined; every fairplay was undoubtedly afforded by this arrangement.

The Report states, "That having taken a large amount of evidence on the subject of Venereal Disease, though the

Medical Profession is not agreed upon many points, yet the more important are sufficiently established, and though improved treatment and habits of cleanliness have mitigated the virulence of the disease, yet it is still one of a most formidable description." Mr. Paget has affirmed "that it would be difficult to overstate the amount of damage that syphilis does to the population, and that a number of children are born subject to diseases which render them quite unfit for the work of life."

Mr. Prescott Hewitt, when asked whether a legislative remedy was necessary, said, "Certainly, if possible; I do not know any disease that is more terrible to my mind than this."

On the other hand, Mr. Simon hesitates to affirm that the evil is of such magnitude as to justify the interference of the State; and Mr. Skey thought that the views of the Association for extending the Acts were largely overcharged, and had been too highly coloured, and that the disease was by no means so common or universal as represented by them. In this city, it is hardly necessary to remind practitioners and hospital surgeons of the frequency of venereal affections. It is not too strong a statement to make, that amongst the lower order, and the artisan male population, 65 to 80 per cent. suffer from the contagious diseases in some form; and that in proportion as we ascend in the social scale, while the percentages of soft irritative sores diminish, gonorrhœa and infecting syphilis increases; but I doubt if the percentage, even then, of those who suffer, can be less than 50 to 60 per cent. This may seem highly coloured, but the facts recorded at page 17 and 25 of this volume go far, not only to establish the validity of this estimate, but to raise the calculation much higher.

In three months there were treated in Dublin 480 cases of venereal, and 400 of gonorrhœa, a total of 880 out of a garrison averaging 4,307 men; so that in a year more, at the same ratio, a number representing the *entire* of the garrison would have been under treatment—a monstrous state of things, if preventible, when it is considered in how many of these instances the seeds of ultimate deterioration would fructify almost indefinitely; and taking the soldier at the estimated cost of £100, the State has, in Dublin, £430,700 worth of its soldiers diseased in 15 months. If

such can be ascertained to be the case with the military, what mischief must be disseminated amongst the artisan and lower classes, with whom, probably owing to the greater attractiveness of the gin palaces, and the facilities of beershops, certainly intoxication and recklessness seem on the increase. Whereas if we rise in the social scale, while the percentage of sores may diminish, their virulence and infection power increases, being in fact reversed—16 infecting to 5 non-infecting I find the proportion. Dr. Bumstead in New York, from his independent observation, gives as near as may be the very same proportion as I mention (p. 25). So that the diminution in the number of the infected is painfully compensated for in the upper ranks of society, by the more infecting, and it may, I fear, be added, insidiously transmittable poison.

In making statistical calculations in this disease, overwhelming difficulties are met; thus, in the registration of deaths, the number of deaths from syphilis is palpably below possibility. No one will brand the memory of a fellow creature, or of a patient, if it can be at all avoided, with the stain of syphilis; none but the outcast and the poorest will be so recorded, much less will the deaths of children be inscribed against their parents, as due to syphilitic infection. Again, the centripetal tendency of the poison, as I have signified in the index figure of this volume, leads to changes in the internal organs, which insidiously and silently compromise life. Mr. Paget states, in evidence—

“We now know that certain diseases of the lungs, the liver, and the spleen, are all of syphilitic origin, and the mortality from syphilis in its later forms is every year found to be larger and larger, by its being found to be a source of a number of diseases, which previously were referred to other origins and accidents, or which were put down under various heads they did not belong to.”

Such an enunciation from so eminent a pathologist and surgeon is of profound interest, and is confirmed every day by medical records and by post-mortem investigations. In fact, death from the early effects of the poison being rare, while from its insidious and deteriorating influence it is not unusual. Once the poison is admitted who can assign its limit.

It has been stated at the Commission (a) that women who pursue a life of prostitution "are healthier than honest women."

From such a statement I unequivocally dissent; nothing can be more impressive than to observe the waves of sufferers that rush on and perish in rapidly succeeding order. A few, no doubt, will endure for some time, from natural strength of constitution, or some fortuitous circumstances, but they are the *rari nautes* on the great tempestuous ocean of vice. A young girl will become diseased; in two or three years, she seems ten years older, in another three or four years syphilitic manifestations of the gummatous order will probably appear, and rapid deterioration of health and strength too surely indicates the lethal influence; about every eight or ten years, a generation of these unfortunates will have passed away; the testimony of nurses and others of experience connected with Lock Hospitals points to this rapid succession.

It is useless to try and get rid of this question by allowing the continually increasing progress of the disease. If Government, Deucalion-like, throws these fragments of society behind its back, instead of getting rid of the evil, it will be still vigorously continued, and so rapidly reproduce, as to keep pace with the unusual and early mortality which the disease entails. In proof of the extent of disease, the Report states in "figures which are plain and intelligible," "that in 1866, before the periodical examinations had been introduced, and when the Act of 1864 only was in force, out of an aggregate number of 1,661 examinations made, 1,103 were of women found to be diseased." With such a startling announcement proved by the Assistant-Commissioner of Police, it is sufficiently evident a disease of no ordinary magnitude and difficulty has to be dealt with, and it easily explains the numbers of males that suffer, as I have exemplified in the garrison of Dublin during this year. How fully the Commissioners were impressed by the evidence laid before them may be seen by the following expression of their opinion:—

"We attach great importance to the maintenance of a system, which if it cannot altogether annul, may at least

materially mitigate, a pestilence, which is not like other contagions, of occasional occurrence, but one of perennial growth. The offenders who bring this affliction upon themselves by their own vicious indulgence, may have no claim to the compassionate care of the State; but the numerous innocent persons who suffer from the disease are surely entitled to consideration. We venture to express our hope, therefore, that while due consideration is paid to the sentiments of the people in regard to prostitution, no misapprehension as to the real moral bearings of the question, and no want of courage, will be suffered to prevent the application of such remedy as may be practicable to this great evil. The firmness of a former Parliament withstood the storm of clamour with which the discovery of vaccination was assailed by the ignorance and prejudice of the day, and relieved posterity from a scourge which was the terror of earlier generations; and we would fain hope that an attempt to stay the progress of a plague scarcely less formidable in its ravages is not to be hastily abandoned." Indeed, such an enunciation could hardly be avoided in the face of the conclusive evidences derived from the statistics of the Army and Navy Departments, where the good effects produced by the application of "such remedy as may be practicable to the great evil," are plainly shown by the tables put in by Dr. Balfour, the Inspector-General of the Army Medical Department. It may be premised that Dr. Balfour, when speaking of syphilis, confines his statement to primary venereal sores. In Devonport and Plymouth, where from the first the system has been most carefully and vigorously administered, the state of syphilitic disease in 1864, before legislation, showed 274 cases out of 2,481 strength; in 1865, before the Act of 1864 had made any impression, the numbers rose to 342; in 1866, when only women informed against or strongly suspected of being affected with contagious disease, were brought up for examination, the number fell to 209. In 1867, when the same system obtained, a further reduction from 209 to 185 was recorded. In 1868, under a monthly examination for the latter half of the year, the figures were reduced from 185 to 159. In 1869, when the fortnightly examination was first instituted, the figures increased from 159 to 162, and in the following year were reduced to 85, or nearly one

half. The strength of the garrison was nearly the same throughout these years.

Taking the aggregate of twenty-eight stations of troops in the United Kingdom, at which the average strength amounted to 500 and upwards, the ratio per 1,000 of primary venereal sores in 1865 was 120; in 1867, before the fortnightly examinations had commenced, except for a few months at Chatham, the disease had fallen to 86; it continued to decrease from 86 to 72 and 60, until it fell to 54 in 1870, when the fortnightly examinations were generally established throughout the subjected districts. The returns of gonorrhœa are fluctuating, and the figures are nearly the same for the five principal stations in the year before the Act of 1866, and in the last year of its operation. Dr. Balfour was of opinion that so far as gonorrhœa was concerned, the Acts had been a failure.

Dr. Balfour insisted that very erroneous inferences are liable to be drawn from the amount of disease existing among the small number of men stationed in any one locality, and prepared a table comparing the condition of the total number of soldiers in the protected with that of the total number in the unprotected districts. The result of this table is, that in the first or protected group the number of men per 1,000 admitted into hospital for primary venereal sores has steadily and continuously diminished during the seven years 1864-70; the successive numbers per 1,000 being 120, 90·5, 86·3, 72·1, 60·9, 54·5. In the second, or unprotected group, no such diminution presents itself, the corresponding numbers per 1,000 being 108·6, 99·9, 90·9, 108·0, 106·7, 111·9, 113·3.

“A tabular return follows, showing the number of cases of venereal disease contracted by the crews of Her Majesty's ships at home ports from 1856 to 1869 inclusive, with the ratio per 1,000 of force. In the latter half of 1865, the Act of the preceding year was partially in operation at Chatham and Sheerness. Legal difficulties had prevented its being put in force at Portsmouth, and at Devonport and Plymouth nothing had been done beyond a preparatory enumeration of the brothels and public women. In 1865, the cases of syphilis on the home stations were 108·7 per 1,000. In 1866, still under the partial though more extended operation of the Act of 1864, the ratio per 1,000

had fallen to 76·4. Passing on to 1869, when the periodical examination had been nearly completed in the seaports, the ratio was 59·5. The return of cases of gonorrhœa is remarkable. In 1865, they were 34·4 per 1,000; in 1866, they were 25; in 1869, they were 42·4 per 1,000, the highest number attained during the fourteen years to which the return refers." Dr. Armstrong explained that these figures were not to be taken as a fair criterion of the working of periodical examinations, on account of the constant fluctuation of the crews in the receiving ships. But though no definite conclusion can be drawn from statistics subject to so much disturbance, they would seem to show that since the introduction of the system which commenced in 1864 the more serious form of the disease has diminished, while the other form has increased.

Such returns, prove the efficacy so far, of the Act in its operation—that gonorrhœa should apparently increase might be anticipated, as we may conclude that gonorrhœa can be excited from leucorrhœal and other irritating discharges. Of course, a certain per centage of women being removed, a proportion of those men who suffered from gonorrhœa would have contracted venereal sores, were it not for the removal of the source, by the effect of restraint by the Act—in other words, more men cohabited with gonorrhœa-contagious females, and the cases were proportionately increased, to the supplanting of venereal sores.

While it is thus absolutely proved that an incalculable amount of good has been done, and is capable of being done, by the application of the present Act, the violent agitation of enthusiasts and others who hold strong views as to interfering with the construction of society, or with the liberty of the subject, has not been without its influence. The Report thus notices the two-fold arguments which have been advanced by these opponents, who are, no doubt, earnest and well-meaning.

The first one, as to the necessary interference with the liberty of the subject and the implication of well-doers, is thus dealt with:—

"Among the means adopted by some of the opponents of the Acts to bring them into public odium, have been charges of misconduct or gross negligence on the part of the police in putting the law in force against common

prostitutes. Cases have been brought forward in publications and speeches at public meetings, not only of cruel insults offered to innocent women, through the agency of the Acts, but of repeated wrongs to the unhappy women who have been or are subjected to them. We have made inquiry into every case, in which names and details were given. We have requested the persons who have publicly made these statements to substantiate them. In some instances the persons thus challenged have refused to come forward; in others, the explanations have been hearsay, or more or less frivolous. The result of our inquiries has been to satisfy us that the police are not chargeable with any abuse of their authority, and that they have hitherto discharged a novel and difficult duty with moderation and caution. Even if it had been proved that they had in some instances made mistakes, or exceeded their duty, such errors might have rendered it necessary to make provision for the more careful administration of the Acts, but would have been no valid argument for their repeal. The charges thus rashly made and repeated, have contributed much to excite public indignation against these enactments."

The second part as to medical evidence of the inutility of the Act is thus considered:—

"The medical evidence which was submitted on the part of the opponents of the Acts, dwelt chiefly on the admitted difficulty of distinguishing the contagious from the non-contagious discharges to which females, and especially prostitutes, are liable. No new facts were adduced in this evidence, nor did it satisfy the medical members of the Commission either that there is any better, or, indeed, any other, method of detecting venereal disease in the female than that described by Mr. Sloggett as in use under the Acts, or that this method is not perfectly effectual in the great majority of cases. Were it otherwise, the inference would be that surgeons have no means of recognising one of the most common and most obvious of all diseases."

It appears, therefore, that the evidence in favour of a controlling power, and of direct grappling with this evil, is overwhelming, while the two arguments chiefly relied on by

the opponents are found practically invalid. As to the detection of sores, mucous patches, and such other lesions as are vastly the most common, there is not the slightest difficulty. With regard to the occurrence of intra-vaginal sores, they are rare, as I have noted at page 29. As to discharges, it is admitted that the Act is not so successful with regard to gonorrhœa, but practically it is not for gonorrhœa that legislation is called for, and therefore discharges are a minor consideration; as gonorrhœa does not initiate the long train of tedious or even fatal changes that take place in syphilitic infection; it is not a *perennial* source of disease—reproducible through its secondary evidences—nor does it transmit its baneful influence to the future generation, or infect the innocent wife, perhaps years after the original indiscretion; but if constitutional syphilis exist, combined with a discharge, if any evidence be traceable by the practised eye, of constitutional infection, we *then* have a discharge capable of producing a sore such as I have amply demonstrated and illustrated at pp. 60 to 70—at least, in syphilitic patients a sore can be produced of much vigour and intensity, capable of propagation as such. It is, therefore, desirable that not only should sores be compulsorily treated, but also discharges, as from these *may*, I hold, be produced sores themselves capable of propagation, the discharge being, in fact, as much a secondary product as mucous patches, ulcers, or other lesions—that we cannot distinguish gonorrhœal virus, when not existing as a copious discharge, is no argument against our endeavouring to restrict what we really chiefly want to do, and what it is proved we can do—*Syphilitic constitutional infection*.

The Commissioners having, therefore, so far proved the efficiency of restraint and legislative action, have the option of three courses,—

1. To continue the Acts as at present in force.
2. To modify them.
3. To annul or do away with them altogether.

The general recommendation resolves itself into—

- a. "The abolition of the periodical examinations."
- b. "That every common prostitute found to be diseased

after an examination by a medical officer upon a voluntary submission, or upon a magistrate's order, shall be detained in a certified hospital until she is discharged by a magistrate's order, or by the authorities of such hospital; provided that such detention shall in no case exceed the period of three months."

There are other measures as to minor details, such as greater extension of the modified Act, offences against the person, consent at a tender age, beer-house irregularities, &c.; but the gist consists in the modification of the two clauses first referred to.

The entrusting of such a power to the citation, or discretion of the police might, it is said, be, at the least, subject to doubt, and might give them a dangerous power. I believe myself they would conscientiously carry out their instructions for the best, and, as already proved, consistently. The detention of women who would voluntarily present themselves for hospital relief would, on the other hand, largely defeat the very object in view: if they knew they were liable to detention, many of them would not enter hospital at all, unless altogether incapacitated by pain or debility, then they would more probably seek relief in the unions (or general hospitals, where possible), unless orders were issued that such cases should be denied admission, or discharged if found diseased, and suited to treatment at Lock hospitals. Such patients specially abhor restraint; as stated in the Report, "we are assured, however, that few women would enter on such a condition." This, I fear, is too self-evident to anyone at all experienced with such hospital patients, to doubt.

"We were informed that under the voluntary system, as it was called (to distinguish it from the compulsory enactments of 1866), many of the women would not come to the hospitals, and if they came, they would not stay to be cured. The arrival of a regiment or of a ship would empty the Lock wards. One of the hospital surgeons stated that 25 per cent. of the women went away before they were cured. The difficulty of detaining the women under the voluntary system is no doubt considerable."

Now, this is exactly the recommendation which the voluntary system presents to these patients; they *can* seek hospital relief when acutely diseased, or when debilitated

and on the occurrence of any public fête, or the arrival of a regiment, or even on an unusual spell of fine weather, they may demand their discharge, although perhaps affected at the very time with infecting disease.

Such cases as I have instanced at pages 37 to 42 demonstrate the peculiarity of an affection which can last (as absolutely proved by the hospital statistics) for years; even in one case for four and half years—during which period the patients entered and left hospital on several occasions.

Seven of the Commissioners are, however, directly opposed to any such modification; and hold that the "Act of 1866-69, insisting on periodical examination, has produced physical results with which the Act of 1864—giving power to the police to cite a woman whom they have cause to believe diseased—cannot at all compare."

The subject is, as stated, "a painful and delicate one," but nevertheless assumes such an important position in the hygienic condition of the community, and the political economy of the State, that it cannot be put out of sight.

Harlotry existing, as it has done, from the time of Rahab to the present day, is mainly due, as enunciated by the Commission to the fact, that, "with the one sex, the offence is committed as a matter of gain, with the other, it is an irregular indulgence of a natural impulse." While, therefore, the natural impulse remains, uncontrolled by the universal practice and influence of purity, the trade will continue, and, if we may speak callously on such a subject, the demand will invariably create a supply. And while the natural impulse remains uncontrolled, while early marriages are not encouraged, and while the demands of society are such as to render marriage so expensive an institution and while the attractions of dress and vanity exert their intoxicating influence, evidently the question must be considered as an essential accompaniment to the present state of the community.

The Committee arrive at the conclusion that "although periodical examination is the most effectual mode of dealing with venereal disease, it would be difficult, if not practically impossible, to make the system general, even if on other grounds it were desirable." If an opinion may be offered on a subject which has engaged the anxious con-

sideration of the eminent and painstaking members of the Committee, it would seem that even on the limited scale, in which the Act has been applied, a *great* diminution of the disease has been effected amongst the military and the naval, and we must conclude also amongst the civil, population in the vicinity—saving thus the infection of numbers of healthy men, wives, and children; and, therefore, that already an amount of good has been done, which will have its fruit in certain favoured localities; and as rural districts are pretty free from disease, were the Acts enforced more largely, especially in seaports, military stations, and populous towns, such an incalculable amount of good could be done that the disease would then diminish, and also assume what is found to happen in protected districts—a *milder type*. With regard to the latter question, it is to be regretted, I think, that more attention has not been directed to it, the subject is one of great importance with reference to the permanent infection of the system. Whatever difficulties may be found in applying the Act largely over the Kingdom, it is now known that, wherever it is applied, an immediate and appreciable advantage has been gained. Its being inconvenient to wield so gigantic a machinery as would be required for universal application, should hardly, I think, be used as an argument against its application where it has proved practicable and most wanted, as in large towns and military stations.

The next proposition necessarily entertained is that of a modification of the controlling power—"That a woman who would voluntarily enter hospital, or if cited by the police as suspected of disease, should be detained even up to three months duration."

I rather apprehend that the detention in hospital of any who would so voluntarily enter, would act as a very powerful deterrent, and increase even the present difficulty, by causing many to endure the more acute condition of their ailments; and it would be only in extreme cases of disfigurement by rashes, or other obvious evidences, that the patient would voluntarily resign her liberty to luxuriate in which, uncontrolled even by the restriction of morality, she sacrificed everything. Any interference of the kind will tend to defeat the end which it is desired to obtain. Better far, I believe, (if the direct grappling with the evil, even so

far as to check its progress by the wider application of the present compulsory Act be not thought desirable and not be practicable), leave things as they are—for instance in this city, with certain improvements, and by giving every facility for exit and entrance into hospital within reasonable limits, endeavour to induce the early seeking of admission by such patients; and their remaining under treatment till thoroughly cured, by affording them attractions in the way of hospital comforts, which will contrast with their condition outside, both as to food and lodging. Instead of tying down the management of such institutions within narrow limits, Government should supply them with no niggard hand—which in the end would be economy. It must be remembered that some who would seek admission have lived in an ephemeral state of luxury, and have been perhaps of superior education and instincts,—it is hardly consistent with reason to treat such on the same principle as the more ignorant and animal, as some of the lower and uneducated order will be. The latter would flourish, while the former would pine under similar circumstances.

There should be certain wards set apart for a better class, and these should have some extra attractions in the way of better bedding, food, &c., attached to them.

Special isolated departments should be arranged for married women, and the advantages of such arrangements be widely disseminated amongst the public.

The diet in such institutions should be much above the average, not alone to serve as a means of contentment, but as the disease is one essentially debilitating and necessitating superior nutrition, a double advantage is thus offered.

Private pay wards, at a reasonable price, should be established in separate departments.

Every means should be used to *attract* those suffering to enter hospital, and when entered to remain till cured; but to detain any against their will, who entered of their *own* accord, would be an expedient of very doubtful success. With regard to the moral question, the Commission observes:—

“Attaching due importance to the moral bearing of the question referred to us, we pursued our inquiry as to the

reclamation of the fallen women effected through the agency of the hospitals, and of homes and refuges in connection with or independent of those establishments. The only hospital which includes a department for the reform of the women after they are cured, is the London Lock Hospital, to which an asylum is attached. The management of this department is probably above the average of such institutions; but only from 6 to 10 per cent. of the women pass from the Lock wards into the asylum, and of this small percentage, from one-half to two-thirds, it is calculated, derive permanent benefit from its discipline. There are many homes and refuges in London and throughout the country, but the means provided for reformation are in a very small proportion to the need, if that need is to be measured by the number of women engaged in prostitution. They have all been founded, and are maintained by private benefaction, and are under the management of persons who engage in their work with a zeal far beyond mere mercenary service. These institutions, however, make but *a faint impression* on the great mass of vice existing throughout the country. Nevertheless, whatever good can be done will probably be best effected by voluntary effort. This field of operation is not the proper province of Government. We cannot recommend, therefore, that the care of the government or of the hospital authorities, as regards the moral and temporal welfare of the women, except in the case of very young prostitutes, should be extended beyond the hospital."

This question is one of much interest. The estimate of reform is correctly drawn, that *a very faint impression* indeed, is made on the mass of vice existing. Three to five per cent. is the number supposed to derive advantage; it is very doubtful if even half so much benefit is derived of anything like a permanent character.

Reformation, if attempted, should be separate from hospital treatment. It is hardly judicious to divert the funds which would be required for the efficient treatment of a formidable disease, and expend them on a system which has been ever but fitfully successful, and is admitted by the Commission to have made but "a very faint impress." It will be found, I fear, that the results of reformation are so far, not encouraging, and are most painfully barren.

Reformation is one thing—becoming an inmate of an Asylum is another.

When, after a vicious course of greater or less extent, when deformed by disease, or rendered prematurely old and withered, a female enters an asylum; that cannot be called reformation. With every respect for the kind intentions of the promoters of these institutions, such persons are not within the meaning of the term, Reformation, they are compelled to adopt the best means they can, to support life. They are immured, they are no doubt well fed and clothed, and they become probably self-supporting, or even remunerative to their employers, if I may so apply the term. The old and the broken down will *mostly* endure and seek asylums—the young, and those who are more or less attractive, will but seldom content themselves, or accommodate themselves to a life which offers *no hope*, or at all events but little hope of anything beyond a dreary round of existence. It is this want of hope, this want of some union with the business of life, that with the young breaks their spirit, and urges them to seek relief in a relapse of excitement.

The system of working for mere existence, without rewards or view of advancement, paralyses to a great extent, any successful attempts at reform. The inducement of making such institutions pay, leads to the employment of a class, to whom the term Reformation does not apply. On this account it is, I believe, a great error in the Government to leave this work to private benevolence. In carrying out a true system of *Reformation*, Government should interest itself, and assist the young and those of some superior education who have lapsed, to recover themselves if possible, which would, I believe, happen in some instances; while the present system of utilising for labour women who have fallen, but who are precluded by age, unsightliness, and decay, from pursuing their former habits, might reasonably be continued by private benevolent efforts. I would, however, have the systems classed as Voluntary Reformatories, in the true sense of the word, and Asylums or productive Institutions.

The opinion is expressed by the Report that “the field of reformation is not the proper province of Government.”

Thus we may expect that reform under the present system will practicably be barren, it is but reasonable to suppose that voluntary supporters will seek to make their institutions as self-supporting as possible. The class of workers for this purpose cannot be got where it is most required in the young and those early launched on a vicious career, and therefore the undertaking fails *a principio*, with but few exceptions, as admitted by the Report.

To do anything effective for an unhappy class, in connection with Lock Hospitals; Sanatoria should be established, to which those who are free from severe disease, or in the intervals it may be, of relapses, should be received. Of these Sanatoria, *voluntary Reformatories* might be part. Every inmate able to assist in supporting the institution should do so, but not, as is too often the case, without respect for her capabilities. A lace worker is not fit to be a scrubber, nor a milliner for the drudgery of a wash-tub. Each who has a trade should have facilities for working at it, and hope should be infused, by the prospect of rewards, and the elevating stimulus, that they are doing something, beyond merely living. A certain proportion of the proceeds of their work should be deducted towards their support, and the remainder to accumulate for their future use, either as a fund, or as a sum. No woman over thirty, except under some unusual circumstances, should be allowed to remain in such an institution, which would then become a hybrid Workhouse or Asylum, and not a Reformatory and Sanatorium combined; but of necessity the wards of the Lock Hospital should be open to *all* who would be specifically diseased, no matter at what period of life.

With regard not only to the restraint of the disease, but also to its better investigation and comparative effects and variations in both sexes, it is *most important*, as was formerly the case in Dublin, and what it seems an extraordinary error to have given up, that both *male* and female Lock wards should be established. The numbers of young men who are diseased, who do not like entering general hospitals for fear of detection by their friends, is immense, and they too often remain amongst their families at home, to their very great danger.

Pay wards for males and females, at a moderate price, would also be of most incalculable service.

Having experience of the voluntary system, as applied to such an Hospital, I must believe that the intermediate course of allowing a diseased female to enter voluntarily, but *then* retaining her by law, if necessary, would ultimately defeat itself; and if the dealing with the question by the iron grasp of authority, is not thought desirable, or be unpracticable, better far, by offering easy inducement in the way of admission—by superior treatment; by the establishment of Sanatoria, with co-operative assistance on the part of those benefited, and assisted by rewards; facilitate the voluntary treatment of these virulent poison-bearers.

The question is one of much difficulty in its medical aspect, without entering on the moral, and while the line of demarcation between the avowedly unvirtuous and the virtuous, must ever be drawn in a line of fire; yet some aid on a large and practical scale, should be afforded to such as might, under the heaven-sent and awakening influence of repentance, be anxious to rescue themselves from a life they too late find, to be one of degradation and infamy.

