

Third report on the operation of the Contagious Diseases Acts : being a reply to statements recently made at various meetings and in the public prints : with appendix / Association for Promoting the Extension of the Contagious Diseases Acts.

Contributors

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THIRD REPORT

ON THE

OPERATION OF THE CONTAGIOUS
DISEASES ACTS.

THIRD REPORT

OF THE

COMMISSIONERS OF THE GENERAL LAND OFFICE

IN REGARD TO THE

ASSOCIATION FOR PROMOTING THE EXTENSION OF
THE CONTAGIOUS DISEASES ACT, 1866,
TO THE CIVIL POPULATION OF THE UNITED KINGDOM.

THIRD REPORT

ON THE

OPERATION OF THE CONTAGIOUS
DISEASES ACTS;

BEING A

REPLY TO STATEMENTS RECENTLY MADE

AT

VARIOUS MEETINGS AND IN THE PUBLIC PRINTS.

WITH APPENDIX.

London:

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1870.

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THE CONTAGIOUS DISEASES ACT, 1868,
TO THE CIVIL POPULATION OF THE UNITED KINGDOM.

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REPORT.

INTRODUCTION.

OUR last Report was issued in July, 1869, at which time the Committee appointed by the House of Commons "to inquire into the working of the Contagious Diseases Act, 1866, and to consider whether, and how far, and under what conditions it would be expedient to extend its operation," was sitting. The Committee, owing to the late period of the session, confined its inquiry to the working of the Act, and to the propriety of extending its operation to additional garrison and seaport towns, its report being dated July 5th (see Appendix, page 61).

A Bill, founded on the recommendations of the Report, was passed through Parliament, and became law in August. We congratulate the members of our Association on the first advance which has been made since 1866 in attaining our objects. The inquiry carried on in 1868 by a Committee of the House of Lords, and in 1869 by a Committee of the House of Commons, was the means of bringing forward evidence and arguments so irresistible, that without a dissentient voice in either House, the operations of the Act of 1866 were widely extended. Improvements called for by experience, especially the discontinuing to give certificates of cure to the women on leaving Hospital, a point strongly insisted on by this Association, have also been introduced into the Act of 1869, and, as far as can be seen in so short a time, the Act of last year will be attended with the same beneficial

Act of 1869
passed without
dissentient voice.

results, physical and moral, which have attended previous legislation. Thus we believe that whilst the main object of our Association is being carried out in the abatement of a deadly disease affecting this and future generations; another of our objects, "The moral and social improvement of a numerous and degraded class" (see 1st Report) has also to a great extent been secured.

Moral improve-
ment.

Further enquiry
recommended.

It will be observed that the Committee of the House of Commons recommends "that further inquiry by a Committee appointed early next Session should be instituted, with the view of ascertaining whether it would be practicable to extend to the civil population the benefits of an Act which has done so much to diminish prostitution, lessen disease, and reclaim the abandoned." This further inquiry has not yet been instituted, and we regret the delay; but we think that Her Majesty's Government has acted wisely in postponing for the present any motion for the appointment of a Committee, or for extension of the existing Acts, so that longer experience of their operation may be obtained, and that further inquiries in foreign countries, as suggested by the Medical Officer of Health of the Privy Council in his evidence, may be meanwhile carried on. We earnestly hope, however, that Her Majesty's Government have not failed to take measures necessary for obtaining the information required, so that at no distant period the inquiry by Parliament may be effectively continued.

Memorials for
extension of
the Acts.

Memorials from large numbers of the clergy and laity, from persons of the highest eminence and attainments, and from important public bodies, have been entrusted to us for presentation to Government, and we call attention to a small portion of the names of those who have signed them.* As the prayer of

* See reprint in the Appendix (p. 78) of one of the documents which we have circulated.

the memorials refers more especially to the civil population, and as pending further inquiry by Parliament no extension of the Act is likely to be proposed by Government, we retain them in our hands for the present, and urge our supporters to promote as far as possible similar memorials in their respective localities.

We call attention to a question and answer in the House of Commons with reference to the Acts, which exemplify their working, and need no comment. (See Appendix, p. 67.)

We have to express our best thanks to many persons of both sexes who have energetically and powerfully supported our views in the public press and elsewhere. We have circulated many thousand copies of a letter from Miss Garrett, a member of our Association, whose opinion from her professional knowledge is of special value; a letter that for lucid expression and comprehensive argument leaves little to be desired.

We regret that during the last few months considerable opposition has manifested itself to the principles advocated by us, and counter-associations have been formed for the purpose of combating them, of resisting extension, and of obtaining the repeal of the Contagious Diseases Acts. We respect the motives which have induced many persons, especially of the female sex, to come forward in support of their conscientious opinions, and we rejoice that opposition will necessitate a thorough sifting of the existing system, and assist the removal of possible defects and the introduction of possible improvements; but we cannot fail to see that many statements have been circulated, and allegations made in Parliamentary petitions, in ignorance or misapprehension of the provisions of the Acts, so that alarm has been excited which more intimate acquaintance with them would have shown to be

Opposition to the Acts and their extension.

Exaggerated statements in opposition.

groundless. Nor can it be doubted but that the great body of our opponents have had no opportunity of studying, and are ignorant of the reasons which imposed upon Parliament the necessity of endeavouring by legislation to put a stop to evils of so grave a nature. We have full confidence in the justice of the principles which animate us. We court investigation, and we especially invite comparison of the former with the present condition of places under the operation of the Acts, desiring only that the inquiry shall be conducted in an impartial and dispassionate spirit. We believe that the time will come when we shall look back with astonishment at the Legislation of this country, which almost alone among civilized nations, so long permitted a dire disease affecting innocent persons and children yet unborn, to rage unchecked throughout the land, and which made no efforts to rescue a degraded portion of our population, "more sinned against than sinning," from the consequences of a career destructive alike to body and soul.

In the subsequent pages we have for the convenience of our readers arranged under distinct heads the main points of attack made upon our views, and the arguments which we offer in opposition to them.

We again return our best thanks to our honorary officers, especially to our Secretaries, whose gratuitous labours, greatly increased by the opposition which has arisen, have enabled us to carry on the business of the Association.

It is not proposed to summon a general meeting of our members during the present year, but the Subcommittee hope to be favoured by the advice and co-operation of all who may desire to give it.

ALLEGED "SECRET LEGISLATION."

By way of throwing odium on the Legislation which has lately taken place, it is stated in petitions to Parliament, and elsewhere, that the inquiries which led to it, and the legislation itself, have been conducted in a secret and stealthy manner, "unknown to Parliament itself." No statement can be less warranted by facts, as will be seen by referring to the many occasions on which the attention of Parliament was called to the subject in the Sessions of 1868 and 1869.

On May 19th, 1868, the House of Lords, at an unusually full sitting, and after a long statement on the subject, agreed upon the appointment of a Select Committee for inquiry. On May 22nd the Committee was named. On May 25th additional names were added. The Committee sat eight times, after which its report was presented, and, together with the evidence on which it was founded, was printed. In May, 1868, a motion was made and agreed to in the House of Commons that "A Memorial from the President of the Royal College of Physicians and others to the Lord President of the Council" should be printed, and when it had been printed, a notice was placed in the notice book "to call attention to the memorial," and remained upon it to the close of the Session. On February 25th, 1869, questions were asked simultaneously in the two Houses as to the intentions of Government with regard to a further extension of the Acts. On May 14th, the Home Secretary made a statement, in moving for a Select Committee, and two other members spoke on the motion. On June 9th, the Committee, comprising the unusually large number of twenty-one members, was named. During June and July the Committee

Select Committee
of House of
Lords.

Memorial of Col-
leges of Physi-
cians and Sur-
geons ordered to
be printed.

Committee of
House of Com-
mons.

held seven sittings, and presented its report on July 8th. The Bill of 1869 was founded on this report, and having gone through the usual stages, three readings and committee, in the two Houses of Parliament, became law. On all these occasions notices, as required, appeared in the Parliamentary reports, which are sent to every member, and which are taken in by most of the clubs, many of these notices being repeated in the daily journals. It will be seen, therefore, that the attention of Parliament, and, through Parliament, of the public, was almost constantly called to the subject during the Sessions of 1868 and 1869, and if certain members of Parliament paid so little attention to their duties as not to discover (as has been stated) the difference between the "Contagious Diseases Bill" and the "Contagious Diseases (Animals) Bill," which was before the House of Commons at the same time, and if the public were under the same misapprehension, it is not the fault of the Legislature.

It has also been stated in petitions, and elsewhere, that the Committee of 1869 was a "packed" Committee. It must be borne in mind, that the Committee was one moved for and named by Government, not by a private member, and this accusation can only have been made by those ignorant of the usages of the House of Commons with respect to the appointment of such Committees, and of the high character of those to whom such appointment is entrusted, which renders it unnecessary to say more than that it is completely groundless.

Committee was
named by
Government

ALLEGED EXAGGERATION OF THE EXTENT OF CON-
TAGIOUS VENEREAL DISEASE.

The statements of our first Report were not made without due warrant, and now after careful recon-
sideration with the light of two years' further ac-
quaintance with the subject, we still maintain them
to be correct.

Amount of con-
tagious venereal
disease.

It has been stated that the Report of this Associa-
tion gives "some statistics which might lead to an
impression that in London from one-fifth to one-
third of the sick poor are suffering from a contagious
disease of the gravest character, which is constantly
transmitted from parent to offspring."* No such
impression was intended by us. Nevertheless, at
some hospitals the proportion of persons applying
for relief from venereal disease actually *does* amount to
from more than one-fifth to one-third. For example,
at Guy's Hospital, according to the statement of the
resident medical officer, it is 43 per cent. of all the
out-patients. The impression which we intended
to convey was that at the other London Hospitals,
from one-fifth to one-third of the *surgical* patients
were suffering from venereal disease. We regret if
any ambiguity in the *text* of our report should have
afforded room for erroneous interpretation, but if
reference had been made to the Appendix, where the
authorities for our statements are quoted, it would
have been found expressly stated, that only the sur-
gical patients at the Hospitals in question (seven in
number) are alluded to.

43 per cent. of
the total out-
patients at Guy's
are venereal.

We were unable to obtain any estimate of the
very much smaller number of, but far more gravely-
afflicted, persons who suffered with disease of internal
organs, or with general enfeeblement consequent on

* 11th Report of the Medical Officer of the Privy Council, p. 15.

bygone venereal poisoning; who, having lost the obvious signs of venereal disease, are more usually treated by the physicians than by the surgeons of general hospitals. Being aware of this difficulty, and that our returns from general hospitals only include a portion of the affected, and those the least seriously injured, we attempted to fill this void by applying to hospitals where only diseases of particular organs are treated. From them we obtained returns such as the following, which we venture to think give deeper insight into the importance of the disease than any other mode of examining it.

One in five of the eye patients venereal.

One of the surgeons of the Royal Ophthalmic Hospital in Moorfields (at which institution about 20,000 patients are treated annually) states that 1 in 5 of his patients has eye disease of venereal origin. Also by a return made specially for us at the Throat Hospital, of 626 patients taken in the order of their application, 93, or 15 per cent., were suffering with syphilitic disease of the throat. We contend that, without setting an exact estimate of the proportion of venereal disease among the sick poor of London, we demonstrated it to be indubitably very great, and we still remain convinced that it is so.

15 per cent. at the Throat Hospital.

We are charged, too, with suggesting "that about one-fifth of the sick children of the poor are sick with the immediate consequences of inherited syphilis."* We have made no such suggestion; our statement was, "At the Hospital for Sick Children, 174 patients were treated in 1866, for the immediate consequences of syphilis, how many suffered from consequences remote, but clearly attributable to this source, the Hospital records do not show." The authority for this statement, inserted in the Appendix to our Report, from the answer of the Registrar of the Hospital to the Harveian Society's questions:—"In 1866,

* 11th Report of the Medical Officer of the Privy Council, p. 15.

174 children were affected with syphilis, out of 1,007 surgical cases seen, or about one-fifth." That was intended to mean, and we think can mean nothing else but one-fifth of the 1,007 surgical cases, not "one-fifth of all the sick children of the poor." We may further remark that the Appendix to the report of the Medical Officer of the Privy Council shows that 4.83 per cent., or nearly 5 per cent. of the children seen by his observers at various hospitals and dispensaries of the metropolis were suffering with syphilis inherited from their parents.*

174 syphilitic children seen at the Children's Hospital in one year

5 per cent. of the children applying for relief at the dispensaries and hospitals are syphilitic.

We may add that at the request of the Committee of the House of Lords, the original documents from which we compiled our report, consisting of reports from the various surgeons and superintendents of hospitals to whom we had applied for information, were handed in for their Lordships' satisfaction, and are quoted in the minutes of evidence, published with their Lordships' report, (see evidence of Mr. Curgenvén, QQ. 907-908, Report of Select Committee on Contagious Diseases, June, 1868).

Attempts have been made, moreover, to diminish the importance of contagious venereal disease by estimating lightly the damage and suffering caused by them. For example, it has been remarked as a reason for not actively interfering to check the contagion of these diseases, that the worst of them are becoming "year by year less important as endangering life and limb."† But this we venture to think is a delusive manner of estimating the injury of venereal disease. If a woman is rendered barren, she is in no wise endangered in life and limb; if a man has his eyesight permanently enfeebled, the danger to life and limb is secondary, and so on. Venereal diseases,

The damage from syphilitic disease under-estimated.

Venereal disease damages the individual severely.

* Appendix to the Report of the Medical Officer of the Privy Council. Mr. Wagstaffe's Tables, p. 78.

† 11th Report of the Medical Officer of the Privy Council, p. 13.

pre-eminently syphilitic venereal disease, lower the vigour of the individual in a hundred various modes, and thereby reduce his social value. Now, depreciation of social value is the point the medical officer of the Privy Council keeps steadily in view when combating other diseases, since he urges in that same 11th report the compulsory improvement of dwelling houses, of drainage, the provision of recreation grounds, the prevention of adulteration in food, &c.

It has been even asserted that medical knowledge of venereal contagion is now so near perfection "that it will not very slowly spread through the minds of the general public, and will very much reduce the number of cases where men affect their wives and offspring."* This beneficial consequence of our increased knowledge is, we venture to think, not so near as to render unnecessary the enactment of sanitary measures for the repression of contagious disease. It is unhappily but too well known to all medical men that no physician can say to any patient who has had syphilis, "Your disease is surely at an end, and you may marry in perfect safety." That this is no exaggeration, a short passage from Sir William Jenner's evidence before the House of Lords Committee will show. Q. 1099. *Lord Penrhyn*. "Have you ever known any cases of the disease being communicated in the hereditary form of a long period of time after—I mean a case of the disease being communicated to a child in the hereditary form by a person who had himself been the subject of the malady a number of years previous?—A. Yes. A medical man who paid special attention to this subject and wrote some very valuable papers on the subject, but is now dead, told me this, that he was the subject himself, when a student, of constitutional

Impossible to say when syphilis is at an end.

Sir W. Jenner's evidence.

* 11th Report of the Medical Officer of the Privy Council, p. 14.

syphilis. He got well, and five years after he married, and his first child died of constitutional syphilis." (See also quotation from Sir. W. Jenner's evidence, Appendix, p. 73).

Disease passed to offspring five years after apparent recovery of parent.

Another mode of depreciating the importance of contagious venereal disease has been to declare that the most frequent variety of the disease (gonorrhœa) is "never even temporarily of much importance in women, nor ever, unless very exceptionally, of much permanent importance, in men.* This, it is not too much to say, is directly at variance with the experience of most medical men. By consulting a considerable number of eminent Hospital Physicians and Surgeons, we have fortified our opinion that even this most frequently occurring form, viz., gonorrhœa, though usually a malady that causes only temporary inconvenience, does in both sexes produce very seriously disabling and even fatal injury. Indirectly, barrenness in women, fatal kidney disease in men, and blindness in children, are thus caused to a number of persons comparatively small with that of the attacked, but still, a number large in an absolute sense, from the enormous prevalence of the disorder.

Alleged unimportance of gonorrhœa.

Opinion of Hospital Physicians and Surgeons of the effects of gonorrhœa.

Perhaps a short statistic of the men who were treated at the Lock Hospital in 1869 by only one of the surgeons will best show the proportion of the severe to the mild cases of this kind of contagious venereal disease (gonorrhœa). Of 1,289 such cases 595 were instances of the simply inconvenient disorder to which alone it is urged this contagion gives rise; 395 produced severe pain and disablement for several weeks; 239 were cases of long duration, all of which had caused much suffering and loss; in 60 the malady had assumed a form (stricture) that not unfrequently in the end destroys the patient. Furthermore, in reply to our enquiry, Mr. Quain, F.R.S.,

Cases treated at Lock Hospital.

Proportion of mild and severe cases of gonorrhœa.

* 11th Report of the Medical Officer of the Privy Council, p. 14.

Evidence of Surgeons as to severity of this disease.

Surgeon Extraordinary to Her Majesty the Queen, tells us of a patient who, after 20 years' constant suffering from this cause, has become crippled in one hand and one foot, his eyesight being impaired, and his heart seriously diseased. Dr. Tyler Smith, tells us that he has observed blindness successively befall several children in a family from this disease, which has been described as being "never even temporarily of much importance." Mr. Prescott Hewett, Senior Surgeon to St. George's Hospital, in speaking of the after consequences of gonorrhœa, says, "Rheumatic inflammation of joints is common, much more so than is usually supposed; it has very slow recovery, and not unfrequent relapses, after which sometimes lameness. I know of three cases of pyæmia after gonorrhœa, one of which died, and one, under my own care, escaped with ankylosis (rigidity) of the hip."

Severity of true syphilis.

As the severity of even the syphilitic form of contagious venereal disease, that which affects the constitution, and is passed from parent to child, has been made light of, we will quote a few opinions from men in the highest rank of the medical profession, and of world-wide reputation for humanity and experience. Mr. Paget, Serjeant Surgeon Extraordinary to Her Majesty and Senior Surgeon to St. Bartholomew's Hospital, said before the Committee of the House of Lords in 1868 (Q. 642), "it would be very difficult to over-estimate the amount of damage that syphilis does to the population;" and in Q. 696 he alludes to his previous statement, that he has known 5 surgeons die and 50 others suffer long and severely before recovering their health after contracting this disease in the discharge of their professional duties.

Opinion of Mr. Paget.

Mr. Skey's official report.

Mr. Skey, C.B., late President of the College of Surgeons, and formerly Surgeon to St. Bartholomew's Hospital, gives also strong testimony. He presided

over the labours of the Committee of eminent surgeons appointed in 1865 to examine into the means for preventing venereal disease in the Army and Navy. In the report founded on the evidence collected from more than fifty of the leading surgeons and physicians of the day, which Mr. Skey drew up in concert with his fellow Commissioners, the following passage occurs:—"The Committee cannot neglect the opportunity of calling attention to the evidence of the many distinguished authorities regarding the opinion which has of late years been increasing in strength amongst the profession, as to the fatal effect of syphilis on the human offspring. They testify to its prevalence among all classes of society, to its insidious nature, to *the frequent failure of all but men of great experience to recognize it*, and, moreover, to the most important fact that the poisoned *fœtus in utero* is no unfrequent cause of miscarriage in women."

So also Sir Thomas Watson, Bart., F.R.S., Physician Extraordinary to Her Majesty, and late President of the Royal College of Physicians, spoke thus of the effects of contagious venereal disease at a public meeting in St. James's Hall, June 26th, 1868:—"Steps should be taken to restrain a disease which counts its victims not only among the vicious and self-indulgent, but among virtuous women and innocent children by hundreds of thousands."

Space does not permit us to insert more evidence to show not only that the first Report of the Association did not magnify the evil it seeks to reduce, but that those who have had most opportunity and most experience, and who can have no possible motive for exaggeration, are profoundly convinced of the necessity for arresting the spread of these diseases.

We cannot admit that the limited investiga

Insufficiency of
the information

contained in the
Medical Officers'
11th Report to
Privy Council.

tions made by Mr. Wagstaffe, at the request of the Medical Officer of the Privy Council, and published in the Appendix to his eleventh Report, can outweigh or even materially invalidate, the mass of direct evidence and of influential opinion which we have adduced in support of our views.

We may add, also, that since our former Report was published, the views therein expressed as to the prevalence of contagious disease have been corroborated, and indeed much further developed, by a writer in the "Westminster Review" for July, 1869; the writer in question being, at the same time, one of the most uncompromising opponents of these Acts and of all restrictive legislation.

ALLEGATIONS THAT THE ACTS HAVE NOT DIMINISHED THE FREQUENCY AND SEVERITY OF CONTAGIOUS DISEASE.

Erroneous statements respecting the effect of the Act at Military Stations.

First, respecting the soldiers. It has been frequently stated in depreciation of the Acts, not only that they have failed to produce any diminution of the disease, but also that, where a slight decrease has taken place during their operation, that decrease has been caused by influences not connected with the Acts. To maintain this, the entries for disease published in the Parliamentary returns must be imperfectly understood by those employing them. Nay, it has even been asserted that the percentage of disease rapidly increased at certain stations under the Act, Shorncliffe being most frequently singled out to exemplify this disparagement;* whereas, in

* See a pamphlet (p. 15) by C. Bell Taylor, M.D., "Observations on the Contagious Diseases Acts (Women not Animals), &c.," being a reply to Mr. P. W. Swain's paper on the working of the Act at Devonport. (Banks, Mansfield Road, Nottingham).

reality, as will presently appear, this station shows most advantageously. For example, we may take two parallel series of figures in Dr. Taylor's pamphlet, the first of which professes to give the percentage of disease at stations under the Act from its first operation, between October, 1866, and March, 1868, the second, the percentage from April, 1868, to April, 1869. The figures in the later series are higher than in the earlier one; hence it has been triumphantly announced that the disease has increased wherever the Act is in force. But there is one serious error here which ordinary care would have prevented. Namely, in the *earlier series* of tables it is expressly stated in the Parliamentary return that *the cases treated on board ship without being sent to hospital are not included in the returns*, while it is also stated that *they have been included in the second series of returns*. This single circumstance, passed over by Dr. Taylor, renders the two series of figures useless for comparison, except in the case of Aldershot. But, further, these returns are at variance with those of the Army Medical Department, published also in the Parliamentary Report, where the entry is made much lower for 1868 than 1867. (See Appendix, p. 8.)

We shall, we trust, show most incontestably, that the Act has not only not failed, but has succeeded to an extent unexpected by those cognisant of the easy intercommunication between protected and unprotected localities, and of the constant migrations of troops, camp-followers, and strangers into the districts of the Act from towns and ports where no restrictions are in force. The tables furnished by the Army Medical Department to the Committee of the House of Commons, July, 1869, and printed at page 88 of the Appendix of their Report, contain the admissions per 1,000 of mean strength at each of

Erroneous quotations.

Proofs that the Act has succeeded.

24 large stations in the United Kingdom for every year, from 1860 to 1868. Hence we have an opportunity of ascertaining the annual fluctuations and average proportion of disease through an extended period of nine years, at a large number of places where the Act was not applied, and also of comparing these stations with the districts which have been under sanitary restrictions. 24 stations are included in the table; at 17 of them the Act did not operate in 1866-7-8; at 2, Shorncliffe and Windsor, the Act was set in operation only in 1868, and consequently we may include the returns from those stations as being practically uninfluenced by the operation of the Act in that year. At 12 of these 19, the average was exceeded in 1867 or 1868; at two others it was attained, though not surpassed; at the other five the entries, though below the average in both 1867 and 1868, were very considerably above the minimum year in all but one station. From this it is plain that the proportions of admissions to Hospitals for Venereal Disease in the Army at home is not gradually diminishing where the Act is not carried out, but the old level is certainly kept if it does not rise.

Amount of disease where the Act is not in force.

No diminution in the not protected districts.

Steady fall in the districts under the Acts.

Next, if the entries at the 5 stations where the Act was put early in force are examined, we find that in 1867 and 1868 *all were below the average* of the nine years. Besides, at Devonport, Woolwich, Chatham, and Sheerness, the lowest year was 1868, or the last year of the Army Medical Department's returns. This alone justifies the assertion that the Act has really lessened the prevalence of disease, but this assertion is greatly strengthened if the number of men sent to hospital per 1,000 of effectives in 1869, in the districts under the Act, are compared with the average entries of preceding years at the same stations. The improvement is then seen to be very great. These entries for 1869 have been compiled

from the quarterly returns of the Police Department charged with carrying out the Act, their information respecting the soldiers being obtained from the office of the General commanding in each district. If reference is made to the table in the Appendix (p. 68), Devonport had an average entry, from 1860 to 1868, of 354 per thousand of effectives, but in 1869 only 211. Chatham and Sheerness likewise fell from 311 to 181 per 1,000, and so on. Shorncliffe and Colchester are even more striking, the former station had an average of 260, but in 1869 her entry was 169 per 1,000; Colchester, with an average of 435 per 1,000, and an entry in 1868 of 537 per 1,000, or at the rate of more than half the effective strength, fell in 1869 to 244, though the Act was not put in force there until the end of January in that year.

Again, careful inspection of the Returns shows another useful fact, namely, that a gradual diminution in the number of men sent to hospital, took place at the great majority of stations about 1865-67, both where the Act has been set in force and elsewhere; consequently the increase in 1867-8 was doubtless due to this ebb turning to flood, in other words, to the entries regaining their former level. The Returns for 1869, not yet published by the Army Medical Department, still more strongly confirm this fact. At 9 of the 15 stations where the Acts are still not in force, the entries for 1869 are higher than those for 1868. Thus the Act had to contend with an increasing tide when it first began its work, and its results to those unaware of this rising tide, showed poorly when contrasted with the low figures of 1866 and 1867, a comparison that has been drawn by several opponents of the Act, no doubt in ignorance of this circumstance.

Again, the number of effectives in the British Army, constantly off duty per 1,000 from con-

Diminution in the number constantly kept from duty

tagious disease between 1860 and 1867, averaged 20·43 (being much more in the earlier than in the later years). But, taking again the police returns for the data of the calculation, of the soldiers quartered in the protected districts in 1869, only 12·61 per 1,000 of effectives were so disabled. This difference is great, nevertheless it is deplorable that twelve-and-a-half men out of every thousand should be kept useless through such a cause, and there can be no doubt that further amelioration is practicable; for in the French Army of the interior only 11·11 per 1,000 of those actually present in garrison were, in 1862, continually kept from duty by "contagious" disease of all kinds, the corresponding number for that year in our own Army being 22·24 men. Also, in the Belgian Army, according to an official return forwarded from the Belgian Ministry of War to this Association, the average annual loss from venereal equalled 2·96 days of each effective soldier's services during the six years 1863-1868. In the British Home Army, during the eight years 1860-1867 (the latest return published) it equalled 7·44 days of each effective soldier's services.

Proportion disabled in the French and Belgian armies.

Contrast between London and Windsor.

An excellent illustration of the advantage of the Acts has recently been given by Mr. W. Lane, Assistant Surgeon, Grenadier Guards. On the 1st March, 1869, the battalion to which he was attached left London for Windsor, and, the Act being in force in that town, the men were examined on their arrival, and those found diseased sent to hospital. The admissions for venereal for the first four months were only thirty, nearly all the cases were of a mild form, and readily amenable to simple treatment. On the 1st September the battalion returned to town, and was quartered at Chelsea Barracks, the number under treatment was then only 7. From that date venereal disease rapidly increased, and during the succeeding

four months as many as 108 cases were admitted into hospital, or more than $3\frac{1}{2}$ times the number admitted at Windsor. Mr. Lane adds that before the Contagious Diseases Acts were put in force in Windsor, the number of patients admitted, and the severity of the disease, were greater at that station than at any other ("Lancet," May 8th, 1870, p. 62).

Such information as we have been able to obtain of the effect of the Acts on the health of the Royal Navy, though less abundant than that concerning the soldiers, for a reason to be pointed out immediately, is still very strongly conclusive that the benefit in the Navy also has been very great. Between 1861 and 1865, both years inclusive, the average annual strength of the crews afloat on the home station was 21,420 men, and the average annual number of days' sickness from venereal was 99,658. In April, 1865, the Permissive Act of 1864 was put in force at Portsmouth and Plymouth, and though so inadequate that it was replaced by the Compulsory Act of 1866, it had not been devoid of effect on the seamen, for in 1866 the number of days' sickness fell to 76,429, and in 1867 to 72,132, the strength of the crews being almost the same as in the former years. (See Appendix, p. 69.)

The testimony of the Naval surgeons recorded in the annual reports on the health of the Navy is strong as to both the dire effects of the disease before the Act came into force in Portsmouth and Plymouth, and also to the great improvement that has followed its operation at these towns. For example, in the Report for 1859, p. 6, it is stated that "in the course of eight months 73 cases of syphilis and 48 of gonorrhoea were placed on the sick list of the 'James Watt;' this enormous amount of disease was nearly all contracted at Plymouth and Devonport.

Effect on the
health of the
Royal Navy.

Testimony of
Naval Surgeons.

In the 'Royal Albert' 150 cases of venereal were contracted in the year, almost entirely at the same place." In the Report for 1860, p. 7, it is said, "There can be no mistake in ascribing three-fourths of the total number of cases (of venereal) to the infected communities of Portsmouth, Devonport, and Sheerness." "For instance, out of 84 cases entered on the returns of the 'Aboukir,' upwards of 40 were contracted during a short part of the year." "In the 'Conqueror' there were upwards of 150 cases, and in the 'Donegal' 143, of which two-thirds at least were referrible to Devonport." In the Report for 1861, it is said on p. 6, "upwards of 120 cases occurred in the 'Centurion,' more than three-fourths of which were contracted at Plymouth." "In the 'Donegal' there were 273 cases, of which two-thirds were contracted at Devonport." Similar extracts might be adduced up to 1865 relating to Portsmouth and Sheerness equally as to Plymouth.

In the Report for 1866, p. 38, it is said "there can be no doubt of the good effects which have followed the introduction of the first sanitary measure in connection with this class of disease." Also in that for 1867, p. 36: "Referring to Portsmouth, the surgeon of the 'Liffey' remarks, 'I observed a notable decrease of venereal disease. Two and a-half years ago I fitted out at this port in H.M. ship 'Narcissus;' during the month that vessel remained in harbour before sailing for her station, I find on reference to my notes that 19 patients were under treatment in that ship for venereal. The same period in this ship, counting from 10th August, only showed nine admitted to the list. The number of men on board the 'Narcissus' was for that period about 8 per cent. more than on board the 'Liffey.'" The surgeon of the "Indus" also says: "It may be stated that a gradual reduc-

Decrease at
Portsmouth in
1867.

tion in the prevalence and a perceptible mildness of the type of the character of these affections, have been evidenced in the year's nosological summary of H.M.S. 'Indus.'"

In regard to the health of the women who are brought under the Acts, it is difficult at present to ascertain exactly how far disease has declined among them, nevertheless, it is certain that this has ensued to a considerable extent. The length of time necessary for cure has steadily decreased, not only for the less serious varieties of contagious disease, but also, which is most reassuring, for that form which penetrates the whole constitution and passes from parent to offspring. During the six half years that have elapsed since the Act was set in force (Oct. 1866 to Oct. 1869) at Devonport, the average number of days requisite for cure of this constitutional form were successively 125, 85, 76, 90, 55, and 66 days, while in the last quarter of 1869, the number was only 42 days. The fourth average of 90 days looks like a relapse, but on searching the hospital report it appears that this average was disturbed by a single very severe case of 129 days' stay in hospital.

Improvement in the health of the women.

Milder form of the constitutional disease.

In the London Lock Hospital the proportion of syphilis and venereal sores to gonorrhœa in the patients treated under the Act, has steadily declined, as the following figures will show:—

Lock Hospital Experience.

	1867.	1868.	1869.	
Syphilis	41·38	36·54	35·59	Diminution of Syphilis.
Gonorrhœa	58·62	63·46	64·41	

The diminution of syphilis would have been more marked in the year 1869, had not patients been received towards the end of that year from districts newly brought under the Act. Thus out of 175 patients from Greenwich, Dover, Canterbury, and

Deal, who have hitherto been uninspected, the percentage of syphilis and venereal sores was as high as 49·71.

Another instructive fact is a comparison between the condition of the women at Devonport where the Acts have been in operation three years and a-half, and at Winchester where the Acts have been set in force at the beginning of the present year. According to a return of the Metropolitan Police during the four weeks ending February 5th, 1870, the ratio of the examined who had to be sent to hospital, was 14 per cent. at Devonport and 43 per cent. at Winchester. As ample accommodation exists for the reception of the sick from both districts, it cannot be urged that only those women were taken for examination at the latter district who were known to be diseased.

Evidence of the diminished amount of the more serious forms of disease in the inspected districts has been already given, but it is an equally striking fact that not only has the *quantity* of disease been diminished, but its *quality* has been modified in a very marked manner. Not only has the proportion of syphilitic disease to milder affections been much lessened, but the syphilis which has occurred has been of a mitigated character, and secondary affections have been comparatively rare. The testimony to this effect from all quarters is remarkably uniform.

Women suffer less because disease has assumed a milder character.

THE ALLEGED OPPRESSIVENESS AND INJUSTICE OF THE ACTS.

These Acts have been strongly objected to on the ground of their oppressiveness towards the prostitutes themselves, in case of their refusal to submit to

examination, and it has been stated that they may be subjected to three months' imprisonment with hard labour, which may be repeated indefinitely, that is for life (see pamphlet by C. B. Taylor, M.D., p. 4); also that periodical inspection of women is an unwarrantable violation of their persons, that it is degrading, and destructive to her sense of modesty, &c.

On these points it is to be observed that no woman need be a prostitute unless she chooses, but that if she deliberately adopts such a mode of gaining her living, the imminent risk which she incurs of contracting a serious contagious disease renders her so dangerous to the community as to justify state interference to prevent her doing mischief to others. She has, therefore, been brought under the provisions of a law, for infringing which she is liable to imprisonment for a term not exceeding one month for a first offence, and for a term not exceeding three months for any subsequent offence.

But every facility has at the same time been afforded her to relieve herself from supervision. Compulsory examination continues only so long as she is known to be living as a prostitute. The visiting surgeon can release her at any time (under the amended Act) if she can show him that she intends to relinquish her calling and gain her living by other means.* A magistrate can release her at his discretion, by merely requiring her to enter into her own recognizances to be of good behaviour for three months; or she can release herself at any time, without any trouble, by simply leaving the district.

So far from the Act being oppressive towards the women, it is they who derive from it the most direct and positive advantage, since in return for

Facilities for a woman relieving herself from supervision.

By the magistrate.

By giving up an evil life.

Advantages to women from the Acts.

* See precis of the Acts, Appendix, p. 64.

the irksomeness of police supervision and medical examination, they have the very great benefit of immediate admission into hospital, and of treatment by specially experienced medical officers. They obtain the immense advantage that their disease is discovered and treated at the earliest possible period, so that while they are prevented communicating it to others, they are themselves saved from all the serious and painful consequences of neglect.

Compulsory examination.

With reference to the objection that compulsory examination of prostitutes is an unwarrantable violation of their persons, and that it is degrading and destructive to their sense of modesty, &c., we can hardly imagine it can be urged seriously, or that it can have any other object than to enlist the sentiments of uninformed persons in opposition to the Acts.

Well known prostitutes the only class subject to examination.

The only class subjected to examinations are women ready to prostitute themselves indiscriminately for a pecuniary reward, and yet it is alleged that such women are outraged and their feelings insulted by an examination conducted privately and decently by a medical officer in the presence of a nurse. We are far from asserting that the sense of modesty is irreclaimably lost in these women, knowing that in most of them, apart from their vocation, this is far from being the case. Yet it can hardly be maintained that their susceptibilities are more acute than those of their virtuous sisters, and the examinations to which they are subjected are in every respect identical with that to which women of all classes of society constantly submit, for the discovery or cure of the numerous morbid conditions to which females are subject, and which, by means of the same instrumental examination, modern science has done so much to alleviate.

Examination common in medical treatment of virtuous women.

Due decorum observed always.

The examination is conducted in a private room

by the visiting surgeon, assisted by a nurse, with the same regard to decorum as would be observed in the case of a private patient. It is expressly forbidden that any person but the nurse shall be present at these examinations, and no student, or other person, is admitted to witness the treatment of the Government Lock Hospitals without a special order. In this respect, therefore, the women have less cause to complain than the patients of any hospital connected with a medical school, where they are seen by all students who choose to attend. The opponents of these Acts are in favour of the treatment of fallen women in voluntary Lock Hospitals, or in the wards of general hospitals, where they must necessarily undergo precisely similar treatment, but we are at a loss to understand how in that case the so-called degradation would be diminished, or their sense of modesty less insulted.

It has been alleged, also, that there is risk of disease being communicated to women by means of the instruments used at the inspections, and that this has, in fact, frequently occurred. With reference to this, we have to say that no authentic instance of this accident has been brought forward. Its occurrence is, of course, possible, but it can only happen through culpable and almost criminal negligence on the part of the examining surgeon. This objection, again, applies equally to treatment in voluntary Lock Hospitals, and also to the treatment of private patients.

Allegation that disease is communicated by the instruments.

We have now to refer to the inestimable advantage conferred upon the women by the opportunities for reformation afforded them during their residence in hospital. All have the opportunity offered them of entering homes or reformatories, or of being restored to their friends, if the latter are willing to receive them. They have the benefit of religious instruc-

Reclamation of the fallen.

tion from the chaplains, aided, in many instances, by charitable ladies, and their temporary seclusion in hospital renders them much more amenable to such humanising influences, than they are while leading a life in the streets under the influence of incessant drink and dissipation.

Number of
women re-
claimed.

The following is an account of what has been effected in this direction in two institutions during the past year, and the results are gratifying beyond expectation. According to a return in the hands of the Metropolitan Police, it is reported that at the Royal Albert Hospital, Devonport, 1,016 women were brought under the operation of the Act in 1869, and of these, 76, after leaving the hospital, were married. Of these 76, 7 returned to their former course of life, but 69 remain respectable wives; 84 returned to their friends; 36 went to service in other localities; 15 went to service in the district, and 36 into a reformatory; 140 left the district, and 6 died. Altogether, 393, or 38·69 per cent., out of the 1,016 were accounted for. Of the 84 who returned to their friends, 7 went back to prostitution again, as well as 9 of those in the reformatory. Of those who remained in the district in service 2 have returned to their former course of life; but of those who went into service out of the district, not one has returned. Of those who simply left the district, only 17 returned; and in all, out of the 393 names removed from the register, only 42 came back upon it. One of the beneficed Clergy of Plymouth has stated that women, who to his personal knowledge led notorious lives, have, after their dismissal from hospital, been married by him to men of respectable character; and that these women have acknowledged to him that their sojourn in hospital was the turning-point in their career.

Patients re-
claimed at

At the London Lock Hospital, out of 933 patients

admitted under the Act in 1869, 53 entered the Lock London Lock Hospital. Asylum, 12 went into other homes or reformatories, and 100 were restored to their friends. Of the 53 who entered the Lock Asylum, 2 were sent to service, 4 were restored to their friends, 15 left by their own wish, 1 was sent to the Union, 1 was returned to the hospital for recurrence of disease, 2 were dismissed, and 28 still remain in the Asylum.

These facts are, we think, a conclusive answer to the objection that the tendency of restrictive measures is to still further degrade and demoralize those who are brought under their operation. (See also p. 47.)

ALLEGED RISK OF WRONGFUL ACCUSATION OF MODEST WOMEN.

With reference to the possible wrongful accusation Mistakes of opponents of the Acts. of modest women, the most unfounded statements have been put forward by the opponents of the present Acts and their further extension. It has been alleged that, "under the provisions of the Contagious Diseases Acts, any woman whom a policeman may affect to believe to be a prostitute, without proof, without evidence, trial, or conviction, is liable to be arrested, taken before a magistrate, and condemned to three months' imprisonment with hard labour, which may be repeated indefinitely, that is for life, if she decline to submit ('for at least a year, in company with the vilest prostitutes') to a repeated violation of her person with a surgical instrument."* Again, that, "in certain areas, *all* women are cast at the mercy of police whispering, deprived of jury trial, and liable to be submitted to an ordeal worse

* Pamphlet by C. B. Taylor, M.D., p. 3.

than death ;”* also, that any “ woman may be dragged before a visiting surgeon and compelled to prove that she is not a common prostitute.”†

Erroneous assertions respecting the liability to examination.

There is no foundation whatever for the assertion so repeatedly made, that every woman in a district is brought under the operation of these Acts, except in the sense that every British subject comes under the operation of every Act of Parliament, in case he (or she) think fit to infringe its provisions. The Act expressly states that only those who are, in the opinion of a justice of the peace, notoriously “ common prostitutes ” shall be compelled to submit to examination, and safeguards have been provided which render it all but impossible that any virtuous woman should ever be interfered with by those entrusted to carry it out. By referring to the précis of the Acts (Appendix, p. 64), it is easy to see how closely these powers are limited.

These Acts, like all others, are of course liable to possible error in administration. There is no absolute security that any individual should not be wrongfully accused by the police (or by any other person) of theft or of murder, and thus placed in the position of being required to prove their innocence ; but this remote liability has never been accepted as an argument against legislation for the prevention of those offences. Under the Contagious Diseases Acts there may be a probability that some prostitutes will contrive to escape detection, but there is only the remotest possible chance that any respectable or even moderately well-conducted woman should ever be molested.

Selection of Police.

The police entrusted under the present Acts with

* Petitions from inhabitants of Manchester, presented by Mr. Jacob Bright ; and from inhabitants of Youghal, presented by Mr. Montague Guest.

† Letter of an Englishwoman to the “ Daily News,” &c., &c., Dec. 31, 1869.

the duty of supervision have always been carefully selected for the purpose; men have been chosen on account of their proved good conduct and respectability, and they have been closely looked after by their superiors. It is important that the public should not be misled on this point by the opponents of the Acts, but that it should be clearly understood that so responsible a duty would never be entrusted indifferently to any or every police constable, but only to carefully-selected members of the force, and under the strictest supervision. Those who have had the best opportunities of judging, have uniformly testified to the conciliatory and judicious manner in which the police have performed their duties; and it is a very encouraging fact that no authentic instance of misconduct or oppression has up to the present time been proved against them.

We repeat this with the more unreserve, since during the last few weeks the pages of a weekly journal, established for the diffusion of intelligence adverse to the Acts, have contained numerous charges against the police, many of which, from their own showing, are clearly not cases of hardship; and, moreover, every such charge that has hitherto been investigated has completely broken down.

It is also, above all things, important to observe that, in case of a mistake occurring, no woman can be "dragged before the Visiting Surgeon and compelled to prove that she is not a common prostitute." She need not attend before the surgeon at all until she has been served with a magistrate's order to do so, which order can only be obtained by information given on oath before a magistrate by the superintendent of police. Notice of this information is given to the woman, and time and place are mentioned (subject to adjournment if necessary) when she can dispute its truth if she think fit; and unless the

Charges of wrongful accusation break down

A magistrate's order is necessary to compel submission.

Must be proved to be a prostitute.

May attend by
deputy.

No publicity
necessary.

case against her is clearly made out, the magistrate has no power to make an order for her examination. Again, to do this, she need not herself appear before the magistrate at all, but may depute "some person on her behalf." And further, the proceeding need be attended with no publicity whatever, for the Act expressly directs that all such cases shall be heard by the magistrate in private, unless the woman desire the contrary.

Is it conceivable then, in the highly improbable case of a respectable woman being accused, she should be so destitute of friends, or of the means of proving her real position, that she should be intimidated into voluntary submission, involving certain ruin to her character, as has been alleged? Can there be a doubt that the magistrate, or even the police officer, would rather let twenty prostitutes escape than wrongfully interfere with one respectable woman. The police officer is liable to a prosecution for perjury in case of malice, and to a civil action for damages in case of mistake.

Operation of the
17th section.

It is quite true that under the 17th section of the Act of 1866, it has been a common practice in the case of *notorious* prostitutes, for the appointed police officer to warn them, informally, to attend before the Visiting Surgeon for examination. Knowing the Act, they, as a rule, attend to this informal notice, and sign a voluntary submission to examination, that they may avoid the unpleasant and useless ordeal of the police court; but should they believe their character will bear investigation, they have the alternative of being summoned before a magistrate in the mode above stated, and they can only be compelled to submit after their defence has been heard. With reference to the operation of this section, it has been alleged the "police spies are enabled to cajole and terrify comparatively innocent, or entirely innocent women into permitting them-

selves to be registered as common prostitutes, that is, innocent women falsely accused are so hopeless of justice, that they submit to be herded with prostitutes, and periodically outraged. Why? For fear their *husbands and friends* should hear they had been accused of prostitution!" As Miss Garrett has well remarked, "it is difficult to believe that any one can seriously credit women with such a degree of helplessness, or that any woman not bereft of reason would ever be capable of such folly?" Surely the *husbands and friends* are the very persons to whom a respectable woman wrongly accused would first think of applying to for assistance.

Two cases, however, have been put forward as examples of the abuses to which the Act is liable, and respecting them, statements of a highly sensational and recklessly inaccurate character, calculated to mislead the public, have been very widely circulated. The first is that of a woman who was advised to attend the Visiting Surgeon's examination as an alternative to going before a magistrate, but who was released by the Surgeon without examination, because he happened to be acquainted with her, and believed her to be a respectable married woman (see evidence taken by Committee of House of Commons, Q. 345).

The two cases of so-called false accusation.

The Portsmouth case.

In answer to enquiries respecting this case, made in consequence of the misapprehensions which have arisen, Mr. Parson has given some further details, which are as follows:—"When the woman came before me as Visiting Surgeon, I recognised her, and believe said to her that I was sorry to see her in her present position. In reply she declared that she was a married woman, and that she was not, and never had been, a prostitute. On inquiring of the police, I learnt that she had been seen in company with prostitutes, and intoxicated, coming out of a brothel, when she even accosted a police officer. On hearing

this I told her that I feared she had only herself to blame, to which she said that it was so, but that it should never occur again, for if her husband heard of her being obliged to come to the hospital, it would probably be her ruin. Under these circumstances, and knowing the truth of her being a married woman, I allowed her to go, and she has never been before me again, *neither has any similar case occurred.*"*

The Devonport case.

The second case, which happened at Devonport, was that of a very young girl, who, when examined, was found to be a virgin. It is thus described by Mr. Sloggett, the [visiting surgeon:—"A poor child was brought from the country to be examined, at the request of her own step-father, who accused her of prostitution, and who brought her to the police. The poor child herself came willingly to the hospital. When the case was explained to me, I refused to examine her, but she begged me to do so. She said, I ask you to do it as a favour, to clear my character, because I am not a prostitute. I did examine her at her own request; she was not only not a prostitute, but she was a virgin. My examination inflicted no injury upon her. I did not examine her as I should a prostitute." Mr. Sloggett further says, he has never seen a case to warrant even a shadow of complaint against the police. (See evidence before the Committee of the House of Commons, Q. 124, Appendix, p. 70.)

These two examples are fair specimens of the mistakes which may possibly occur in the working of these Acts. In neither was any injury inflicted, but, on the contrary, in each case a distinct benefit was conferred. In the first a woman, culpably imprudent, received a severe moral lesson, which she richly deserved, and which it may be hoped she will not soon forget. In the second an unfortunate child was

* See Appendix, p. 70.

rescued (for the time at least) from the brutality of her natural guardian.

That no other instances of abuse more authentic than these have been brought forward by those who have so unscrupulously perverted the facts relating to these two cases is, in the opinion of this Association, the best possible proof they can adduce of the judicious and careful way in which the Acts have been administered.

Another fabrication by which well-meaning people have been deluded, has been narrated by Professor Newman, from a *soi-disant* eye witness, of a scene alleged to have taken place during an examination at Plymouth, and the horrible details of which have been widely circulated. But when urged to give the source of the scandalous invention, Mr. Newman was unable to do so, and the Admiralty, who had directed an investigation to be made, speedily ascertained that the story was entirely devoid of foundation.*

“ALLEGATION THAT THE ACT IS ONE-SIDED AND UNFAIR. THAT IT APPLIES TO WOMEN ONLY AND NOT TO MEN, WHO BEING EQUALLY IF NOT MORE CULPABLE, OUGHT TO BE TREATED IN THE SAME WAY.”

This objection is at first sight a plausible one, and likely to influence many persons who do not understand all the bearings of the question. The parallel sought to be established has, however, no real existence. Except in the case of notorious prostitutes, to which class there is nothing analogous among men, the Act is perfectly impartial between the two sexes. Virtuous women are entirely exempt from its operations on the one hand, while on the other hand there is nothing in it to prevent any

Act unfair by
not including
men.

* Vide Appendix, p. 71.

woman being as immoral as she pleases, provided her immorality is not openly practised as a trade. In the public services it is, no doubt, both practicable and desirable to carry out a system of inspection in males, in order to prevent the spread of disease, but as regards the civil population, there are many practical reasons why it should be applied chiefly to women, because it is only among the female sex that we find a considerable number of persons openly gaining a livelihood by the practice of prostitution as a trade. When any considerable number of men can be found letting themselves out for hire in the same way, there will of course be the same reason for subjecting them to supervision and sanitary legislation.

Immense amount of mischief one common prostitute may do.

Another reason for the sanitary supervision of this class of women is the immense amount of mischief which one diseased individual can, and in most instances does, inflict on the community. She is compelled to continue her vocation or starve, for voluntary Lock Hospital accommodation in England is altogether inadequate to receive the number of women requiring treatment. She has therefore the strongest possible motive to disseminate contagion, which in the early stages of her disease she can generally do with little or no inconvenience to herself. Furthermore, simply providing hospital accommodation for the sick is insufficient. Experience showed that the Permissive Act of 1864 failed in great measure because the patients would not stay in hospital till cured. Diseased men, on the other hand, have no such imperative reason for disseminating disease, which in their case would often be attended with considerable personal suffering; and usually only the most reckless and drunken and profligate among the male sex communicate the venereal disease to women. As a rule, a diseased

prostitute is compelled to spread disease right and left, but as a rule a diseased man will for his own sake refrain from doing so. Still, it must be admitted that there are a sufficient number of men so careless or abandoned, that a prostitute will almost to a certainty sooner or later become diseased.

One great practical obstacle to the compulsory treatment and seclusion of diseased men in civil life is found in the fact of the much greater numbers of men who become diseased as compared with women, in whom it is in a very considerable degree confined to one particular class. In the case of men there would be not only the expense of their maintenance in hospital in very large numbers, but the still greater loss entailed by their withdrawal from their various productive employments, whereas the temporary withdrawal of a diseased prostitute from her vocation not only does not interfere with any productive industry, but is a direct gain in a moral point of view, and the loss is confined to the expense of her maintenance in hospital. Nevertheless, so far as regards the present Acts, the argument of unfairness is untenable, for since their introduction in 1865, only 7,700 women *altogether* have been brought under their operation, while more than 50,000 men are continuously subjected in the same districts to compulsory examination and detention when sick. These men are of course the soldiers and sailors, but if the Acts were extended to the civil population, probably as many men as women would be detained for the same purpose. It is not generally known that by the Act "to make the Poor-law Board permanent," passed in 1867, it is legal to retain all inmates of workhouses so long as they are not in a proper state to leave without danger to themselves or others. An extension of this provision to militiamen on disbanding, to merchant seamen, and to prisoners in

Difficulty in bringing men under restriction.

More men than women even now under restrictions.

custody is highly desirable. If it were possible that merchant seamen could be examined, great good would result, for it is well known that many of the great sea-port towns are nests of disease. This is already done with candidates for the Naval Reserve, without the slightest objection on their part.

THE ALLEGED VIRTUAL IDENTITY BETWEEN THE
FRENCH SYSTEM OF REGULATION OF PROSTITUTION
AND THE CONTAGIOUS DISEASES ACTS.

Alleged licensing
of vice.

It has been objected that the system of the Contagious Diseases Acts is essentially similar to the French system, that it recognises prostitution, licences and countenances prostitutes and brothels, and that it is therefore likely to be attended with the same demoralising results which are alleged to follow the foreign system.

Analogy of the
Acts with other
sanitary
measures.

To this it may be replied that the Contagious Diseases Acts only recognise prostitution in the same sense that every law recognises as a fact, the social, moral, or criminal condition, the ill effects of which it proposes to remedy. "If compulsory vaccination gives sanction to small-pox, if the power to enter premises for the execution of sanitary works gives sanction to nuisances to health, if the enforced inspection and regulation of factories and workshops may be said to give sanction to over-crowding and over-work, if any sanitary measure may be said to give sanction to the evil which it aims at exterminating, then the Contagious Diseases Acts may be said to be open to this objection."*

Thus the Acts in no way licence or countenance either prostitutes or brothels, nor do they impose any restrictions upon women of that class, which are not

* *Pall Mall Gazette*, April 28, 1870.

at the same time directly conducive both to the material and moral well-being. In all these important particulars the system adopted is essentially different from the foreign system. It aims simply at secluding women who follow the *trade* of prostitution when they become diseased, and so preventing them doing mischief to the community. To effect this it is necessary to submit them to systematic inspection, in order that the disease which they are nearly certain to contract should be discovered at the earliest possible period. But they are in no way *licensed*, nor do they receive certificates of health, either when inspected or when discharged cured from hospital.

Neither licence
nor certificate
granted.

The aim of the French system is not only, or indeed mainly, to diminish disease, but to exercise control over the general conduct of prostitutes, and the management of brothels, and to regulate public "morals," as is indicated by the term "Bureau des Mœurs," applied to the office of the department. It is in many respects severely oppressive, while in other respects it affords large loopholes for escape. On account of its oppressiveness it is largely evaded and is heartily detested by those who are the objects of it, and in consequence clandestine prostitution widely prevails. The English Contagious Diseases Acts, on the contrary, though they may by their unknown terrors often exercise a salutary influence over young girls hesitating on the verge of prostitution, have certainly not been unpopular with those women who have had practical experience of their working. Many of them approve of them, most of them have sense enough to see that the advantages which they derive from them greatly outweigh the restraint which they entail.*

* See the letter of the Vicar of Brompton (Chatham) in Appendix p. 75.

When it is alleged as an argument against legislation in England, that in France disease is rife in spite of the attempts made to suppress it, the characteristics of the French system above alluded to must always be remembered, and also that Paris (from which city the deductions are chiefly drawn), while it has been called the playground, has also not inappropriately been called the brothel of Europe. But it is difficult to understand how it can be seriously maintained that the foreign system is a failure, and that disease is thereby *increased*, instead of diminished, in the face of the fact that in the French army the amount of disease is not more than half, and in the Belgian army not more than one-third of that met with in the English.*

Disease has
decreased in
France and
Belgium.

The amount of disease in the public services is obviously the most reliable guide in determining a question of this kind, for it is impossible to ascertain the exact amount of disease prevailing amongst the general population. But since the women frequented by the soldiers are frequented equally by the lower class of the civil population, it is legitimate to infer that if disease has been lessened in the one class it has also been lessened in the other.

But even if the failure of the foreign system could be clearly established, which, however, we deny, it would be no argument against the adoption of an entirely different system in this country, which must stand or fall on its own merits, and can only be fairly judged by its results. That the English Contagious Diseases Acts will succeed wherever they have a fair chance has been abundantly proved by the experience of their working at the different stations, and ample evidence of their beneficial results have already been adduced in another part of this Report.

* See the section on the effect of the Act on the soldiers, Appendix, p. 67.

The system already in partial operation, and which it is now sought to extend in England, was in its origin a purely sanitary one, but to this the reformatory element was humanely superadded, and has proved successful beyond all expectation, so that while control is exercised for the public advantage, the individuals controlled are in every way signally benefited. (See p. 32.) In its sanitary intent it is precisely in accordance with the principles so ably laid down by the medical officer of the Privy Council, as those which ought to influence our sanitary legislation. In his eleventh Report, published in 1869, that gentleman says, "it is the almost completely expressed intention of our law that all such states of property, and all such modes of personal action or inaction as may be of danger to the public health, should be brought within the scope of summary procedure and prevention."

This Association, therefore, is advocating no novelty in legislation, but desires nothing more than that these principles should be impartially carried out, and that this particular "mode of personal action," which is one so seriously "of danger to the public health," should no longer remain an "*exception* to the almost completely expressed intention of our law."

The Medical Officer of the Privy Council only reported against applying these Acts to the civil population, at Government expense for he has no objection to local Acts being passed for this purpose (p. 18); and again, in the opening page of his report, he carefully guards himself against disapproving of the Acts as applied to military stations. Mr. Simon, in short, bases his argument mainly upon the great expense which he conceives would be entailed upon the community to effect a diminution of disease, though the experience of the Acts now gained by no means

These Acts accord with the principles of many other sanitary laws.

supports his views as to the cost. We, however, the less regret that we are unable to discuss that medical officer's report as fully as its wide circulation deserves, inasmuch as Mr. Acton in his latest edition of his work on Prostitution, has thoroughly confuted the argument which it contains.

ALLEGED LEGAL SANCTION TO PROSTITUTION.

License of vice.

It has been publicly stated "that it is rank hypocrisy, and a mere sop to certain of the clergy and religious people to pretend that harlots are not licensed under this Act."* To substantiate this charge, it is said "the policeman who informed against a brothel-keeper whose girls are regularly examined would be considered a lunatic." Of course, the maker of this statement is not aware that the police employed to carry out the Act are not local police, but belong to the Metropolitan force, and are only endowed with authority to carry out the Contagious Diseases Acts, and certain matters of police relating to the preservation of Government property in the dockyards and arsenals, whereas local authorities alone have the power to put down disorderly houses, and to punish prostitutes.

Diminished
practice of vice.

Whoever advances such an argument is bound to prove that the conduct of the local magistracy has become more lax in putting the ordinary law in force since the Acts have come into operation than before. Until this is done, we maintain that there is no foundation whatever for the assertion, but we declare that these statutes have been more successful than any other mode of diminishing the practice of vice. The im-

* Observations on the Contagious Diseases Act, &c.; a reply to Mr. Paul Swain's paper on the working of the Act at Devonport; by C. B. Taylor, M.D. Banks, Nottingham. P. 10.

munity that these disorderly houses and women have enjoyed, however much to be regretted, has not come to them through the operation of the Acts, but through the repeated failure of all means hitherto devised for putting down prostitution. The notorious fact that borough and parish prosecutions do not put down prostitution, but rather increase the evil, led magistrates and other authorities in many towns to give up a hopeless task long before the Contagious Diseases Acts came into force. On the other hand, that no impediment to the suppression of vice shall arise through their operation, the Contagious Diseases Acts contain special clauses,* which declare that nothing in their provisions shall interfere with the ordinary statutes against prostitutes and brothel-keepers. The authorities do not "say practically to the prostitute, you are at liberty to prostitute, so long as you obey certain regulations," for the woman is just as liable to prosecution by the ordinary law in the districts under the Acts as elsewhere. What the authorities *do* practically say to the woman is this: "If you will continue to be a prostitute, you must submit to periodical examination, and detention when diseased."

So far from licensing prostitution, the Contagious Diseases Acts very greatly hamper its prosecution as a trade. In December, 1866, an enquiry was made by the Metropolitan police, for the information of Government, for which purpose the names and addresses of all the women who lived in the brothels of the three towns of Plymouth, Stonehouse, and Devonport, were noted down to the number of 2,020, the houses of ill-fame reaching 358. On the 31st December, 1869, when the Act had been in operation three years, the number of women so living was 663, and the brothels 131. We have elsewhere demon-

Prostitution has diminished under the operation of the Acts.

Brothels closed.

* Vide précis of Contagious Diseases Acts, in the Appendix, p. 64.

strated how this diminution has come about. This disposes also of the statement made from the "best authority" that the number stated in the Parliamentary evidence to have existed in 1864 (2,000) was greatly exaggerated, and that the decrease has also been much exaggerated.

landestine vice
spreads less
disease than open
vice.

Even if it be said that the mere fact of the women having forsaken their ordinary resorts does not prove they have relinquished their immoral calling; it cannot be disputed that the Acts prevent them from openly and easily carrying on their trade: They are forced either to abandon their former pursuits altogether, or to continue them to so limited an extent that they escape the observation of a body of men whose special duty it is to see they do not evade the law. These officers are perfectly well acquainted with the faces and habits of the women, by having previously had them under the operation of the Acts, consequently it is impossible for any large number of them to remain as clandestine prostitutes within the districts. We need not recapitulate the evidence that has been already adduced, or add more to what may be found in the Appendix, to show that the argument that the women are merely driven away, not reformed, is unfounded. A very large number of these women have, on leaving hospital, been returned to their friends.

No one pretends that all who thus for a time regain a respectable position, preserve it permanently. Even the societies whose sole object is the reformation of abandoned women, do not reform all, or nearly all those who enter their refuges, yet the inmates of these institutions are all there from free choice, and would be at least as likely to remain virtuous as those brought into hospital by compulsion.

The Acts reach all alike, and render all accessible to benevolent persons anxious for their reformation,

and by passing *all* the sick, evil and well-disposed, without distinction, through a salutary ordeal, check the downward progress of the young and giddy, and revive good feelings even in those too weak of purpose to quit without assistance their vicious life when restored to liberty.

THE ALLEGED REMOVAL OF A SALUTARY CHECK ON IMMORALITY.

Another objection rests on the ground that the fear of contracting disease operates as a salutary check against immorality. Assertions have been made by the Ladies' Association that by attempts at repression "the path of vice is rendered more easy to our sons, and to all the youth of England;" also that the disease is an ordained punishment for vice, and that to diminish disease is to diminish a salutary deterrent influence.

Those who best understand the habits and motives that actuate the youth of England, know how slightly considerations of personal risk ever enter into their calculations. Moral considerations may have more or less influence, according to their education and habits of thought, but fear of consequences is certainly the influence least of all to be relied upon. The collateral effect of the Act, however, has been the very reverse of what has been asserted, for it has rendered public solicitation in the streets much less frequent in towns where it is in force,* and in this very important way, instead of increasing facilities for vice, it has removed temptation from the young and inexperienced.

As a check upon immorality.

The argument that it is inexpedient to take measures to check the spread of this disease by legislation,

* See the Vicar of Dover's letter in the Appendix, p. 76.

because a salutary deterrent influence would thereby be removed, must, if admitted, tell equally against the establishment of voluntary Lock Hospitals (the alternative of the leading opponents of this Act); or if logically carried out, against medical treatment of any kind, under any circumstances. From this point of view, indeed, syphilis is a blessing which we should foster rather than prevent, on account of its beneficial moral effect.

Dilemma. Act renders vice safe;

We would suggest, however, that it is somewhat inconsistent to argue against restrictive measures on the ground that vice is thereby rendered "easy and safe;" and to argue at the same time, that wherever such measures have been adopted, disease has been increased instead of diminished.

Yet it increases disease.

The effect of the extension of these Acts will be, not to render vice easier to men, but to guard from a pestilent and loathsome disease the many innocent persons—mothers, children, nurses, and others—to whom it may be accidentally and unwittingly communicated. The ladies who denounce these acts, should remember that they have *daughters* as well as sons, whose interests are still more deserving of consideration, since they may at any time become the *innocent* victims of a loathsome disease. They would, we feel sure, hesitate in the course they are pursuing, if they had any adequate conception of the frequency with which syphilis is communicated after marriage to wives and their offspring by men formerly infected, but who conscientiously believe themselves to be in perfectly sound health; or, if they were acquainted with a tithe of the unmerited suffering, mental as well as physical, which is thus occasioned, and with which the medical profession are too painfully familiar. They have not, and they cannot have, any real knowledge of the immediate and remote effects of this disease on the human frame,

Ease with which innocent women are infected.

Frequent communication to wives.

of the various modes in which, as modern science has shown, and is showing every day still further, it may affect (often fatally) important internal organs at a remote period; of its hereditary influence in causing many debilitating and distressing disorders, not usually in the public mind attributed to it, and thus permanently deteriorating the vigour of the whole race. On this latter part of the question some most valuable evidence was given by Sir W. Jenner to the Committee of the House of Lords. Q. 1075, quoted in Appendix to this Report, p. 73.

Sir W. Jenner's evidence.

PROBABLE EXPENDITURE FOR THE METROPOLIS.

We come now to the question of the feasibility of extending the Acts to the civil population. The Medical Officer of the Privy Council says:—

1st. "The cost of the necessary measures would be great."*

2nd. "The important form of venereal disease would not be lessened by sanitary restrictions. That unless the system were general, and most carefully carried out, no good result would be obtained, and that this minute search and investigation would be impossible in practice."*

Allegation that true syphilis would not be diminished.

The cost of sanitary regulations, from whatever source the funds be derived, need not approach the proportions which Mr. Simon calculates would be necessary to effect a real diminution in disease. At page 12 he mentions the conjecture that the prostitutes of the metropolis amount to 18,000, one-third of whom are probably diseased. To prove the absurdity which, as our opponents suppose, characterizes any attempt to bring the enormous number of diseased prostitutes now in the metropolis under

Cost overstated.

* See Loc. Cit., pp. 12, 16, 17.

hospital treatment, only one-half of this guess of 18,000 women—for the number stated is no more than a guess—is taken for the basis of the calculation. That is, for 9,000 women alone, it is inferred that the necessary accommodation would be 3,000 beds, at an outlay for construction of £500,000, and an annual cost of £100,000. Were so enormous a provision indispensable, no doubt it would be hopeless to undertake the repression of contagious diseases by this means.

But a few facts will show that a far smaller outlay and annual expenditure would suffice to bring the mischief of contagious disease to a minimum. The annual cost of maintaining the Lock Hospital is £24 10s. per bed; this sum supposes the beds to be constantly filled. The average stay in hospital of each patient is a little over a month, hence each bed could receive during the year 11 patients at the least. Thus, 500 beds would receive 5,500 patients annually, at a cost of £12,500 a year, at £25 per bed.

Next as to construction. The new wing lately erected at the Lock Hospital for receiving patients from the districts under the Contagious Diseases Acts cost a little less than £80 for each bed. This sum included building, furnishing, and every expense necessary for occupation. The preparation of 500 beds need not cost so much as £80 each, or £40,000, if one proposal put forward by this Association were adopted; namely, that a sufficiency of hulks now unoccupied at Portsmouth and Plymouth were moored in the Thames, and fitted up as hospital ships. This arrangement would be attended by other advantages, namely, that the large provision at first required would not be wanted after the Acts had been a few years in operation, when the prevalence of disease had been greatly lessened. There

Cost of Lock
Hospital at
present.

still remains to consider the salaries of the medical officers and police to be added on to the annual expenditure. This would obviously be a moderate amount, and this Association is holding no very extravagant expectation when it supposes that this wealthy metropolis could provide £18,000 or £20,000 a year for the maintenance of the hospitals and the surveillance of the persons who would occupy them.

We have now to show that 500 beds, which it is granted would not at first receive all the sick women, nevertheless would be sufficient for the object in view. Proposed accommodation for patients. First, regarding the number of women who could be shown to be common prostitutes in the metropolis if the Act were in force here. According to a return made up in 1868, and printed by Mr. Acton, about 6,000 individuals were personally known to the Metropolitan Police.* Now, although this number is probably only a proportion of the real total, the police have no information which enables them to make any nearer approach to the whole. Therefore, until a closer acquaintance with the pursuits and domiciles of these persons is attained, the operation of the Acts would necessarily be limited to those 6,000 women, and not merely half, but over three-fourths of them could be passed through the hospital in the course of the year.

We are contented to propose so small a number of beds for two reasons. First, it would be inexpedient, and much resistance to the operation of the Acts would arise, if an attempt were made to bring all the loose women of the Metropolis under examination and all the sick into seclusion at the first outset. Wherever the Acts have been set in force hitherto, the smallness of the accommodation compelled their managers to take first only those who being so ill were either glad to be admitted, or whose diseased condition was well known to their companions. Gradual application of the Act.

* Acton on Prostitution, 2nd edition, 1870, p. 6.

In this way the benefit, as well as the inconvenience of the Acts, became familiar to the women in a gradual manner, and thus disarmed any serious opposition on their part.

Rapid improve-
ment in health.

Again, that this partial application of the Acts would still succeed in checking disease, though more slowly, than a complete application of their provisions, is shown by the condition of the women subjected to the Acts in the garrison districts, where, in every case, the number of beds was at first considerably below the number of sick women. In the fourth quarter of 1867, more than half the women examined were sent to hospital. As the accommodation increased, partly by the diminution of disease in the women, partly by the larger number of beds placed at the disposal of the authorities, the number of examinations very rapidly increased; yet, after the third quarter of 1868, the proportion found diseased gradually declined. In the last quarter of 1869, 9,923 examinations were made, but only 1,092 cases of disease were found, the average cases of disease of the preceding four quarters being 1,200. In 1867 the demand for beds was beyond the supply, (the return for the fourth quarter of 1867 stating that all the beds were kept full the whole quarter), and the number of beds was consequently increased from 312 on December 31, 1867, to 517 December 31, 1868. But in nearly the whole of 1869 there were beds constantly empty at the Portsmouth, Devonport, Aldershot, and London Lock Hospitals.

Decrease in
demand for
accommodation.

The stay in hospital is now very considerably shorter, and the decrease is well exemplified by the average number of days of treatment for each patient in the six half-years from October, 1866, to October, 1869, both for the more serious and the less important classes of disease, treated in the Royal Albert Hospital.

Half-years.	Syphilis and venereal sore.	Gonor- rhœa.	Albert Hospital returns.
1st October, 1866, to 31st March, 1867	92·11	61·5	
1st April, 1867, to 30th September, 1867	79·21	48·	
1st October, 1867, to 31st March, 1868	74·87	35·84	
1st April, 1868, to 30th September, 1868	58·36	22·86	
1st October, 1868, to 31st March, 1869	56·84	26·36	
1st April, 1869, to 30th September, 1869	49·40	24·92	

If reference is made to page 27, the diminution of the time necessary for treatment of the constitutional form of disease will be seen to be great.

These facts we apprehend justify us in expecting that a rapid diminution of venereal disease would ensue with even so moderate a provision of beds as 500, at an outlay of £40,000 and an annual cost of £18,000.

ALTERNATIVE PROPOSALS.

It has been argued by some of the opponents of these Acts, that the causes of this disease are moral, not physical, and that we are bound first to deal with the causes of the evil, in the hope that with wiser teaching and more capable legislation, these causes would not be beyond control. (See Manifesto of the Ladies' Association, *Daily News*, January 1, 1870.)

An "Englishwoman" says, that "as the moral causes are always and everywhere amenable to treatment, and generally subject to prevention, we may easily learn what to attempt in this peculiar case, and may go to work in good heart and hope." Also, that "to elevate the intellectual and moral condition of women, and to extend education till it puts every individual in possession of himself, is one of the things to be done in furtherance of even the physical health of the community." (See letters of an Englishwoman to the *Daily News*.)

Moral rather
than physical
treatment
required.

This Association would cordially sympathise with, and gladly assist in, any movement tending to elevate the moral and intellectual tone of the community, with a view to diminish the physical evils which we so much deplore. We cannot, however, feel sanguine of any immediate effect being obtained by such means. At best, a moral crusade of this kind must be tardy in its results, and can only bring forth fruit in future generations. By all means let the attempt be made; and if, happily, in progress of time, the moral causes can be removed, their physical results will disappear, and Contagious Diseases Acts will become a dead letter. But in the mean time disease will be doing its deadly work amongst us; and we desire, therefore, that the physical evil should be mitigated as far as possible by means of sanitary enactments, on the same principle that similar legislation has been adopted, with full public approval, for the prevention of other diseases and other conditions, the result equally, in most instances, of moral obliquity in some shape or other.

Voluntary hospital system preferable.

The leading opponents of the system of compulsory inspection and treatment have proposed as an alternative the extension of Lock Hospitals supported by voluntary contributions; or, as suggested by a writer in the *Westminster Review*, the throwing open of all hospitals throughout the kingdom to all prostitutes who may think fit to apply for relief, supplemented by the moral agency of "a volunteer army of sensible, educated, and thoroughly enlightened women, who would work as sisters of charity," aided by subsidies from Government at the different naval and military stations, but without giving the Government any control over the disposition of the funds, because this would involve "recognition and vitiate the moral principle underlying the working of the voluntary principle" (see *West-*

minster Review, April 1870, p. 520). We are unable to appreciate this subtle distinction, or to understand why the universal recognition of prostitution and its attendant evils by the general public, which is advocated by the writer, should be so beneficial; and yet the slightest semblance of recognition by the State for the same object should be so demoralising.

The voluntary system has been fully tried and has proved an utter failure. It has never been found practicable to induce the general public to support Lock Hospitals on a scale at all adequate to the requirements of the population. The London Lock Hospital, in spite of the prestige of 120 years, of much influential and aristocratic support, and of most energetic management, is only able to support 30 beds for female and 20 for male patients. The general hospitals have far too many demands upon their beds to allow them to allot a large number for the treatment of venereal patients, even if the prejudice of their supporters could be overcome; while, if we were sanguine enough to believe that adequate funds could be provided for their enlargement under the influence of the excitement which now prevails, we feel certain that the proposed movement would speedily languish for want of supplies, and the proposed army of "enlightened women," if ever enrolled, would soon come to an end for want of recruits, when the stimulus of the moment shall have ceased to work.

But even if it were proved that the plan proposed could be carried out to its full extent, we are convinced that it would fail to abate the evils of contagious venereal disease. This was amply shown by the working of the permissive Act of 1864, and was the main reason of the compulsory clauses of later Acts, and is perfectly well known to all who have had experience in the treatment of prostitutes. They will never, as a rule, apply for admission into hos-

Public decline to support Lock Hospitals.

Women will not apply for admis-

sion till in an advanced stage of disease.

pital until their disease has reached a stage which renders it impossible for them to carry on their vocation any longer. Up to this period they disseminate disease to the full extent of their opportunities, and consequently the benefit which they themselves derive is reduced to a minimum, while the sanitary benefit which the public derive from their treatment is absolutely none at all. Not only will they not apply until they are compelled by personal suffering to do so, but they will never consent to remain until their cure is complete. The great majority will insist on departing as soon as their more serious symptoms are abated, and no longer cause them any appreciable inconvenience. This was well exemplified at the naval stations under the Act of 1864, when women, still uncured, constantly insisted on leaving hospital when they heard of a ship having arrived in port and being paid off.

Women leave hospital before cured.

Out patient treatment; its evils.

The great bulk of diseased prostitutes are now treated as out-patients at the various hospitals and dispensaries; but while receiving only this kind of treatment, they are usually compelled to follow their occupation, and in the case of most of them, the alternative is either to do this or starve. Treatment only too often enables them to practise prostitution with less pain and inconvenience to themselves, and for a longer period, than they would otherwise be enabled to do. We believe that, as regards the effect on the public health alone, it would be far better that prostitutes should not be treated at all than be treated as out-patients, as so many of them now are. The only effectual way to do good to them, and to prevent them doing harm to the community, is to take means to discover their disease, and to treat it as soon as it appears. This can only be done by compulsory periodical examination and compulsory detention in hospital. No amount of

While at large they must disseminate disease.

Compulsory examination and detention indispensable.

hospital accommodation, maintained on the voluntary system, will ever accomplish it. The women are far too reckless of consequences, and the inconvenience which they suffer in the early stages is far too slight to induce them to seclude themselves voluntarily for treatment. They will never of their own accord apply for admission until personal suffering compels them to do so.

The writer in the *Westminster Review*, the most sturdy advocate for repressing venereal disease by voluntary hospital accommodation, only adduces, and indeed founds his argument on, only two instances: one, that of Dumfries, we pass by with the single remark, that it refers to a time thirty years back, and gives no information of what may exist at the present time. But the true interpretation of the other is completely at variance with the inference which the author draws from it. Early in the present century there was a provision of twelve beds for venereal patients at Winchester. The number of applications gradually fell off, until in 1839 only eight seemed to be needed for the purpose; and later, only six. The author infers that syphilis had diminished in the population, and that the "voluntary system" was eminently successful. Ultimately, however, we find that the demand on these beds died away altogether, and no provision at all was made, or seemed to be called for. At this culminating point of the success of the voluntary system the Contagious Diseases Act came into operation there, for Winchester was a military station; and so far from venereal disease having become extinct, it was found that during the first four weeks after the Act came into operation, 43 per cent. of the women examined needed to be sent to hospital; while at Devonport, which is already under the Act, only 14 per cent. needed to be sent to hospital. Recent experience has shown that at the London

Paucity of applicants to hospital no test of absence of venereal.

Contrast between an inspected and an uninspected town.

Hospital, in the midst of a poor and destitute population, difficulty is found in filling 24 beds, which have been set apart for cases of the kind. Experience at Liverpool on a larger scale runs in the same direction.

Early marriage
with easy divorce
a preventive of
venereal.

Another alternative proposal has been put forward at the Dialectical Society, by Dr. C. Drysdale, one of the Secretaries of the Metropolitan Anti-Contagious Diseases Acts Association. In Dr. Drysdale's opinion, "the only way to get rid of syphilis is by making marriage earlier, and by enjoining on young couples the necessity of not having more children than they can easily maintain. Facility of divorce, which has worked admirably in Indiana, in the United States, should be introduced into England, and with such and like arrangements mankind might attain happiness, and stamp out disease." (See *Med. Press and Circular*, April 27, 1870, p. 334). Comment on this proposal is unnecessary.

APPENDIX.

REPORT OF THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, APPOINTED MAY 1869, TO ENQUIRE INTO THE WORKING OF THE CONTAGIOUS DISEASES ACT (1866), AND TO CONSIDER WHETHER, AND HOW FAR, AND UNDER WHAT CONDITIONS IT MAY BE EXPEDIENT TO EXTEND ITS OPERATIONS,

Have considered the matter to them referred, and have agreed to the following Report:—

The question of whether it would or would not be advisable to extend the operation of the Contagious Diseases Act (1866) to the whole population, is one which involves considerations of such magnitude, both social and economic, and would necessitate an enquiry so lengthened and so elaborate that your Committee have thought they should best perform their duty by not entering on so large a field at so late a period of the present Session. They understand that in moving for the Committee, her Majesty's Government were not prepared, and had no intention to enter into the consideration of this question in the present year.

Your Committee have therefore confined their investigation for the present :

1. To the operation of the Act in those districts to which it has been already applied ;
2. To the alterations which may be necessary to secure more satisfactory results ;
3. To its further extension for military and naval purposes to districts not now included within its schedules.

I.—THE OPERATION OF THE ACT.—Although the Act has only been in operation two and a-half years, and at some stations only seven months, strong testimony is borne to the benefits, both in a moral and sanitary point of view, which have already resulted from it. *Prostitution appears to have diminished, its worst features to have softened, and its physical evils abated.*

II.—DEFECTS IN THE ACT.—1. In certain military districts the limit of five miles imposed by the present law appears to be insuffi-

cient. Testimony is borne to the fact, that women reside just outside this limit to escape the operation of the Act, and strong representations have been made by some of the witnesses as to the necessity of extension. Your Committee are of opinion that the limit may, with safety and advantage, be extended in military districts where it is found necessary to do so, to a distance of not more than fifteen miles, which is the limit of the powers of the metropolitan police in other respects.

2. The 17th Section provides for the voluntary submission by women to medical examination, but does not give sufficient power to secure their continued obedience to the requirements contemplated by the 19th Section. To remedy this your Committee recommend that the notices of Visiting Surgeons shall have the effect of a warrant, which shall be an authority to the police to apprehend a woman refusing to appear on the day appointed. Power should also be given to the Visiting Surgeon to order the detention of women who are not in a condition to be examined when they present themselves, but with regard to whom there is suspicion they are diseased.

3. The evidence seems to point to the necessity for extending the limitation of detention under Section 24, from six to nine months.

4. It has been shown that the certificates given, under the Act, on discharge from hospital, are sometimes improperly used, and often change hands. Your Committee, therefore, recommend that the certificate on discharge shall in future remain in the hands of the Inspectors of Police.

5. An important modification of the Act is suggested by what appears in evidence, viz. : that in the first four months of this year, out of 700 women of ill-fame in Devonport, 41 were undoubtedly restored to a virtuous life by the direct and indirect influence of the Act, and 29 more left the district. It appears that many of these women would object to apply to a Justice in open court for a discharge from attendance, but would feel no objection to be discharged by the Medical Officer under whose care they had been. Your Committee, therefore, propose to modify clause 33, by omitting the last half, after the words "certified hospital," in order to insert a provision that a woman applying for relief from detention and examination might make application, on that behalf, to the Visiting Surgeon, who, on ascertaining through the Inspector of Police that she had abandoned a life of prostitution, might, if he saw good reason, order her release from further attendance; such order to be equivalent to one issued by a Justice. Notice of such release should be sent to the Justices under whose order or notice she was examined.

6. Three cases presenting some difficulty have arisen during this enquiry :

The first is the case of pregnant women diseased. While no distinction is made by the Act between these and other women who present themselves for examination, it appears that it is the general practice, from presumed want of hospital accommodation, to refuse them treatment, and to discharge them at once whatever their condition may be. Your Committee are of opinion that this distinction should not be made, and that if such women are likely to be brought to bed, during their necessary detention, arrangements should be made for their confinement in hospital.

The second case is that of children who, at the instigation or connivance of their parents have become prostitutes, and are diseased. Your Committee recommend that legislative provision should be made for sending such children to an industrial school or some other suitable institution at the charge, in part or wholly, of their parents.

The third case to be considered, is as to what extent, and under what restrictions, soldiers should be periodically examined, as it is not to be doubted that undetected disease does exist and is propagated.

Whilst it would be unadvisable to subject non-commissioned officers and married men of good characters to such examination, it appears not unreasonable that for the general good of the Service other soldiers should be periodically examined ; and your Committee have reason to suppose that such a system properly conducted would not prejudice the Service.

The expense entailed on the contrary by extensive disease among the troops, the injury inflicted morally and physically upon the men, seem to point to the urgent necessity which exists for adopting every possible means to arrest the spread of this contagion no less than its duration. Your Committee have not taken professional evidence as to the practicability of extending such a system of periodical examination to the navy, but they recommend that it should be considered by the Admiralty.

Your Committee have received evidence as to the prevalence of disease at Aldershot, spread not only by the common prostitutes who resort to the camp, but by women brought to it from considerable distances by tramps who live on the earnings of these women. It is possible that this evil exists at other camps. It would be in the opinion of your Committee desirable to meet this by special penal legislation.

III.—ADDITIONAL PLACES.—Your Committee recommend that in addition to the power of extending the operation of the Act at Military Stations to a distance of fifteen miles instead of five miles,

the following places should be added to those now scheduled in the Acts :—

Parishes in and about—

Gravesend	Dover	Colchester	Woolwich
Maidstone	Walmer and Deal	Devonport	Windsor.
Winchester	Canterbury	Portsmouth	

Your Committee would remark in conclusion, that whilst, for the reasons stated at the commencement of their Report, they have confined their investigations to the object of securing greater efficiency in the treatment of these diseases at military and naval stations, they recommend that further inquiry by a Committee appointed early in the next session, should be instituted with a view of ascertaining whether it would be practicable to extend to the civil population the benefits of an Act which has already done so much to diminish prostitution, decrease disease, and reclaim the abandoned.

Your Committee have examined Mr. Simon, the Medical Officer of the Privy Council, as to the nature of the evidence which should be prepared before this question is referred to a Parliamentary Committee, and they recommend that his suggestions on this head should be adopted by Her Majesty's Government.

THE CONTAGIOUS DISEASES ACTS.

Four statutes dealing with this subject have been passed—those of 1864, 1866, 1868, and 1869. The Act of 1864, however, is repealed by that of 1866 ; and the Act of 1868 contains merely a technical provision about constables in Ireland. The statutes to be considered therefore, are those of 1866 and 1869, the latter of which repeals some of the provisions of the former and enacts new provisions. The following brief abstracts, omitting matters merely technical, will show the existing state of the law on the subject.

Definition of terms.

The meaning of "Contagious Disease," and other terms are defined in sec. 2 of 1866.

Act begins.

The Act comes into force on 30th September, 1866.

Expenses.

The places to which the Acts apply are defined. Sec. 10, of 1869.
The expenses of working the Act to be paid by the Admiralty or Secretary for War. Sec. 5 of 1866.

Visiting Surgeons appointed.

Inspectors of certified hospitals and Visiting Surgeons to be appointed by the Admiralty or the Secretary at War. Secs. 6 and 7 of 1866.

Certified hospitals to be provided.

Certified hospitals to be provided by the Admiralty or the Secretary at War.

The certificate may be withdrawn from the hospital. Secs. 8, 10 of 1866.

Moral and religious instruction.

Every certified hospital must make provision for moral and religious instruction. Sec. 12 of 1866.

Regulations.

The managers of a hospital to make regulations for the treatment of the women detained in it. Sec. 14 of 1866.

Information on oath.

A Superintendent of Police may lodge an information on oath with a magistrate that a woman is a common prostitute, and, being resident within the limits of a place to which the Act applies or resident within ten miles of those limits, or having no abode, has within fourteen days, been within the limits for purposes of prostitution, or outside the limits for that purpose with men resident within the limits. Upon this the Magistrate may, if he thinks fit, issue a notice directing her to appear before him, which shall be served upon her. Sec. 4 of 1866.

Summons of women.

If the woman appears, or if she does not appear, either in person or by some one on her behalf, and the service of the notice on her a reasonable time before the time appointed for hearing is duly proved, the Magistrate must hear the case, and if he thinks fit, order that the woman shall undergo a periodical examination by the Visiting Surgeon for any period not exceeding one year. A copy of the order must be served upon the woman. Sec. 16 of 1866.

Hearing of case

Ordering of examination.

But the woman may, by making a voluntary submission to examination in writing, avoid the cause being heard before the Magistrate. Sec. 17 of 1866. Such submission then renders the signer liable to the same penalties as are imposed by the Magistrate's order. Sec. 6 of 1869.

Voluntary submission.

Regulations to be made respecting the examinations. Sec. 18 of 1866.

Regulations about examinations.

The Visiting Surgeon to give notice to the women when they are to be examined. Sec. 19 of 1866.

Notice of Examination.

If a woman present herself in such a state that she cannot be examined, the Visiting Surgeon, if he have reasonable ground for believing her to be diseased, may order her to be detained not longer than five days in a certified hospital; or if the reason is her being drunk, then she may be detained for 24 hours in the place where persons drunk and disorderly are detained. Sec. 3 of 1869.

Women unfit to be examined.

Drunk.

A woman subjected to examination, and not under detention in a certified hospital, may apply in writing to the Visiting Surgeon to be relieved therefrom; who must then send the application to the Superintendent of Police, and if he is satisfied by the report of the Superintendent, *or otherwise*, that the woman has ceased to be a common prostitute, he may order her to be relieved from exam-

Relief from examination.

ination ; or she may apply to a Magistrate, who shall fix a time for hearing the application, giving notice of such time to the woman and the police ; when, if it is proved that she has ceased to be a prostitute and enters into a recognizance for her good behaviour for three months, the Magistrate must order her release from examination. But if she comes within the limits for the purpose of prostitution, the recognizance is forfeited. Secs. 33, 35 of 1866 ; sec. 9 of 1869.

Woman not appearing for examination.

If the woman, after the Visiting Surgeon's certificate that she is diseased has been served upon her, does not repair to the hospital she may be arrested and taken there. Sec. 21 of 1866.

Detention in hospital.

She must remain in the hospital until discharged by the Chief Medical Officer. Sec. 22 of 1869.

Period of detention.

But she must not be detained under one certificate for more than three months unless the Chief Medical Officer and the Inspector of Certified Hospitals or the Visiting Surgeon conjointly certify that her further detention is necessary, but not for more than nine months altogether. Sec. 24 of 1866 ; sec. 7 of 1869.

Women in hospital may demand to be brought before a Magistrate.

If, during detention, she thinks she ought to be discharged she has a right to be conveyed before a Magistrate, who, if satisfied that she is free from disease, must discharge her. Sec. 25 of 1866.

Women to be sent home free of expense.

On discharge every woman shall be sent to her home (if she desire it) free of expense.

Offences against this Act.

A woman who when ordered to submit to examination does not do so, or when ordered to be detained in a certified hospital leaves it before discharged, or refuses to submit to the regulations of the hospital, is guilty of an offence ; and upon being convicted may be imprisoned, for the first offence, not exceeding one month, and for a subsequent offence, not exceeding three months ; and when she has unlawfully quitted the hospital she may be arrested by any constable without a warrant. Sec. 27-28 of 1866.

Penalties.

Imprisonment not to put an end to order to be examined.

A woman imprisoned is still under the order to be examined, unless the Surgeon of the gaol or the Visiting Magistrate certifies that she is cured of the disease. Sec. 29, 30 of 1866.

Women leaving hospital with notice that she is still diseased being found a prostitute.

If, when a woman leaves a certified hospital a notice is given her that she is still affected with a contagious disease, and she is found in any place for the purpose of prostitution, unless that notice has subsequently been endorsed by the Visiting-Surgeon to the effect that the disease is cured (Sec. 31 of 1866), she is guilty of an offence, and, on conviction, may be sentenced as above mentioned. (By the Act of 1866, sec. 30, a copy of the certificate of cure was to be given to the woman herself, but by the Act of 1869, sec. 8, no copy is to be given to her).

Penalty.

Duration of order

The order for periodical examination is to continue in force so

long as, and whenever the woman continues to reside within the limits of the Acts, for the purposes of prostitution, or within ten miles of those limits, but in no case for more than one year, nor after the woman is discharged from the hospital, a certificate being given to the police by the Chief Medical Officer that she is free from disease. Sec. 32 of 1866; sec. 5 of 1869.

Occupiers of houses, &c., convicted of knowingly harbouring diseased women for purposes of prostitution, to be liable to a penalty of Twenty Pounds, or to be imprisoned for six months, but such a conviction is not to exempt the offender [from any penalty to which he would otherwise be liable for keeping a disorderly house. Sec. 36 of 1866.

Penalties for harbouring diseased women for purposes of prostitution.

QUESTION ASKED IN THE HOUSE OF COMMONS ON ELIZABETH HOLT'S CASE.

We quote the following striking example of the indifference of the prostitute class to the danger of spreading disease, and of the excellent effect of the Acts as a preventative, and of the futility of substituting the voluntary system for it.

(From the *Times*, March 11, 1870.)

MR. JACOB BRIGHT asked the Secretary of State "whether an English woman, named Elizabeth Holt is now, or has recently been a prisoner in Maidstone gaol, because she declined to subject her person to the fortnightly inspection of a surgeon; and whether her refusal, or the refusal of any other woman to submit to this outrage would be followed by repeated periods of imprisonment, so as to amount practically to perpetual incarceration?"

MR. BRUCE said, that "the 28th section of the Act ordered that a woman voluntarily submitting herself for inspection must continue to do so periodically, or be liable to three months' imprisonment.—Elizabeth Holt, a resident in Woolwich, voluntarily submitted, under the 17th clause, underwent fourteen examinations, and was sent to the hospital five times.

"In a fortnight, she objected to examination, the necessary summons was applied for, and at the hearing, she was sent to Maidstone gaol for 14 days."

CONTAGIOUS DISEASE IN THE ARMY.

TABLE showing the average annual ratio of admissions per 1000 of mean strength during nine years, 1860-1868; also the ratio per

1,000 in 1867-68-69, for the Stations where the Contagious Disease Act is in force. At the five stations where the Act was early in force, the entries in 1868 are *below* the average. Further, the entries for 1869, are greatly below 1868. (The figures for 1860-68 are taken from a return at p. 88 of the Appendix to the House of Commons Report, 1869; the figures for 1869, being calculated from the Quarterly Returns of the Police of the Naval and Military Establishments.

House of Commons' Report.				Quarterly Returns of Police.	
Station.	Average entry 1860-68.	Entry in 1867.	Entry in 1868.	Entry in 1869.	Act set in force.
Devonport Plymouth	354	312	280	211	Oct. 10, 1866
Portsmouth ..					388
Chatham & Sheerness	301	277	275	181	Nov. 6, 1866
Woolwich ..					291
Aldershot ..	300	261	237	188	Ap. 12, 1867
Shorncliffe ..	260	215	297	169	July 24, 1868
Colchester ..	435	500	537	244	Jan. 27, 1869

DIMINUTION OF CONSTITUTIONAL SYPHILIS.

Number of cases of venereal sore (*Syphilis Primaria*) and constitutional syphilis, (*s. secundaria*) admitted to military hospitals of Portsmouth, during the last quarters of 1868 and 1869 respectively:—

Last quarter.	Mean strength of garrison.	Venereal sore.	Syphilis.	Ratio to 1,000 strength.
1868	5189	108	38	28
1869	4954	69	21	19

Quoted from information kindly supplied by Deputy Inspector General, Dr. Gordon, principal Medical Officer at Portsmouth.

CONTAGIOUS DISEASE IN THE SHIPS OF THE ROYAL
NAVY ON THE HOME STATION.

Table showing the number of cases of venereal disease sent to hospital or treated on board ship, with the consequent loss of time and money among the *crews afloat only* of Her Majesty's Naval Force on the Home Station during the undermentioned years :—

Year.	Strength.	Total No. of days' sickness from venereal.	Ratio of men constantly sick per 1000 of mean force from venereal.	Total cost of disease in money per sick man.		
				Wages per man	£32	
				Victual	„	10
				Hospital	„	29 10
1861	22,900	106,854	12·7	£20,592		
1862	20,760	96,207	12·5	18,541		
1863	21,570	101,595	12·7	19,586		
1864	19,630	90,480	12·3	17,436		
1865	20,980	103,157	12·3	19,888		
1866	21,200	76,429	9·6	14,812		
1867	21,600	72,132	8·1	13,900		

EXTRACTS FROM THE EVIDENCE before the HOUSE OF
COMMONS' COMMITTEE respecting the alleged EXAMINATION of
MODEST WOMEN.

Evidence of the Visiting Surgeon at Portsmouth.

Q. 345 *et seq.*—How do you obtain the information of a woman not being guilty of prostitution being brought before you as a public prostitute?—I know one instance of my own knowledge by my happening to know the woman as a respectable married woman. She had been guilty of a little indiscretion; she had, I believe, even accosted one of the police officers themselves, not for the purpose of prostitution, as he admitted, but she was, to use his own term, “larking about the streets,” and he concluded that she was a prostitute. What injury occurred in consequence of that case being brought up to you?—No injury, except to her feelings at having been brought there. Was there any malice on the part of the officer?—Not at all. Have you ever had a case of malice?—Never.

To this may be added the following letter :—

"24th January, 1870.

"MY DEAR SIR,

"When the woman alluded to by me in my evidence before the Committee of the House of Commons came before me as Visiting Surgeon, I recognized her and believe said to her that I was sorry to see her in her present position. In reply she declared that she was a married woman, and was not, nor ever had been a prostitute. On inquiry of the police, I learned that she had been seen in company with prostitutes and intoxicated, coming out of a brothel, when she even accosted one of the police officers. On hearing this, I told her that I feared she had only herself to blame; to which she said that it was so, but that it should never occur again, for if her husband heard of her being obliged to come to the hospital, it would probably be her ruin.

Under these circumstances, and knowing the truth of her being a married woman, I allowed her to go, and she has never been before me since, neither has any similar case occurred. I cannot but think that when the facts are known, some at least will cease to condemn what we both believe a most desirable Act of Parliament.

"Yours very truly,

"E. K. PARSON."

"BERKELEY HILL, ESQ."

Evidence of the Visiting-Surgeon at Devonport.

Q. 123. Have you ever, to your knowledge, inflicted any serious injury upon any woman who has been examined, and who has not been a prostitute?—Most certainly not. 124. Have you ever had such a case?—Yes, once, and only once, and I did not examine her. It was a most horrible case: A poor child was brought from the country to be examined, at the request of her own stepfather, who accused her of prostitution, and who brought her to the police. The poor child herself came willingly to the hospital. When the case was explained to me, I at once refused to examine her, but she herself begged me to examine her; she said, "I ask you to do it as a favour, to clear my character, because I am not a prostitute." I did examine her at her own request; she was not only not a prostitute, but she was a virgin. 125. Did your examination inflict any injury upon her?—No, I did not examine her as I should examine a prostitute. 201. *et seq.* Do the Metropolitan Police select men peculiarly adapted for the purpose?—Yes, they select out of their number those

men whom they think best fitted for the purpose. They are all married men, and they are all men especially well known for long previous good character, and for previous fitness for such an appointment and they are all middle-aged men. Have you ever seen an outrageous case?—I have never seen any case to warrant even a shadow of complaint.

CORRESPONDENCE RELATING TO AN ALLEGED
INSTANCE OF TYRANNOUS ADMINISTRATION
OF THE ACTS:

Extract from the Western Daily Press of March 16th, 1870,

TO THE EDITORS OF THE WESTERN DAILY PRESS.

GENTLEMEN,

On February 4th I received a letter from Professor Francis W. Newman containing the following passage :—“I have lately received an account written by an eye-witness, of an ‘inspection’ at Plymouth. Various details are too foul to copy. Here is a summary. A woman resisting, sobbing, swearing, and writhing. The surgeon crimson with effort to overpower her. A crowd of women expecting their turn—pale, or weeping, or grinding their teeth with oaths.”

As this statement reflected most seriously upon the authority charged with carrying out the Contagious Diseases Act in the Plymouth district, I forwarded the above extract to the Secretary of the Admiralty, to the Under-Secretary for War, and to Mr. Thomas Woolcombe, Chairman of the Managing Committee of the Royal Albert Hospital, Devonport (the only hospital which receives patients under the Contagious Diseases Act in the Plymouth district). I also applied to Professor Newman for the names of the eye-witness and the examining surgeon, and for the date of the inspection at which the alleged gross misconduct took place.

On the 10th February Mr. Newman replied to my request by declining to furnish me with the information I asked, without, however, giving any reason for this refusal.

On the 18th February I received answers from the Secretary to the Admiralty and from Mr. Woolcombe, of which I forwarded copies to Professor Newman on the 21st of February, enclosed in a note, of which the subjoined is a copy, but I have received no reply.

As doubtless this fabrication has reached others as well as Professor Newman, you will remove a painful impression from the

minds of many persons by inserting these letters, and by doing so you will much oblige,

Yours faithfully,

BERKELEY HILL

March 2, 1870.

Number 1.

14, WEYMOUTH STREET, LONDON, W.

February 21, 1870.

SIR,

I send you copies of two letters I received from the Secretary to the Admiralty and from the Chairman of the Committee of the Royal Albert Hospital, Devonport. I venture to hope that you will (after reading them) withdraw the statement you made to me in your letter of the 4th February.

I am, sir,

Faithfully yours,

BERKELEY HILL.

PROFESSOR NEWMAN.

Number 2.

ADMIRALTY,

18th February, 1870.

SIR,

With reference to your communication of the 5th inst., relative to a statement furnished to you by Mr. Francis Newman, as coming from an anonymous person, alleged by him to have been an eye-witness of the examination of some women at Plymouth, I am commanded by my Lords Commissioners of the Admiralty to acquaint you that they have made full inquiry, and have received most positive assurance from both the former and the present visiting surgeon at Devonport that nothing of the kind mentioned by Mr. Newman ever took place.

I am, sir,

Yours obediently,

VERNON LUSHINGTON.

BERKELEY HILL, Esq.

Number 3.

ROYAL ALBERT HOSPITAL, DEVONPORT,

17th February, 1870.

DEAR SIR,

I am requested by the managing committee of this hospital, into which patients under the Contagious Diseases Act are received after the examinations directed by the Act, to inform you that the most searching inquiry has been made into the alleged grossly improper treatment of women by the visiting surgeon of the district, purporting to have been attested by an "eye-witness."

The committee being perfectly satisfied that the scene described, or any similar one, never did take place, and, from the precautions taken to prevent abuse, never could take place, desire me to give unqualified denial to the truth of the statement, and to express their regret that the gentleman who has given currency to the slander declines to do the common justice of giving up his authority.

You will make such use of this letter as you think best, and believe me,

Truly yours,

THOMAS WOOLLCOMBE,

Chairman of the Managing Committee,

Royal Albert Hospital.

BERKELEY HILL, Esq.

EVIDENCE OF SIR W. JENNER, BART., M.D., F.R.S.,
Physician in Ordinary to H.M. THE QUEEN, given before
the COMMITTEE OF THE HOUSE OF LORDS, May 24, 1868.

"1075. What is your experience with reference to the prevalence of constitutional syphilis among children at these hospitals?"

"That it is exceedingly prevalent, and that it leads to a very large number of deaths, annually, which do not appear as deaths from syphilis in the Registrar-General's returns, but as deaths from secondary disease. For example, a child suffers from bronchitis; it is registered to die from bronchitis, but the child might never have had the bronchitis, nor, supposing it to have suffered from that disease, have died from the bronchitis, if it had not been first the subject of this constitutional disorder. The subject of constitutional syphilis dies from disease of the spleen; it dies from disease of the liver; it dies from inflammation of the bowels; it dies from infantine cholera, and is registered as having died from these dis-

eases and not from syphilis. I mention these as common things for which a child is brought to the hospital, and is found to be also subject of constitutional syphilis, which is leading to all its trouble. I will give an illustration of this. I remember going into the out-patients' room at University College Hospital, and, seeing my assistant engaged in examining a child, said to him "What is the matter with the child?" His answer was "Oh! it has bronchitis." The child had a little bronchitis, and had that child died at that time it would have been registered as a death from bronchitis; my assistant being a young man at his profession, but legally qualified to practise it. The child was the subject of constitutional syphilis; this bronchitis was a trifle apart. Still as it is the last straw that breaks the camel's back, the bronchitis might have killed the child."

"I cannot express too strongly my conviction of the gravity of syphilis at the present time. Your Lordship has asked me with regard to children only, but having had large experience among adults I would express also my opinion of the frequency with which it is the cause of illness and death there, not merely among the poor but among the better classes. I will instance cases which have been within a few months under my care in University College Hospital. I have during that time seen a case of so-called Bright's disease, that is, kidney disease, which was really syphilitic. I have seen a man die from a disease, which, 10 years ago, which would have been registered as an anomalous form of cancer of the lung, but was really syphilitic. I have seen a man leave the hospital something better, but he might have died in it, and probably has died by this time, with extensive disease of the liver, syphilitic in origin and nature. At the same time I had in the hospital a girl of 14, who had also disease of the liver and disease of the eye, a poor miserable child for life, because her parents had syphilis. Ten years ago, certainly 15 years ago, no one would have supposed these diseases to be syphilitic, now there is not a shadow of doubt about it. Those were inmates of the wards of a hospital. But the disease is not limited to this class of persons. It is not many months since I saw a gentleman at one of the large hotels in London, who had lived a most honorable respectable life, a man engaged in some manufacture, I think, in the country, who had been married for some years, had lived all that time a perfectly steady life, and had been, as far as one knew, an ordinarily steady man, but had had syphilis in his early days. He was, I believe, 50 years of age, and he died of syphilitic disease of the liver. His body was examined, and there is no question of the nature of the disease. About 30 years ago, I saw a gentleman who died. I examined his

body in conjunction with two physicians still living, then in their prime, and they wondered very much what the disease could be. I did not know then, but now I know that it was an intense form of syphilitic disease of the liver. I am not now speaking of theories, but of that which is beyond doubt."

LETTERS FROM CLERGYMEN RESIDENT IN DISTRICTS
WHERE THE CONTAGIOUS DISEASES ACTS ARE
IN FORCE.

EXTRACT *from a Letter from the* REV. THE WARDEN OF WINCHESTER
COLLEGE.

"WINCHESTER,
"March 18, 1870.

"DEAR SIR,

"If you think it would do any good, I have no objection to your using my name, and saying that I have reason to know that the Act has already had a salutary deterrent effect.

"Yours truly,

"GODFREY B. LEE.

"BERKELEY HILL, Esq."

LETTER *from the* REV. DANIEL COOK, VICAR OF BROMPTON,
CHATHAM.

BROMPTON VICARAGE, CHATHAM,

April 21, 1870.

"DEAR SIR,

"My extra services during Lent must be my apology for not having attended to your letter before. I fear you overrated my knowledge and experience respecting the working of the Contagious Diseases Act. As one of the trustees of St. Bartholomew's Hospital, and a member of the House Committee, I have taken a great interest in the poor women who have been placed under our care, beyond this I know very little of the matter.

"The subject is one of great importance, and requires a great deal of time and attention before anything like a correct judgment can be formed. It may be for want of proper information, and a wider area than Chatham presents, that I find myself differing in opinion from many of my brethren.

“In reference to the physical view of the subject I suppose all are agreed; and, as regards the moral view of the case, so far as the women are concerned, I am compelled to take a favourable view, inasmuch as more women have been reclaimed at Chatham by the operations of the Act than would have been reclaimed if the Act had never existed. I have no reason to think that the number of abandoned women are increased by the introduction of this Act, and those who still follow their calling are less obtrusive than formerly. Whether the existence of this Act tends to increase the sin of fornication I am unable to say; if it does, no Christian would wish to see it continued, but many good men appear to me to have rushed at this conclusion without sufficient data. I have never heard any of the women object to the Act, except a few who could not endure the restraint which hospital treatment necessarily entailed; on the contrary, most of them expressed their gratitude that such a provision was made for them, and on their leaving us on the first of the month to go into the New Lock Hospital, they were overwhelming with their thanks the House Committee for the kind consideration they had received.

“I fear my remarks will be regarded as very general, but I wish only to speak to the extent of my experience of the working of the Act as it has come under my notice in this district.

“I remain, DEAR SIR,

“Yours very faithfully,

“DANIEL COOK,

“BERKELEY HILL, Esq.”

LETTER *from the* REV. JOHN PUCKLE, VICAR OF DOVER.

DOVER,

April 23, 1870.

“MY DEAR SIR,

“I would have written you earlier, but I have been gathering up a few facts to send to Lord Northbrook, touching the Acts working here.

“You will be glad to hear the resumé of them.

“It shows that the Parliamentary inquiry, if carried out, can hardly fail to help the friends of the Act. We, at all events, shall be able to show, 1. That at least sixty per cent. of the worst elements of virulent contagion have departed from the town. 2. That open indecency and downright *assaulting* temptation have disappeared by one-half (I think more) from nightly infesting our streets: and

3. That a very strong body of the people of sound sense and feeling belonging to us, *medical especially*, is in favour of the Acts' working.

"I regret the spirit of the Anti-Act Crusaders, while I give them credit for their motives: the best answer to their statements is in the three articles of evidence above quoted.

"Believe me to be,

"Yours very truly,

"JOHN PUCKLE."

"BERKELEY HILL, Esq."

COPY OF A MEMORIAL ORDERED BY THE HOUSE
OF COMMONS TO BE PRINTED 13TH MAY, 1868.

To HIS GRACE THE DUKE OF MARLBOROUGH, *Lord President of
Her Majesty's Privy Council.*

MY LORD DUKE—Under the auspices of the Association for Promoting the Extension of the “Contagious Diseases Act, 1866,” to the Civil Population of the United Kingdom, evidence has been collected which shows :—

First.—That the operation of the “Contagious Diseases Act of 1866,” has been very effectual at those Garrison towns where it has been applied, not only in diminishing the extent, but also in much alleviating the severity of the diseases against which that Act is directed.

Second.—That from the evidence of the Clergy, Medical Officers and Police, acquainted with the operation of the Act in these districts, it is clear that the condition of the unfortunate women who are subjected to these restrictive and sanitary measures, has been favourably influenced: and that a comparatively large proportion of them have been reclaimed.

Third.—That greater improvement in the health of the men in Her Majesty's Army and Navy would have resulted if the Act had been fully applied over a larger area: inasmuch as fresh sources of contagion are constantly imported into the protected districts.

Fourth.—That in the towns in which investigations have been conducted, a mass of disease exists, untended and unchecked.

Fifth.—That sufferers by these diseases from a large proportion of the sick population: and that, infected by contagion, or by inheritance, a considerable number of innocent adults and children suffer as much as the guilty.

Sixth.—That, since abandoned women are for the most part aggregated together in great towns, it is possible to deal with

them without serious difficulty ; that, at present, there is great deficiency of hospital accommodation, or of places where they can be treated ; and that, it has been ascertained, the women themselves would not resist restrictions established to prevent their spreading contagious diseases.

Under these circumstances, we are of opinion that the principle of the "Contagious Diseases Act, 1866," should be extended to the civil population, by providing proper hospital accommodation for women suffering from, and likely to spread such diseases, and by taking power to detain them in hospital when found to be diseased. These measures, in our opinion, do not involve any system of licensing prostitution. They are [intended to be purely restrictive and sanitary in their operation.

We are,
MY LORD DUKE,
Your obedient Servants,

April 30th, 1868.

JAMES ALDERSON, M.D., F.R.S., President of the Royal College of Physicians.

JOHN HILTON, F.R.S., President of the Royal College of Surgeons; Surgeon Extraordinary to Her Majesty; Senior Surgeon to Guy's Hospital.

GEORGE BURROWS, M.D., F.R.S., President of the General Council of Medical Education.

THOMAS WATSON, Bart., M.D., F.R.S., late President of the Royal College of Physicians and Physician Extraordinary to H.M. the Queen.

HENRY HOLLAND, Bart., M.D., F.R.S., President of the Royal Institution; Physician in Ordinary to H.M. the Queen.

WILLIAM JENNER, Bart., M.D., F.R.S., Physician in Ordinary to H.M. the Queen; Senior Physician to University College Hospital.

CÆSAR H. HAWKINS, F.R.S., Sergeant-Surgeon to H.M. THE QUEEN; late President of the Royal College of Surgeons.

WILLIAM FERGUSSON, Bart., F.R.S., Sergeant-Surgeon to H.M. THE QUEEN; Surgeon to King's College Hospital.

JAMES PAGET, F.R.S., Sergeant-Surgeon Extraordinary to H.M. THE QUEEN; Senior Surgeon to St. Bartholomew's Hospital.

HENRY W. ACLAND, M.D., F.R.S., Regius Professor of Medicine at Oxford, and Honorary Physician to H.R.H. THE PRINCE OF WALES.

GEORGE E. PAGET, M.D., Linacre Lecturer on Medicine at Cambridge.

FREDC. C. SKEY, F.R.S., late President of the Royal College of Surgeons of England, and Chairman of the Committee on Contagious Diseases in the Army and Navy, 1865.

We heartily approve of the objects proposed in the letter to HIS GRACE THE DUKE OF MARLBOROUGH, and trust the Government will give them early consideration :—

A. P. STANLEY, LL.D., Dean of Westminster.

W. H. THOMPSON, D.D., Master of Trinity College, Cambridge, and Vice-Chancellor of the University of Cambridge.

F. H. LEIGHTON, D.D., Warden of All Souls' College, and Vice Chancellor of the University of Oxford.

GODFREY B. LEE, M.A., Warden of Winchester College.

WILLIAM SELWYN, D.D., Canon of Ely Cathedral ; Lady Margaret's Professor of Divinity ,
Cambridge.

WILLIAM ROGERS, M.A., Rector of Bishopsgate.

A. R. WEBSTER, M.A., Rector of Chatham.

JOHN PUCKLE, M.A., Rector of Dover.

WALTER CROFTON, C.B., Late Director of Convict Prisons, Ireland.

W. FANSHAWE MARTIN, K.C.B., Admiral Commanding, Devonport.

FREEMAN MURRAY, Major-General Commanding, Chatham.

JOHN BOWRING, LL.D., late Lieutenant-Governor of Hong Kong.

Many influential persons, including those mentioned below, have sent in their names as concurring in the prayer of the Memorial. It is therefore proposed to present a copy of the Memorial, with additional names, to the Government ; and it is earnestly requested that all who wish well to the proposed object will authorise the Honorary Secretaries, J. B. CURGENVEN, Esq., 11, Craven Hill Gardens, London, W., and BERKELEY HILL, Esq., 14, Weymouth Street, London, W., to attach their name, profession, and address, as soon as possible.

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GRIFFITH, REV. JOHN, Principal of Brighton College.

LESTER, THOMAS, Mayor of Brighton.

ADAMS, FRANCIS, Mayor of Bristol.

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GREEN, HY. WILLIAM, Chairman of the Clifton Board of Guardians, Bristol.

JAMES, WILLIAM, Minister of Lewin's Mead Chapel, Bristol.

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PHIPPIN, ROBT., High Sheriff of Bristol.

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 *Russell, The Earl, K.G., F.R.S., 37, Chesham-Place.
 Sadler, Samuel, Highgate-rise.
 Satchell, W. A., 1, Berkeley-gardens.
 *Selater, Philip L., F.R.S., Secretary Zoological Society.
 Scott, John, M.D., 8, Chandos-street.
 Sedgwick, W., 12, Park-pl., Regent's-pk.
 *Seymour, Admiral Sir Michael, G.C.B., 115, Eaton-square.
 *Sharpey, W., M.D., Sec. R.S., Lawnbank, Hampstead.
 *Sheriff, A.C., M.P., 10, Dean's-yard.
 Shillitoe, Buxton, 34, Finsbury-circus.
 Shilson, Rev. C., Rector of Halton, Bucks.
 Sieveking, E. H., M.D., 17, Manchester-square.
 *Simeon, Sir John, Bart., M.P., 72, Eaton-place.
 Sisson, Dr. R. S., 3, Warrington-terrace, Maida Hill.
 *Skey, F. C., C.B., F.R.S., 24, Mount-st.
 *Smith, Right Rev. G., D.D., late Lord Bishop of Victoria, 3, Haddo-villas, Blackheath, S.E.
 Smith, Eustace, M.D., 28, George-st., Hanover-square.
 Smith, George, Paddock-hurst, Crawley.
 †Smith, H. Spencer, 9, Queen Anne-street, *Hon. Treasurer*.
 *Smith, J. Abel, M.P., 37, Chester-sq.
 Stagg, George, 2, Craven-hill-gardens.
 Stephen, Andrew, M.D., Middlesex Hos.
 *Stephenson, Colonel Frederick, C.B., 12, Bolton-row.
 Stevens, Rev. T. S., Vicar of All Saints, Blackheath.
 Stirling, Edward, 34, Queen's-gardens.
 *Stone, W. H., M.P., Dulwich-hill.
 *Storrar, John, M.D., Hampstead.
 Stracey, Edward, Carlton Club.
 *Stuart, Dr. W., 59, King-st., Woolwich.
 *Sturt, Col. C. Napier, M.P., 61, St. James's-street.
 Swainson, J. H., 5, New-square, Lincoln's-inn.
 Teevan, W. F., 10, Portman-square.
 *Thompson, Sir Henry, 35, Wimpole-st.
 *Tolmé, Julien H., C.E., 1, Victoria-st.
 *Tottenham, Colonel, 57, Belgrave-road.
 Trotter, John W., Coldstream Guards'-hospital Vincent-square.
 Vinen, Dr. Hart, 17, Chepstow-villas West, Bayswater.
 †Vintras, Dr., 141, Regent-street.
 †Wakeling, C., 36, Gerrard-street, Soho.
 Walker, H. R., Admiralty, Somerset-ho.
 Walker, J. B., 17, Clifton-gardens, Maida-hill.
 *Waring, Charles, 10, Victoria-chambers, S.W.
 Waring, Henry, Buckland-ct., Reigate.
 Waring, William, 39, Princes-gardens.
 *Waterhouse, S., M.P., 66, Pall-mall.
 *Watson, Sir Thomas, Bart., M.D., F.R.S., 16, Henrietta-street.
 Way, John, M.D., 4, Eaton-square.
 Webster, Geo., 73, Upper Gloucester-pl., N.W.
 Wedgwood, Francis, Etruria, } Stoke-
 Wedgwood, Godfrey, Etruria, } on-
 } Trent.
 Westmacott, Dr., 19, St. Mary's-terrace, Paddington.
 *Westminster, Marquis of, Grosvenor-ho.
 *Westminster, Very Rev. Dean of, Deanery, Westminster.
 Whichcord, John, F.S.A., 78, Kensington-gardens-square.
 *Wilks, Samuel, M.D., F.R.S., 77, Grosvenor-street.
 *Williams, Colonel Owen, 24, Hill-st.
 Williamson, Rev. John, M.A.
 *Wilson, Erasmus, F.R.S., 17, Henrietta-street.
 Wilson, Dr., Brixton-hill.
 Wodsworth, Rev. G., Warlingham, Croydon.
 Wood, Rev. Richard, 31, Leinster-gdns.
 Wright, Rev. C. H., 19, Tavistock-st.
 *Wyatt, Surgeon Major, 76, Cadogan-pl.
 *Wyndham, Hon. Percy, M.P., 44, Belgrave-square.

BATH.

- Bond, Rev. John.
 Buckle, Rev. G.
 Dixon, Rev. James.
 *Earle, Rev. John, M.A., Rector of Swanswick.
 *Falconer, R. Wilbraham, M.D.

Hellins, Rev. C. J.
 *Kemble, Rev. Charles, M.A., Rector.
 Long, William.
 Macnaught, Rev. J.

Methuen, Rev. J. P.
 Murch, Rev. Jerome.
 Sproule, Rev. James W.
 Tate, Rev. G. E.

BELFAST.

*The Right Rev. Lord Bishop of Down
 and Connor.
 Browne, Samuel, M.D., R.N., Mayor of
 Belfast.
 McGee, W., M.D.
 Murney, Henry, M.D., J.P.

Smith, J. W. T., M.D., President Ulster
 Medical Society.
 Reade, Thomas, M.B.
 Thompson, Gordon.
 MacCormac, Dr. William, *Hon. Sec.*

BIDEFORD.

Pedler, Christopher, Mayor.
 Bazeley, Rev. F. L., Rector.
 Dingle, Edward, J.P.

Hoyle, Richard C., J.P.
 Tagert, Rev. John, Curate.
 Thompson, J., M.D., J.P.

BIRMINGHAM.

Anthony, John, M.D.
 Banks, Morris.
 Bartleet, T. H., M.B.
 Beilby, Rev. George, M.A.
 Bittlestone, Rev. Henry, The Oratory.
 Booth, Samuel.
 Bunce, J. T.
 Burges, Rev. J. H., D.D.
 Bracey, Arthur.
 Chamberlain, Richard.
 Cope, C. R., J.P.
 Collings, Mr. Councillor.
 Coleman, E. M.
 Dale, Rev. R. W., M.A.
 Dawson, George, M.A.
 Davies, Michael, Mr. Councillor.
 Davies, John Birt, M.D., Coroner.
 Denne, Henry.
 Evans, William.
 Emanuel, Rev. G. J., B.A.
 Elliot, Rev. H. L., M.A., Chaplain to
 the Gaol.
 Fleming, Alexander, M.D., F.R.C.P.
 Foster, B. W., M.D.
 Griffiths, E., M.D.
 Goodman, J. D., J.P.
 Goule, Spencer J.
 Heslop, T. P., M.D.
 Hedges, James.
 Hill, Mr. Registrar.
 Holland, Henry, ex-Mayor of Birming-
 ham.
 *Jordan, Furneaux, F.R.C.S.E.
 Lawrence, J. T., J.P.
 Lord, Rev. Isaac.

Lord, W. Wyley.
 Lloyd, Thomas, J.P., *Treasurer.*
 McCarthy, Rev. E. F. M., M.A.
 Marshall, Rev. J. W., M.A.
 Mason, A. T.
 Marson, Rev. C., M.A.
 Middlemore, W., J.P.
 Milward, R. H.
 Osler, Follett, F.R.S.
 Osborne, Charles.
 Peyton, Richard.
 Peyton, Henry.
 Ratcliff, Lieut.-Colonel.
 Robinson, E., M.D.
 Slack, J., B.A.
 Smith, Mr. Councillor Brooke.
 Smith, Rev. J. Hunter, M.A.
 Southall, William.
 Smallwood, Joseph, J.P.
 Solomon, J. Vose, F.R.C.S.E.
 Tonks, Edmund, B.C.L.
 Tonks, Mr. Councillor.
 Turner, J. P.
 Vince, Rev. Charles.
 Wade, W. F., M.B., B.A.
 Walker, Mr. Councillor.
 Wignall, F.
 Wiggin, Henry, J.P.
 Wilkinson, Rev. W., D.D., Rector of
 Birmingham.
 Wilkinson, Rev. C., M.A.
 Blissard, Rev. J. C., M.A. } *Hon. Secs.*
 Bracey, Charles J., M.B. }
 Wilders, J. St. S., M.R.C.S. }

BRIGHTON.

Lester, Thomas, Mayor.	Hollis, W. M., J.P.
Bigge, Arthur, Police Magistrate.	Rutter, Joseph, M.D.
Griffith, Rev. John, D.D., Principal of Brighton College.	

BRISTOL AND CLIFTON.

Adams, Francis, ex-Mayor of Bristol.	*Hill, Matthew D., Q.C.
*Anderson, Right Rev. David, D.D., Bishop, Vicar of Clifton.	James, William, Minister of the Unitarian Chapel, Lewin's Mead.
Bartlett, J., Chairman of the Bristol Board of Guardians.	King, W. Poole.
Caldicott, Rev. John W., M.A., Head Master of Bristol Grammar School.	Moseley, Rev. Henry, Canon of Bristol.
Cornish, Browne, C.B.	Murley, H. E.
Davies, David, Health Officer.	Percival, Rev. J., Head Master of Clifton College.
*Goodeve, Henry H., M.D.	Phippen, Robert, High Sheriff of Bristol.
Green, Henry William, Chairman of the Clifton Board of Guardians.	Smith, Wm.
Heyworth, Rev. James, President of Bristol Royal Infirmary.	*Symonds, John A., M.D.
	Beddoe, John, M.D., } <i>Hon. Secs.</i>
	Tibbits, R. W. }

CAMBRIDGE.

Adams, Rev. J. C., M.A., Lowndes' Professor of Astronomy and Director of the Cambridge Observatory.	Kennedy, Rev. B. H., D.D., Regius Professor of Greek.
Atkinson, Rev. E., D.D., Master of Clare College, and Vice-Chancellor of the University.	Okes, Rev. R., D.D., Provost of King's College, J.P.
Bateson, Rev. W. H., D.D., Master of St. John's College.	*Paget, G. E., M.D., President of the General Medical Council.
Brocklebank, Rev. T., M.A., Senior Fellow and Bursar of King's College.	Phear, Rev. S. G., B.D., Tutor of Emanuel College.
Cartmell, Rev. J., D.D., Master of Christ's College, J.P.	Phelps, Rev. Robert, D.D., Master of Sidney Sussex College.
Cookson, Rev. H. W., D.D., Master of St. Peter's College, J.P.	Porter, Rev. James, M.A., Senior Proctor of the University.
Cope, Rev. E. M., M.A., Senior Fellow and Tutor of Trinity.	Power, Rev. J., M.A., Fellow and Tutor of Pembroke College.
*Corrie, Rev. Dr., Master of Jesus College.	*Selwyn, Rev. W., D.D., Lady Margaret's Professor of Divinity.
Drury, Rev. B. H., M.A., Tutor of Caius College.	Somerset, Rev. R. B., M.A., late Junior Proctor of the University.
Ferrars, Rev. N. M., M.A., Tutor of Gonville and Caius College.	Stokes, Rev. W. H., M.A., Rector of Denver, J.P.
Gunson, Rev. W. M., M.A., Tutor of Christ's College.	*Thompson, Rev. W. H., D.D., Master of Trinity College, late Vice-Chancellor of the University.

CARDIFF.

Evans, Thomas, ex-Mayor of Cardiff, and Chairman of the Local Board of Health.	Bird, John, Vice-Chairman of the Cardiff Union.
Alexander, William, Vice-Chairman of the Cardiff Union.	David, Thomas W., Chairman of the Board of Guardians of the Cardiff Union.

Howell, Rev. David, Vicar of St. John's,
Cardiff.
Jones, R. O., Stipendiary Magistrate of
the Borough of Cardiff.

Morgan, Rev. W. Leigh, Vicar of St.
Mary's, Cardiff; Hon. Canon of Llan-
daff, and Rural Dean.
Pride, John, J.P., and Alderman of
Cardiff.

CHATHAM.

*Cockburn, J. Balfour, M.D., R.E.
Cook, Rev. Daniel.
*Murray, Major-General Freeman.
Phillips, Rev. H. F.

*Smith, Colonel J. W. S., C.B.
*Webster, Rev. A. R., M.A., Rector of
Chatham.
Bailey, Rev. J. G., *Hon. Sec.*

CHELTENHAM.

Anley, J. L.
Barnard, Major.
Bell, Captain H.
Bell, J. P.
Bentley, R. J. H.
Bessant, Rev. F.
Bevan, Philip.
Bigg, Rev. C.
Blumberg, Dr.
Boissier, Major.
Bradley, E.
Bright, Dr. J.
Brook-Smith, J.
Brown, H.
Brydges, E. T.
Bubb, J.
Bubb, W. H.
Burn, General.
Carrington, E., J.P.
Chamberlain, R. D.
Clunes, Col.
Colledge, T. R., M.D.
Copeland, C.
Cooke, Col.
Cooke, Rev. R.
Cottle, C. J.
Cripps, Col.
Crofton, Dr. W., M.A.
Cumine, Capt.
De Romestius, Rev. H.
Douglas, Col.
Dunbar, Dr. J. A.
Elcum, C. F.
Fallon, James.
Fenn, Rev. J. F., Incumbent of Christ
Church.
Fitzgerald, Col.
Gaitskill, Col.
Gale, G. F.
Gibbon, D.
Gilby, Rev. F. D.
Gooding, Dr. J. C.
Green, S.

Hailing, M.
Hamilton, Dr.
Hart, Col.
Hudleston, R. B.
Iredell, Capt.
Jeanneret, Dr.
Jessop, C. H.
Johnstone, General.
Jones, W., J.P.
Ker, C. B., M.D.
Kilgour, Dr. J. S.
Lewes, Col.
Lillie, A.
Linton, Sir W., M.D., K.C.B.
McCallum, Col.
Maltby, E., J.P.
Middleton, J.
Money, Colonel.
Onley, Samuel.
Onslow, Col.
Orsborne, Dr.
Oxley, F.
Palmer, T. G.
Pearse, Dr.
Philson, W., M.D.
Probyn, Capt.
Purchas, R.N.
Ramsey, Sir Alexander, Bart.
Robertson, Dr. L.
Rogers, Capt. D. A.
Rogers, R.
Rumsey, H. W., M.D.
Scott, B.
Shairp, S. F.
Shuldham, Genl.
Singer, Capt.
Singleton, Genl.
Smith, N.
Southwood, Rev. T. A.
Thorn, Rev. J.
Tudor, Col.
Viner, Rev. A. W. E.
Versturme, Major.

Walker, J., M.A.
Whittard, Rev. J. M.
Williams, Dr. W. W.
Williams, E.
Williams, J. A.
Willis, J. E.

Wilson, Dr. E. T.
Wigston, Col.
Winterbotham, J. B.
Wood, Rev. J.
Wright, Rev. H.
Winterbotham, L., *Hon. Sec.*

DOVER.

Puckle, Rev. John, M.A., Vicar.

DUBLIN.

*Adamson, Lieut.-Colonel.
*Banks, John, M.D.
*Byrne, Thomas, M.B.
Carrol, Sir William.
*Hargrave, William, M.B.
Head, H. H., M.D.
Irvine, Hans, M.B.
Lentaigne, J., M.B.

Maclaen, Henry, J.P.
*Mapother, E. D., M.D.
McDonnell, Robert, M.D.
Morgan, John, F.R.C.S.I.
*Porter, G. H., M.D.
Wilmot, G., M.D.
Labatt, Hamilton, A.B., F.R.C.S.I.,
Hon. Sec.

EDINBURGH.

Baird, Sir James Gardiner, Bart.
Bell, Joseph, M.D.
Faithfull, Rev. V., Grantham.
Moir, John, M.D., F.R.S., late Pres.
Royal Coll. Phy., Edin.
Ramsay, Rev. E. B., LL.D., St. John's,
and Dean.
Sanderson, James, M.D., Inspec. Gen.
of Hospitals.

Sandford, Rev. Daniel F.
*Simpson, Sir James Y., M.D., D.C.L.
Sinclair, Alex.
Spence, Professor James, Edin.
Watson, P. Heron, M.D., F.R.S.
*Wood, Alexander, M.D.
*Wood, Andrew, M.D.
Gillespie, J. D., M.D., Pres. Royal Coll.
Surg., Edin., *Hon. Sec.*

EXETER.

Caird, T. Wilson.
*Delagarde, P. C.

Shapter, Thomas, M.D.
Grigg, J. Collings, *Hon. Sec.*

GLOUCESTER.

*Gloucester, The Very Rev. Dean of.
*Ancrum, W. R., M.D.
*Evans, Thomas, M.D.
*Hayward, J. Curtis, J.P.

*Price, W. P., M.P.
*Tinling, Rev. E. Douglas, M.A., Canon
of Gloucester.
Batten, Rayner W., M.D., *Hon. Sec.*

GRAVESEND.

*Armstrong, John, M.D., J.P.
Cheeseman, T.
Coates, Rev. R. P., Vicar of Darenth,
J.P., and D.L. for Kent.
Fletcher, J.
*Gladdish, Colonel
Gordon, Colonel.
Gould, J.
Hawkes, R.
Johnston, Rev. W. D., Rector of Milton.
Joynes, Rev. R., Rector of Gravesend.
Matthews, J.

Munns, James, J.P.
Pinching, C. J.
Robinson, Rev. C. E. R., Incumbent of
Holy Trin., and Rural Dean.
Sanders, Dr.
Scarth, Rev. J.
Southgate & Son, Messrs.
Southgate, Rev. F., Vicar of Northfleet.
Spencer, C., J.P.
Startup, W.
Steward, V.
Taylor, G., J.P.

Townson, R.	Wates, E.
Troughton, M., J.P., Chairman to the Board of Guardians.	Wood, G.
Troughton, Thos., J.P.	Gramshaw, J. H., M.D., <i>Hon. Sec.</i>

GUERNSEY.

*Carey, Francis E., M.D.	Collenette, Dr., <i>Hon. Sec.</i>
*Corbyn, M. A. Bazille.	

HALIFAX.

M'Crea, H. C., Mayor.

JERSEY.

*Dickson, Joseph, M.D.	Dunlop, Dr., <i>Hon. Sec.</i>
*Vaudin, Charles.	

LEEDS.

Eddison, John, M.D.	Wilson, John, J.P.
George, T. W., J.P., late Mayor of Leeds.	Price, W. Nicholson, <i>Hon. Sec.</i>
Lupton, Darnton, J.P.	

LEICESTER.

Ashby, Edward, J.P.	Hill, Rev. A., Vicar of St. George's.
Baines, John, Mayor of Leicester.	Hobson, William.
Baines, W., Chairman of Leicester Union.	Hodges, George.
Barclay, J., M.D.	Hodges, J.
Benfield, T. W.	Hodges, J. E.
Bennie, Rev. J. N., LL.B., Vicar of St. Mary's.	Hodges, J. W.
Berners, The Right Honble. Lord.	Hoskyns, Rev. J. H., Rector of Blabey.
Billson, W.	Jacques, J. T.
Billson, W., jun.	Jones, Rev. Henry, Vicar of St. Mat- thew's.
Blunt, Thomas, M.D.	Jones, Rev. T., Vicar of St. Margaret, and Rural Dean.
Bowmar, Charles.	King, J., Lieut.-Comdt. Leicestershire Militia.
Bowmar, John S.	Knight, Major J. J. P., Chairman of Blaby Union.
Brook, Charles, J.P.	Lankester, Henry.
Bruxner, Rev. G. E., J.P., Rector of Thurlaston.	Maule, F. B.
Byron, Hon. and Rev. A., Rector of Kirkby.	Marriott, John.
Clarke, Samuel.	Paget, Alfred.
Clapham, Edwin.	Paget, J. T., High Sheriff.
Crossley, C. R., J.P.	Paget, Thomas, Member of Council R.C.S.
Dawson, E. Finch, J.P.	Palmer, F., J.P.
Evans, Thomas.	Paul, J. D.
Farnham, E. B., J.P.	Shaw, Geo., M.D.
Fowke, Sir F. T., Bart., J.P., Chairman of Quarter Sessions.	Spittall, Rev. John, Vicar of St. Andrews.
Freer, Major.	Stafford, John, Chairman of Local Board of Health.
Grimston, Captain.	Stone, Samuel, Town Clerk.
Halford, Sir H. St. John, Bart., J.P.	Stone, F.
Harris, G., Shirley.	
Harrison, Isaac, J.P.	
Hazlerigg, Sir A. G., Bart., J.P.	

Tailby, W. W., J.P.
Walker, W. H.
Wheeler, T. H., J.P.

Williams, J. H.
Marriott, C. H., M.D., *Hon. Sec.*

LICHFIELD.

The Very Rev. W. W. Champneys, Deanery.

LIVERPOOL.

Bowring, C. T.
Campbell, Rev. A., Rector.
Clay, Rev. Walter L., Prescott, Lancas.
Desmond, L. K., M.D.
*Hickman, W., R.N.
Hubback, J.

Manifold, W. H.
Rathbone, P. H.
*Trench, W., M.D.
*Vose, Jas., M.D.
Wray, Rev. Cecil.
Harrison, Reginald, *Hon. Sec.*

MANCHESTER.

Lee, Right Rev. J. Prince, D.D., Lord
Bishop of Manchester.
Archer, Rev. A. W., M.A., Rector of
St. Mark's, Hulme.
*Armitage, Sir Elkanah.
Bentley, Rev. T. Rothwell, M.A., Rector
of St. Matthews.
Birch, William.
Callendar, W. R., jun.
Dunn, Williamson.
Eltoft, Joseph.
Firth, John.
Fletcher, Mr. Councillor (Salford).
Fletcher, Wm.
Gibson, Rev. A. W., M.A., Canon.
Gill, Rev. Thomas Howard, B.D., Rector
of Whalley Range.
Greaves, Geo.
Heywood, Charles.

Heywood, John.
Hodge, Rev. C. F. D.
*Mackie, Alderman.
Nash, Thomas, B.A.
Ogden, Thomas.
Potter, Michael.
Roberts, John, M.D.
Rylands, John.
Shaw, Rev. T. M.
Slugg, J. F.
Syson, E. J., Medical Officer of Health,
Salford.
Tambaci, Paul.
Whitelegge, Rev. W., M.A., Hon. Canon
of Manchester.
Woodhouse, Rev. C. F., Rector of St.
Mary, Hulme.
Peatson, Dr. J. Chadwick, *Hon. Sec.*

NEWCASTLE-ON-TYNE AND GATESHEAD.

*Morrison, Jas., The Right Worshipful
the Mayor of Newcastle.
*Newall, R. S., Worshipful the Mayor
of Gateshead.
Angus, H., ex-Mayor of Newcastle.
Armstrong, Luke, Assistant Surgeon to
Newcastle Infirmary.
Armstrong, Sir W. G.
Bainbridge, T.
Bell, Anthony, Assistant Surgeon to
Newcastle Infirmary.
Brady, Henry.
Bruce, Rev. Dr.
Burnup, Martin, M.D.
Charlton, E., M.D., Physician to the
Newcastle Infirmary.
*Cowen, Joseph, M.P.
Dickinson, G. T.

Embleton, D., M.D., Physician to the
Newcastle Infirmary.
Gibb, C. J., M.D., Surgeon to the New-
castle Infirmary.
Goddard, D. H., Agent Bk. of England.
Gregson, T. L., Councillor.
Green, R. Y., Under-Sheriff.
Grey, Hon. and Rev. Francis R., Rector
of Morpeth.
*Headlam, Right Hon. T. E., M.P.
Heath, George Y., Surgeon to the New-
castle Infirmary.
Henzell, W. M.
*Hodge, George William, Sheriff of
Newcastle.
Humble, Thomas, M.D., Physician to
the Newcastle Infirmary.
*Hutt, Rt. Hon. Sir W., K.C.B., M.P.

*Liddell, Hon. H. G., M.P.
 Moody, Rev. Clem., Vicar of Newcastle.
 Nesham, T. C., M.D., Physician to
 Hospital for Women.
 Philipson, G. H., M.D., Physician to the
 Newcastle Infirmary.
 Pollard, Joseph, J.P., Alderman.
 Potter, Addison, J. P., Councillor.
 *Prest, Ven. C., Archdeacon of Durham.
 Richardson, Edward.
 Robinson, Joseph.

Russell, J., Surgeon to the Newcastle
 Infirmary.
 Sanderson, R. Burdon, J.P., Northum-
 berland and Newcastle, Councillor.
 Smith, C. S., Councillor.
 *Smith, T. E., M.P.
 Smith, Thos. and Wm.
 Wilson, R. H., M.D., Physician to
 Gateshead Dispensary.
 Arnison, W. C., M.D., Surgeon to New-
 castle Infirmary, *Hon. Sec.*

NORTHAMPTON.

Vernon, L. M., Mayor.
 Ashby, G. Ashby, J.P.
 Beaumont, Rev. F. M., Rector of East
 Farndon.
 Becke, John, County Treasurer.
 Becke, Charles, Coroner.
 Bryan, J. M., M.D.
 Bryan, J. M., jun.
 Buszard, F., M.D.
 Cotton, George.
 Dorman, Mark, J.P.
 Eunson, John, C.E.
 Francis, J., M.D.
 Gedge, Rev. Sydney, Vicar of All Saints'.
 Harrison, George.
 Hughes, Christopher, Clerk of the Peace
 for the Borough.
 Johnson, Rev. F. P.
 Macquire, John, Alderman.
 Mansfield, M. P.

Markham, A. B.
 Markham, H. P., Clerk of the Peace for
 the County.
 McKinnell, J.
 Merrick, J. F.
 Moxon, W.
 Norman, J. B., J.P.
 Olive, E. H.
 Phillips, W. G.
 Phipps, Richard.
 Phipps, John, J.P.
 Portal, W. T., Alderman.
 Prichard, Thomas, M.D.
 Rayner, H., M.D.
 Robinson, J. B., J.P.
 Sedgwick, Rev. J., D.D.
 Shoosmith, W., Town Clerk.
 Spurgin, H. B.
 Williams, W., J.P.
 Barr, Dr. *Hon. Sec.*

NORTH SHIELDS.

Averill, Rev. T.
 Bell, Geo., Councillor.
 Bourne, Wm., M.D.
 Brutton, Rev. Thos., M.A., Vicar of
 Tynemouth.
 Hewitt, J.
 Hicks, Rev. H. S., Vicar of Low Town,
 North Shields.
 Lunge, Geo., Ph.D.
 Mease, Solomon, J.P.

Proctor, John, Chairman of Board of
 Guardians.
 Salmond, Rev. W., B.A.
 Scott, Alexr. M., L.F.P.S., Glasgow.
 Shooter, Rev. Jos., Vicar of Holy
 Trinity, North Shields.
 Shotten, Edward, ex-Mayor.
 Stephens, Thos., M.R.C.S., &c.
 Peart, Robert S., M.D., *Hon. Sec.*

OXFORD.

*Acland, H. W., M.D., F.R.S.
 *Chamberlaine, Rev. T., Vicar of St.
 Thomas's.
 King, Rev. John R., Vicar of St. Peter
 in the East.

*Leighton, Rev. Dr., Warden of All
 Souls' College, Vice-Chancellor of
 Oxford.
 Thompson, W. Allin, *Hon. Sec.*

PLYMOUTH AND DEVONPORT.

Hubbard, Alex., Mayor of Plymouth.
 Rolston, John, M.D., Mayor of Devon-
 port.

Bastard, John P. Baldwin, J.P., Cc.
 Devon.
 Bazeley, J.

- Bellamy, Rev. Franklin A. S., St. Mary's Church, Plymouth.
 Bennett, Rev. T.
 Bennett, Rev. William, M.A., Plymouth Corporation Grammar School.
 Bewes, Cecil.
 Bone, Allan B., Coroner for the County of Devon and Borough of Devonport.
 Brendon, P.
 Brown, Henry, J.P., Plymouth.
 Brown, Col. Geo. St., J.P.
 Bullen, Rev. J. A., M.A., Vicar of St. James', Devonport.
 Bulteel, Thomas H., J.P., Plymouth.
 Carew, Timothy, J.P.
 Collier, Mortimer.
 Collier, W. F.
 Courtney, Rev. F., Incumbent of Charles' Chapel, Plymouth.
 Crossing, T., J.P., Devonport.
 Cutcliffe, J. L., J.P., Devonport.
 Dansey, Geo., J.P., Devonport.
 Dawson, Ralph.
 *Domville, H. J., M.D., R.N.
 Drummond, Rear-Admiral Superintendent.
 Everett, Rev. H., M.A., Incumbent of St. John's, Devonport.
 Graham, D. McWilliams.
 Hobson, George F., Catholic Priest, Devonport.
 Isbell, Warren, J.P. for Plymouth, F.R.C.S., &c.
 Jonas, Rev. E. W., M.A., Chaplain of Devonport Boro' Gaol.
 Kerswill, S., J.P., Devonport.
 Laity, Rich. J., J.P. for Devon.
 Luscombe, W., J.P., Plymouth.
 Manley, Rev. Orlando, Vicar of Dawlish, late Chaplain of Royal Albert Hospital.
- *Martin, Admiral Sir W. Fanshaw, K.C.B.
 May, J. H. S.
 May, Josh., J.P., F.R.C.S.E., Devonport.
 Measham, Rev. Richard, Chaplain Royal Navy.
 Mills, J. Grant, T.C.D., Corporation School.
 Norrington, Charles.
 Norman, Alf., J.P., Devonport.
 Oliver, William, J.P., Devonport.
 Page, Rev. James, *Treasurer*.
 Peek, William, J.P., and Chairman of Board of Guardians.
 Radford, William, J.P., Plymouth.
 Rendle, E. M. Russell.
 Row, Chas., J. P.
 Row, Fredk., J.P., Devonport.
 Ryder, John W., J.P., Devonport.
 Soltan, G. W., J.P. for Devon.
 Somerville, J.B., J.P.
 Spencer, A., M.A., Corporation Grammar School, Plymouth.
 Staveley, C., Major-General.
 Square, Eldred.
 *Square, W. J.
 Stephens, W. B.
 Swain, W. P., J.P., F.R.C.S.
 Trevenen, James, J.P. for Cornwall.
 Watson, R. W., J.P., Devonport.
 Wilson, Dr.
 Woolcombe, Thos., Chairman of Managing Committee, Royal Albert Hospital.
 Square, Elliot, } *Hon. Secs.* for Ply-
 Square, William, } mouth.
 Dansey, G., *Hon. Sec.* for Devonport.

PORTSMOUTH.

- Galt, Edwin, ex-Mayor of Portsmouth.
 *Deverell, John, J.P.
 *Stone, W. H., M.P.
- Minter, J., M.D., Deputy Inspector-General, R.N.

READING.

- Andrews, Charles J., Alderman, J.P.
 Austin, B. S., Deacon of Castle Street Chapel.
 Ball, George, J.P.
 Barcham, Thomas, Deacon of King's-Road Chapel.
 Blandy, William, Alderman, and J.P. for the County of Berks.
- Campbell, Rev. Colin, Offic. Min. Greyfriars Church.
 Clutterbuck, Rev. A., Assistant Curate of St. Giles'.
 Cust, Rev. Arthur P. Percy, Vicar of St. Mary's, and Rural Dean.
 Dalton, Rev. Joseph B., Curate of St. Mary's.

- Darter, W. S., Alderman and J.P.
 Eisdell, Arthur R., Deacon of Castle-street Chapel.
 Exall, William, Alderman, J.P., Deacon of Castle-street Chapel.
 Few, Rev. William Tebb, Curate of St. Mary's.
 *Fosbery, Rev. T. V., Vicar of St. Giles.
 Friend, Rev. Martin Thomas, Curate of St. Lawrence.
 Harris, Thomas, Alderman and J.P.
 Hillard, Charles, Wesleyan Minister.
 Hounslow, John H., J.P., ex-Mayor of Reading.
 Hussey, Rev. P. F., Curate of St. John's.
 Jenkinson, Rev. John H., Curate of St. Mary's.
 Legg, William, B.M., Minister of Broad-street Chapel.
 Maine, Rev. Lewin George, Vicar of St. Lawrence.
 May, George, Sidmouth House, President of the Reading Pathological Society, on behalf and with the authority of the Society, which comprises 49 Members.
 Merriman, Rev. G., Assistant Curate of St. Giles'.
 Micklem, Edward, J.P.
- *Monck, J. B., J.P., County of Berks.
 Palmer, George, J.P.
 Payne, Rev. William, Incumbent of St. John's.
 Powys, Rev. William, Curate of St. Mary's.
 Preston, Samuel.
 Purvis, Edward, J.P.
 Rogers, Thomas, Town Clerk.
 *Russell, Sir Charles, V.C., Swallowfield.
 Simonds, H. A.
 Simonds, Henry John.
 Simonds, John.
 Stevenson, Rev. John Frederick, LL.B., Minister of Trinity Chapel.
 Taylor, John O., Chairman of the Guardians of the Reading Union.
 Thomas, Rev. George James, Curate of St. Lawrence.
 Timothy, Thomas W., Deacon of Castle-street Chapel.
 Walford, T. L., J.P.
 Walmer, Richard, Minister of Castle-street, Chapel.
 Ward, Rev. J. M., Curate of St. Giles'.
 Wells, Edward, M.D.
 Wilson, Henry John, J.P., county of Oxon.
 Woodhouse, R. T., M.D., J.P.
 Morris, J. T., ex-Mayor, J.P., *Hon. Sec.*

ROCHESTER.

- Aveling, Thomas, ex-Mayor of Rochester
 Gunn, William, M.D., Deputy Inspector General, R.N.
 Hare, Humphrey J., High Constable of Chatham.
 Joseph, Rev. Alex., M.A., Hon. Canon of Rochester; Rural Dean and Rector of St. John's, Chatham.
- Tribe, Herman Henry, M.R.C.S., Eng.
 Whiston, Rev. Robert, M.A., late Senior Fellow of Trinity College, Cambridge, and Head Master of the King's School, Rochester.

*Cardell, J. M., Salisbury.

Adey, C. A., M.D., St. Leonards.

Hales, Rev. W. A., Scarborough.

SOUTHAMPTON.

- Perkins, Fredk., Mayor of Southampton.
 Aitken, William, M.D.
 Bassett, R. G., Deputy Coroner.
 Bencraft, H., L.R.C.P.
 Bernard, Joseph, J.P.
 Bowman, Thomas, Alderman.
 Bond, F. T., M.D.
- Bradby, Jas.
 Burbage, J., C.E.
 Buchan, H. J., Councillor and J.P.
 Bushnan, D., M.D.
 Butterfield, J., M.D.
 Chipperfield, Mr. Councillor.
 Coles, R., J.P. and Alderman.

Cooksey, J., J.P.
 Cruickshank, David.
 Douglas, David.
 Dyer, Alfred, Editor "Hants Independent."
 Drew, John W.
 Elliott, R. D., Chairman of the Board of Guardians.
 Emanuel, S. M., J.P.
 Friend, T., L.K.Q.C.P.D.
 Griffin, R. W., M.D.
 Hamilton, —, M.D.
 Harnett, William J., L.R.C.P., &c.
 Hankin, C., Head Master Grammar School.
 Hickman, W., Councillor.
 Hoops, Capt. R.N.
 King, G., M.B.
 Lake, G. A. K., M.D.
 Langstaff, C., M.D.
 Laurence, L. A., M.D.
 Le Feuvre, J. E., Councillor.
 Lobb, J., J.P. and Deputy Lieutenant.
 Lobo, Stratton.

Maclean, Andrew, M.D., Dep. Inspector General.
 Macormac, M. J., M.D., Officer of Health.
 Main, Mr., Master of Union.
 Moseley, H. P.
 Newman, Dr.
 Oliver, J., M.R.C.S., F.S.A.
 Orsborn, J., M.D.
 Parkes, E. A., M.D., F.R.S.
 Passenger, G. M., Esq., Councillor.
 Payne, T. P., Esq., Councilor.
 Pearce, R. S., Solicitor.
 Pocock, J. N.
 Shorto, R., M.D.
 Sims, W., M.D.
 Stebbing, Alderman J. R., F.R.A.S., J.P.
 Symons, Alfred.
 Taylor, Chs., H.M.C.
 Warren, Philip.
 Wiblin, John, L.R.C.P.
 Aldridge, John H., M.D. } *Hon. Secs.*
 Legg, R. R., F.S.A.

NORTH SHIELDS.

Bramwell, Dr. J. B.

| Peart, R. S., *Hon. Sec.*Pollard, James, *Hon. Sec.*, Torquay.

WINCHESTER.

Kelsey, Harry W., ex-Mayor of Winchester.

| *The Rev. the Warden of St. Mary's College.

WORCESTER.

The Right Rev. the Lord Bishop of

| Stafford, J. Burham, F.G.S.