

The Contagious Diseases Act of 1866, and its extension to the civil population of the United Kingdom / by J. Brendon Curgenven.

Contributors

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From the Author

THE

CONTAGIOUS DISEASES ACT
OF 1866,

AND ITS

EXTENSION TO THE CIVIL POPULATION

OF THE

UNITED KINGDOM.

BY

J. BRENDON CURGENVEN, M.R.C.S., &c.,

*Hon. Sec. to the "Harveian Medical Society," and to the "Association for
Promoting the Extension of the Contagious Diseases Act."*

READ AT A MEETING OF THE HEALTH DEPARTMENT OF THE
"NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE,"
MARCH 30TH, 1868.

LONDON:
1868.

June 1



CONTAGIOUS DISEASES

OF THE

THE following is a list of the diseases which are contagious, and which are subject to quarantine, as prescribed by the Act of the 14th of August 1879, and the Act of the 14th of August 1880.

1. Smallpox
2. Measles
3. Scarlet fever
4. Typhoid fever
5. Diphtheria
6. Whooping cough
7. Cholera
8. Dysentery
9. Typhus
10. Malaria

The following are the diseases which are not subject to quarantine, as prescribed by the Act of the 14th of August 1879, and the Act of the 14th of August 1880.

1. Erysipelas
2. Eczema
3. Scabies
4. Ringworm
5. Syphilis
6. Gonorrhea
7. Venereal disease
8. Leprosy
9. Tuberculosis
10. Consumption

The following are the diseases which are not subject to quarantine, as prescribed by the Act of the 14th of August 1879, and the Act of the 14th of August 1880.

1. Rheumatism
2. Gout
3. Gravel
4. Dropsy
5. Paralysis
6. Epilepsy
7. Insanity
8. Hysteria
9. Nervous debility
10. Chronic disease

The following are the diseases which are not subject to quarantine, as prescribed by the Act of the 14th of August 1879, and the Act of the 14th of August 1880.

1. Cancer
2. Scrophulous disease
3. Syphilis
4. Gonorrhea
5. Venereal disease
6. Leprosy
7. Tuberculosis
8. Consumption
9. Rheumatism
10. Gout

THE CONTAGIOUS DISEASES ACT OF 1866, AND ITS EXTENSION TO THE CIVIL POPULATION OF THE UNITED KINGDOM.

THE Contagious Diseases Act of 1866 was passed for the purpose of checking the ravages of venereal diseases in the army and navy, whereby the services of a large proportion of the men were lost to the country.

It was with the view of saving the country from the expenses attending the hospital treatment of diseased soldiers and sailors, besides the great loss occasioned by their absence from duty, that the War Office and the Admiralty, in the year 1864, conjointly appointed a committee of eminent surgeons and physicians to inquire into the best modes of treating the diseases in question, and to suggest some methods of prevention.

This Committee, of which Mr. F. C. Skey was Chairman and Mr. Spencer Smith, Secretary, held its meetings at the Admiralty during nearly twelve months, and examined upwards of sixty gentlemen on the points on which they were to report. Those examined were members of the medical profession,—civil, naval, and military,—and officers of the army and navy.

The evidence given on the subject of prevention clearly showed that in those places, such as Malta, Gibraltar, and the Ionian Islands, where sanitary regulation and medical surveillance of the prostitutes had been in force, venereal diseases had almost disappeared.

Admiral Sir W. Fanshawe Martin, K.C.B., in his evidence states that;—

“The regulations had been in abeyance for several years at Malta, and the consequence was, that from forty to fifty beds were ordinarily occupied in the Malta Hospital by patients who had contracted the venereal disease in the Island. After the regulations with reference to the police and the Lock Hospital had been in force for a few months, there was not a single patient, I believe, in the Malta Hospital who had contracted the disease in the Island.”

Mr. Inglott, Comptroller of Charitable Institutions at Malta, writing to Mr. Skey, says:—

“Females leading a life of prostitution were, from the time of the Knights I believe, subjected to certain police regulations and to ‘periodical personal inspection;’ but in the beginning of 1859 it was found that the ‘personal inspection’ was not ordained by law, but was a traditional abuse of power, which may be put at defiance by the slightest resistance. The fact was artfully communicated to the peculiar class of persons concerned, and a general resistance was soon made to the practice.

“The awful consequences of non-restraint soon became apparent, more especially in the wards of the military and naval hospitals, and the Local Government was moved to enact the enclosed Ordinance, with the view of preventing the spreading of the disease.

“From its few and brief enactments the ‘details of our management’ can be very easily inferred.

“The operation of this law has had the effect of checking public prostitution to a great extent, besides of almost annihilating the disease.

[* * * * * * *]

“The Malta law, you will observe, does not involve ‘a system of legal recognition of public prostitution,’ it does not ‘license females to the unlawful occupation,’ but simply places those who practise it under a kind of surveillance, with a view of obtaining a sanitary advantage by enforcing a measure which tends to mitigate or prevent the awful consequences of neglected syphilitic affections. Besides ‘periodical personal inspection,’ the Malta law also enjoins the establishment of ‘Lock Hospitals,’ without which the good results I have described would not have been obtained.

“Syphilitic affections, being thus timely discovered and forcibly placed under medical treatment, are generally primitive in their character, and consequently easily overcome. Cases of consecutive syphilis are comparatively rare, and none present those horrid forms so common where the disease is under no surveillance.

“Seasons have come during which the wards of the ‘Lock Hospital’ contained but one or two cases, and were it not for the inoculation from imported affections by foreigners and others, the disease would have long been extinct’.

Lieut.-Gen. Sir Henry Storks, K.C.B., in a letter to Mr. Skey, Chairman of the Committee, says:—

“When I held the office of Her Majesty’s Lord High Commissioner of the Ionian Islands I gave a good deal of attention to this subject, and I found that the disease prevailed in all the larger islands, and that the troops suffered a good deal from it.

“It was determined to apply with care and vigour the powers given by the law as regarded registration and inspection of prostitutes, and

all the women of the town were registered by the police and periodically inspected by the police physician.

"This careful and periodical inspection was attended with the happiest results, and the disease may be said to have almost disappeared in the Islands of Corfu, Zante, and Cephalonia.

"In Malta, the same police regulations exist, and I know of no place so singularly free from venereal disease as regards the professional prostitutes.

* * * * *

"The amount of disease and misery that would be prevented by enforcing a sanitary inspection of prostitutes is incalculable, and it is a subject which earnestly claims the attention of the authorities competent to deal with it."

With such evidence as the above, together with that of several others who were examined, the Committee in their Report recommended that:—

- "1st. A periodical inspection or examination of all known prostitutes be made compulsory, under a well-organized system of medical police.
- "2nd. That a surgeon be appointed by Government in each town for this duty; the said examination to be made by him either at the homes of the women, or at a dispensary or hospital appointed for the purpose; and that such surgeon be provided with the necessary powers for sending to Lock Hospitals all women found to be diseased, either with primary venereal affections or constitutional syphilis, and for retaining them until cured or restored to their friends.
- "3rd. That a penal clause be introduced into the Act for the purpose of punishing those who infringe its regulations.
- "4th. That the operation of the Act be extended to all garrison and seaport towns in the kingdom, where troops or ships of war are stationed.
- "5th. That a clause be introduced for the prevention of the residence of prostitutes in public-houses and beer-shops."

The Committee state that "they also feel that more particular instructions should be given to the borough police in the garrison and seaport towns, with a view to prevent the open solicitations by prostitutes in the public streets, and the scandalous and barefaced immorality which is spoken of by some of the witnesses as disgracing Portsmouth and other towns of the same class."

The Contagious Diseases Act of 1866, founded on the recommendations of the Report of the above Committee, was brought before the House of Commons by Lord Clarence Paget, Secretary to the Admiralty, and, after undergoing a careful revision by a Select Committee of the House, com-

posed of Lord C. Paget, Sir C. Russell, Mr. Walpole, Admiral Erskine, Mr. Hunt, Sir G. Grey, Sir H. Verney, Colonel Herbert, Sir J. Pakington, Marquis of Hartington, Sir J. Fergusson, General Peel, Mr. Kinnaird, Mr. Ayrton, Mr. Locke, and Mr. Morley; it was passed on 11th June, 1866.

Its operation is confined to certain naval and military stations named in a schedule, viz.:—Portsmouth, Plymouth and Devonport, Woolwich, Chatham, Sheerness, Aldershot, Windsor, Colchester, Shorncliffe, the Curragh, and Cork and Queenstown.

It provides for the expenses attending the execution of the Act; these are to be borne by the Admiralty and the War Office. It also provides for the appointment of Visiting Surgeons and Inspectors of certified Hospitals.

It gives power to provide and certify hospitals; power to Justices to order periodical medical examination of common prostitutes; power to detain them, when found diseased, in a certified hospital until discharged by the Medical Officer; and power to punish women by imprisonment for refusing to be examined, for quitting hospital without being discharged, and for neglecting to conform to the regulations of the hospital.

It provides, that the Justice's order, subjecting a prostitute to periodical examination, shall continue in force one year; that she may obtain relief from examination on discontinuing prostitution; and, that persons knowingly harbouring diseased prostitutes shall be punished.

The Act was not put in force immediately in all the towns named in the Schedule, as they were not all provided with the necessary hospital accommodation, and the Government naturally desired to commence the new system gradually. Its operation was first extended to Woolwich, Chatham, Sheerness, Portsmouth, Plymouth and Devonport.

After the necessary appointments had been made, there was little or no difficulty found in enforcing the provisions of the Act. The women and their haunts were equally well known to the police, and they experienced no difficulty in inducing the "suspects" to appear before the medical officer to be examined. Compulsory examination of all the women has not yet been adopted, as there would not be sufficient hospital accommodation to receive all those found diseased. Those only are examined whom the police suspect to be diseased, or who are informed against by a soldier or sailor. This is one of the defects in the present working of the Act, for a woman must be very ill, or show some outward sign of her complaint, to be

suspected by the police; and, again, a woman may spread a considerable amount of disease before she is informed against. Syphilis, the worst form of the disease, having a period of incubation of from three days to three weeks, or even longer, it must be difficult, and almost impossible, for any soldier or sailor to name the woman from whom he acquired that disease. It may be considered by some that the women would object to being examined, but that has not been found to be the case; they willingly submit to the provision of the Act in that respect, and offer no objection to the necessarily long confinement in hospital for the cure of their disease. Mr. Berkeley Hill in his inquiries found that "the women most strenuously object to irregular, and, as it appears to them, often capricious selection of individuals, and though some were content with the present arrangement, the great majority declared that regular examination of every woman would be the best." Many women apply voluntarily for admission to the hospitals, but it happens that the milder forms of the disease and the primary symptoms of syphilis excite in the women so little inconvenience that they neglect applying for medical aid, and continue for weeks or months sources of contagion, and it often occurs that they do not seek that aid until driven by severe suffering to relinquish their wretched calling.

One great obstacle to the effectual working of the Act has been the want of hospital accommodation. To take in under treatment all the women in a town that would be found diseased on examination would necessarily require a number of beds equal to about one-third the total number of women, as that is about the proportion that is found to be diseased. London, therefore, with about 10,000 common prostitutes, would require 2,500 beds; but this number might be reduced to 1,200, for it is shown by Mr. Lane that only about 40 per cent. are affected by the severer forms of the disease, and at present there are not 200 beds in London devoted to the reception of these cases. A large number of beds would be required only for the first year or two, if the Act were effectually carried out, for, by the example of Malta, the 40 or 50 beds occupied before the regulations were put in force, were reduced to one or two after the surveillance had been exercised a few months. These beds might be placed temporarily in any building adapted for the purpose, or in a hulk or in wooden huts such as the soldiers occupy at Aldershot.

A third obstacle to the effectual working of the present Act is the limited number of towns that have been placed under

its provisions. Constant changes take place amongst the troops of our garrison towns, and ships are as often passing from one port to another, and it is always found that with any arrival of troops or sailors from an unprotected town, in one that is under the protection of the Act, fresh disease breaks out, not only amongst the women, but also, necessarily, amongst the men in garrison or in the harbour. Women also are constantly passing from one town to another, and following troops from one garrison to another; they likewise import new foci of disease. In Sheerness the obstacles to the working of the Act have not been so great as at the other towns. It is more isolated and the changes among the troops and sailors are not so frequent. In this town, as Lord H. Lennox said in March of last year, when moving the naval estimates in the House of Commons, "the disease is almost destroyed." In a return to the Lords of the Admiralty, for the second half of 1867, it is stated that "at the end of July only three men were suffering and no women. Early in August 600 men came from Warley, a number of them diseased, and these infected the women, increasing the numbers of diseased to 33 men and six women."

Having mentioned some of the obstacles to the efficient working of the Act, I will now point out some of the good results derived from its operation. The army statistics for the year 1864 showed, that of an average number of 73,000 troops stationed in the kingdom there was a "loss of service by venereal diseases in the whole force, of nearly an entire week of that body's time.

During the year 1864, a total of 4,385 cases of syphilis were under treatment in the royal navy, of which 1 died, and 101 were invalided. The daily loss of service from this disease was equal to 460 men.

The reduction of the amount of disease in the army by the operation of the Act, although considerable, is not as evident by statistics as in the naval and marine services. Among the troops in garrison at Plymouth and Devonport the number diseased was, in April, 1865, 18 per 1,000; September, 31; March, 1866, 28; September, 21; March, 1867, 13, September, 35.

These fluctuations in the amount of disease in the troops are due to the periodical arrival of regiments from unprotected garrisons bringing disease with them. No fresh troops entered the garrison from 1st September, 1866 to the 23rd February following; the number diseased had then reached its lowest point, 11 per 1,000. In April and May the arrival of troops from India, Portsmouth, and Pembroke sent the number up

to 22, while the arrival of a dépôt in July, and other companies in August brought the number of diseased men to the high point, in September, of 35 per 1,000. The authorities have since ordered that all new arrivals shall be examined before they are allowed to leave barracks.

The marine division at Plymouth being a stationary corps, the beneficial operation of the Act in their case is very evident; the number of men diseased having fallen, with but slight fluctuations, from 24 per 1,000 in April, 1865, to 12 per 1,000, in October, 1867. In the navy, also, the numbers have diminished from 21 per 1,000 in April, 1865, to 4 in October, 1867.

While the amount of disease among the naval and military population has diminished, a marked decrease has also taken place amongst the inhabitants of these towns. There is an absence of the severer forms of the disease, that formerly entailed acute suffering and death, and the constitutional form, which conveys the disease to the innocent wives and children, has greatly diminished, as seen by comparing the entries into Melville Hospital, Chatham, for the third quarter of 1864 with those of the corresponding quarter of 1867.

1864	Syphilis	95	1867	Syphilis	45 cases.
„	Gonorrhœa	21	„	Gonorrhœa	33
Total 116			Total 78		

The medical and police surveillance of the women has operated beneficially in several ways. They are less depraved, they behave better, and are more cleanly, and it is stated that in Plymouth they no longer solicit in the streets. The visits of the police to their haunts give them opportunities of appealing for aid and protection from their oppressors, and the means of escape from their wretched mode of life.

By their admission and long residence in hospital, where they are brought under moral influences, many for the first time in their lives, the opportunity occurs of rescuing them from their evil ways. And there are many of these poor creatures, whose hearts melt at a kind word, that are only too glad to escape from their wretched mode of living. I have witnessed the whole of the inmates of a ward, nearly twenty in number, sobbing in tears at the unconscious appeal of a poor orphan, while under chloroform, to her mother to forgive her. At the Royal Albert Hospital, Devonport, about one-third of those admitted are sent home to their friends or into refuges. The Rev. Mr. Webster, rector of Chatham, in a letter says:—

“The obvious moral objection to the Act, that it removes one chief deterrent from the sin of fornication, viz., the fear of contagion,

was greatly modified to the minds of the clergy present (at a meeting at Chatham) by the experience of the Rev. J. G. Bailey, the chaplain of St. Bartholomew's Hospital, Chatham, who stated his conviction that the Act was the means of bringing under religious and moral instruction many scores of degraded women who had never been under such influence before; and that, during his chaplaincy of only ten months, no less than thirty-nine of these unfortunates had been restored to their homes, or induced to enter Reformatory Institutions."

The last report of the Rescue Society states that, during the twelve months, they were compelled to turn away from their doors nearly 500 of those unfortunate girls whom they were unable to receive through want of funds and accommodation. This society had during the year 526 fallen girls under their care; of these 381 were not over seventeen years at the time of their fall; 108 were not more than twelve years old, and 1 was a child of five years. Thus it may be seen that there are hundreds anxious to escape from this wretched mode of life through the aid of this one society.

One other benefit derived from the Act is that it prevents young girls, who are not depraved, from becoming prostitutes through the fear of surveillance and examination. It also tends to prevent soldiers' and sailors' wives living as prostitutes in the absence of their husbands, through fear of incarceration in hospital and the consequent discovery of their evil lives.

At the commencement of the year 1867, the medical profession, both in England and abroad, was much occupied with the consideration of this subject,—the prevention of the spread of venereal disease. One of the questions proposed to be discussed at the International Medical Congress, to be held at Paris in that year, was this, "Is it possible to propose to the different governments any effectual measures for restraining the propagation of venereal diseases?"

At the close of the debate on this question, a committee was appointed consisting of Messrs. Hebra, of Vienna, for Austria; Victor de Meric, of London, for England; Seitz, of Monaco, for Bavaria; Crocg, of Brussels, for Belgium; Seco Baldor, of Madrid, for Spain; Galligo, of Florence, and Palasciano, of Naples, for Italy; Owre, of Christiana, for Norway; Barbosa, of Lisbon, for Portugal; Frerichs, of Breslau, for Prussia; Huebbenet, of Kiew, for Russia; Fordyce Barker, of New York, Wilson Tewel, of Philadelphia, Upham, of Boston, Macilwain, of Cincinnati, for the United States; Hingston, of Montreal, for British Colonies; Béhier, Bouillaud, Dechambre, Gosselin, Taccoud, Teannel, Mongest, Ricord, Rollet, Tardieu, and Verneuil, for France.

The Central Committee of Paris have sent a circular to all foreign members, asking them their views on the subject; the answers to be forwarded before April 15th, 1868. From all the views, and after full discussion in the Paris Committee, the latter will forward memorials to the different Governments, praying for such measures as may diminish the spread of venereal diseases.

It was with a view to open the subject for discussion and inquiry in England that the Harveian Medical Society of London, in February, 1867, appointed a committee "to investigate the extent of the spread of the contagious diseases, commonly called venereal diseases, among the population of this country, to discuss the best means of preventing that widely extended evil, and to report thereon to the International Congress to be held this year in Paris."

This committee issued circulars to the surgeons of all the hospitals and nearly all the dispensaries and infirmaries in the United Kingdom, and to all the workhouses in London, Manchester, and other large towns. By this means they gained a great amount of information as to the actual amount of venereal disease existing amongst the patients and applicants to these charities. The amount of the existing disease exceeded their anticipations. At St. Bartholomew's Hospital about one-half of the surgical out-patients' cases were venereal. At Guy's Hospital, out of 295 surgical cases, seen by Mr. Cooper Forster, 174 were venereal and 121 non-venereal. At the other hospitals in London the proportion ranged from one-fifth to three-eighths of the surgical out-patients. At the Eye and Skin Hospitals the proportion varied from one-eighth to one-fifth of the cases seen. At the Children's Hospitals the number amounted to one-fifth of the surgical cases. At Manchester and other large towns the amount of disease was about the same, averaging from one-eighth to one-third of the surgical cases. In addition to the great amount of venereal disease thus shown as being treated at the public charities, an equal if not greater number of cases come under the hands of chemists and quacks, to say nothing of those seen in the private practice of the profession. Thus the Committee at Manchester, co-operating with the Harveian Committee, in their report say, "We are fully convinced that the quacks and chemists attend a large proportion of the entire number of venereal cases occurring in Manchester." The same is the case elsewhere, and there prevails in some places an extraordinary notion which prevents sufferers with this disease applying at the hospitals. Mr. Cardell, writing from Salisbury, says,

"You will scarcely believe that there is a prevailing notion here (not only amongst the lowest orders) that if venereal patients got very bad in the hospital they were smothered."

From the vast amount of disease shown to exist amongst the patients of our charities, it can be easily understood that a very large proportion of the common prostitutes of the country are afflicted with disease and are daily spreading this loathsome evil through all classes of society, conveying disease and death to the virtuous and innocent as well as to the guilty. As Sir William Jenner says, "Syphilis, more often than has commonly been believed means death—death to the contractor of the disease, death to his offspring."

The increasing prevalence of syphilis in this country is evident to every practitioner of medicine; our whole population are becoming infected by it. Its prevalence amongst infants has given some superficial observers occasion to condemn vaccination as the cause, not knowing or wilfully withholding the fact that the disease does not manifest any symptoms in them until about the sixth or eighth week, which is about the period of vaccination. Should this disease continue to spread uncontrolled, we may one day approach to the condition of Ceylon, where the *Ceylon Examiner* says that "according to the evidence of several agents of Government, there is not a single man, woman, or child in whole districts free from it. We have ourselves witnessed the physical misery which it inflicts on the rural population, to doubt the accuracy of this statement." The disease was imported into that Island by the Portuguese, and is called by the natives the "Portuguese sickness." The people in Ceylon are demanding measures for its prevention and repression. In many parts of India and China it is very prevalent, and measures are being organized by Government for checking it in those places. In the Island of Jamaica the authorities have held a conference on the advisability of introducing a measure similar to the Contagious Diseases Act; and there is little doubt that steps will be taken to obtain the sanction of the local legislature to such a step.

Then, while the Government and the local authorities are instituting measures of prevention in our possessions in all parts of the world, does it become us to look quietly on the ravages of the disease amongst ourselves, and take no steps to check its fatal progress?

By statistics obtained it is shown that from one-third to one-fourth of all the prostitutes in our large towns are affected by disease, and what amount of hospital accommodation does there exist to meet all this evil? In London there are not 200 beds

to a population of over 3,000,000, with prostitutes to the number of 6,000 known to the police, but with actually three times that number. The workhouses will not admit them, or, when they do, they send them on to the Lock or one of the other hospitals, and some of the public hospitals and dispensaries will not receive them as patients; thus are they in this metropolis compelled to continue in sin and suffering to propagate disease for the purpose of procuring for themselves the common necessities of life.

No one can be surprised that the Harveian Committee, in the face of such a vast amount of preventable disease, and with the knowledge that the "Contagious Diseases Act" of 1866, had effected already much good, and was calculated to effect much more if further extended and more efficiently worked, should recommend in the concluding paragraphs of their report that the provisions of that Act should be extended to all the large towns of the country.

The report was read before and adopted by the Harveian Society in July, 1867, when a resolution was passed directing that a translation should be read before the Medical Congress at Paris by a deputation from the society. It was also determined that the evils revealed and remedial measures suggested, should be brought before the public, and the assistance of all those interested in the subject enlisted for the purpose of bringing the suggestions of the society within the sphere of practical legislation.

It was resolved:—

"That it is the opinion of the Society that an association be formed, to be called 'The Association for promoting the Extension of the Contagious Diseases Act of 1866 to the civil population;' that it should be composed of both lay and medical members; and that the gentlemen comprising 'the committee for the prevention of venereal diseases,' be asked to act as a provisional committee (with power to add to their number), for the purpose of organizing such an association."

This offspring of the Harveian Society is now a vigorous youth, and has just issued its first report.

Its objects are:—

"To promote the extension of the 'Contagious Diseases Act' of 1866 to the Civil Population of the United Kingdom."

"To promote measures for increasing the amount of hospital accommodation for poor persons afflicted with contagious venereal diseases."

"To assist in every way the establishment of Refuges or Homes in connexion with Lock Hospitals, for the purpose of receiving

women who desire to leave their previous mode of life, and helping them to obtain respectable employment, or to emigrate."

It has amplified and extended the inquiries commenced by the Harveian Committee, especially as to the working of the "Contagious Diseases Act," and it comes before the public and confidently recommends the extension of the provisions of that Act to the civil population of the United Kingdom.

The Association has a list of over 500 members, amongst whom are many of the wisest and most practical men of the kingdom, and it feels confident that the Act will, at no distant date, be extended as it recommends.

I will conclude by quoting the words of the celebrated M. Parent-Duchatelet, of Paris, written some years ago:—

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

DISCUSSION.

W. T. MITFORD, Esq., M.P., in the Chair.

Among the gentlemen present were Dr. Aldis, Mr. Butter, Mr. G. J. Curgenven, Mr. J. B. Curgenven, Mr. Edgar, Rev. E. W. Edgell, Dr. Tilbury Fox, Dr. Hardwicke, Mr. Berkeley Hill, Mr. Hurst, Dr. Cornelius Inglis, Mr. James Leonard, Dr. Leonard, Mr. Mozeley, Mr. Cowell Stepney, Dr. Alexander Silver, Dr. Stuart, Mr. Robert White, &c.

Mr. EDGAR, in reply to a question by the Rev. E. W. Edgell, said that an action would not lie by a woman against a man who had infected her, on the principle of *volenti non fit injuria*, but that with respect to a father, who had been deprived of the services of his daughter in consequence of her having received a disease from a man, it might be that an action would lie against the culprit, as in the case of seduction. The subject of Mr. Curgenven's paper scarcely admitted of a regular discussion. The question had been clearly stated, and there could be little doubt as to the policy of extending an Act which had already proved so beneficial in its operation. Some difficulty, however, might arise in applying it to the civil population, as the same means of discovering infected prostitutes would not exist, as in garrison towns, where the diseases of the soldiers were at once known to the medical officers. An objection in the public mind was also likely to arise, that, taking away the risk of disease might increase

immorality. He was glad, however, to see from the letter of the rector of Chatham, that the more sensible of the clergy were not led away by this notion, and it could scarcely be doubted that after the real operation of the measure was understood, the humane principles on which it was founded would receive general assent. He would now move

“ That the paper now read be printed and circulated among the Members, and referred to the Standing Committee of the Department for consideration.”

Mr. HURST seconded the motion. He thought no difference of opinion would arise as to the expediency of extending this Act to the civil population. He thought, also, that there would be no difficulty in doing so. The ordinary prostitutes were well known to the police; and they could be dealt with under the Act in other places as well as those to which it now applied. To give these unfortunate women health was the likeliest means of reclaiming them, as they would be saved the degradation which such disease produced, and be enabled to work for their living. He did not think that any penal system would be efficacious, as those who had been infected would not be willing to take proceedings against the persons who had communicated to them disease.

Dr. STUART, of Woolwich, said that there was nothing to prevent the working of the Act in other places as well as garrison towns. Much information was not received from the soldiers themselves as to the women who were infected. The police in general gave the information. With respect to the women themselves, the effect of the Act had been beneficial. They were better conducted, more cleanly, and more decent in their conduct. They seemed to have the feeling that they were cared for, and they were less lawless in their demeanour. No doubt some of the women returned to their former courses after leaving the hospital. Those who have been accustomed to the excitement of a life of prostitution did not readily abandon it. It was the younger women chiefly who can be reclaimed.

Dr. TILBURY FOX said that the question had generally been discussed too much in a medical aspect, and he was glad that it had been brought before this Association where its social aspect might be considered. The fact that a large number of women were reclaimed was of more importance than even the prevention of disease. In Plymouth 33 per cent. of those who had been sent to hospital had been reclaimed.

Mr. CURGENVEN said that the clergy at Chatham strongly approved of the Act, and supported the present movement. Those also of Reading, Bath, Winchester, and other places had come forward and given their support to it. In a meeting which was held at Gloucester, Canon Tinling had spoken in favour of the Act, and shown its missionary character. The fearful evil which now existed was to be overcome, not by hunting down the prostitutes, but by taking care of their health and by reclaiming them.

Mr. BUTTER did not like punishing the women and letting the men go free. The disinclination of young men at the present day to marry was a great cause of the evil.

Mr. BERKELEY HILL thought from his experience that this Act was most beneficial in reclaiming young girls who had been led astray. The truth was, the market was overstocked with prostitutes, and many would be willing to leave it. Their restoration to health afforded such an opportunity of so doing. The Act would also improve the condition of those who remained, although it would not stop prostitution.

Dr. SILVER said that increased hospital accommodation was necessary if the Act was to be extended. The number now sent away every week was fearful. Accurate information was wanted as to prostitution in Liverpool, Durham, and other large towns, where the system differed from that in London. In the former places it differed much according to the character of the population. It would be impossible, however, to extend the Act without an extension of hospitals.

Dr. INGLIS said he did not think there would be much difficulty in the working of the Act. With respect to Refuges, it was known that while many women who had been admitted to them fell back into their former habits, a large number were reclaimed. Some of the older Refuges especially were founded on too strict a system. When they had been made more of a home the results had been better.

Rev. E. W. EDGELL thought that the Act might be extended to villages as well as to towns. Disease of this nature existed to a large extent among the agricultural population.

Dr. HARDWICKE thought that the Poor-Law authorities might deal with the matter. There ought to be compulsory powers to make the guardians receive such cases. He thought it was not desirable to have new hospitals for the purpose.

The CHAIRMAN expressed himself strongly in favour of the proposed extension of the Act. The question affected the future generation as well as the present—the innocent as well as the guilty. He believed it was the intention of the Government to extend the Act to several other towns; but he thought it ought to be extended to the whole country.

The motion was then put and carried.