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THE PREVENTION

OF

CONTAGIOUS VENEREAL DISEASE.



BY

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BY JAMES R. LANE, F.R.C.S.

THE question of the prevention of contagious venereal disease by legislative interference has of late been attracting much attention, not only in the medical profession but in the minds of the public at large. The subject is one the importance of which can hardly be exaggerated; and, when we consider the prevalence of this form of disease amongst all classes of the population, the various evils, immediate and remote, of which it is the cause, its hereditary character, the many ways in which the innocent as well as the guilty may become its victims, and the generally pernicious influence which it exercises over the health of the community, I do not think it is going too far to speak of it as one of the most urgent of the sanitary questions of the day.

It is on sanitary grounds alone that I am desirous of directing further attention to it, for with respect to prostitution I fear we must be content, in our present state of civilisation, at all events in all populous communities, to accept it as a disagreeable but inevitable necessity—an evil which it would be hopeless to attempt to suppress. Many, I dare say, would think that, even if it were possible, it would not be desirable to do so; that we had better bear the ills we have than fly to others that we know not of. But however that may be, I would especially insist that, in considering the propriety of restrictive measures, we need not concern ourselves with the question of prostitution at all. Such measures need not affect in any way either its suppression or its toleration, and need not involve any such public recognition of prostitutes and brothels, as is the case in most continental towns. The main point at issue is simply the sanitary one, whether we can prevent, or at all events diminish, the alarming amount of venereal disease now prevalent amongst us.

That this is by no means a hopeless task may, I think, be abundantly shown by the results already obtained on a limited scale, and in certain limited areas, by means now in operation. These means no doubt entail police supervision, and to that extent recognition, of women known to be prostitutes, but this need be attended with no *publicity* whatever; and so far from being an encouragement to immorality, as some have feared might be the case, or offering inducements to others to enter upon such a mode of life, the effect is decidedly deterrent, while the influence exerted over those already belonging to this unfortunate class can be clearly shown to be beneficial both in a moral and material point of view. It has been made the means of rescuing many from a condition of degradation, and of placing those who are really desirous to reform (and there are many who are only too glad to have the opportunity) in a position to obtain their livelihood by some honest employment.

I shall, I think, best promote the object I have in view if I give a brief history of what has lately been done, and is now doing, in this direction. The frequency of venereal disease in the army and navy, and the enormous cost entailed on the country by the invaliding of soldiers and sailors from this cause, became at last so seriously felt, that in 1864 an Act was passed, the intention of which was to provide for the treatment and seclusion of diseased prostitutes in some of the military and naval stations. It proved, however, ineffectual, because it contained no provision for the periodical examination of women, and did not give sufficient power to the authorities to erect and maintain hospitals in which they could be treated. Consequently, in 1865, a medical commission, under the presidency of Mr. Skey, was appointed by the Admiralty to inquire into and report upon the whole question. In accordance with the report of this commission, an amended Act was founded, which passed through Parliament in 1866, and came into operation on the 1st October in that year.

This Act specifies certain districts—military and naval stations, such as Portsmouth, Plymouth and Devonport, Aldershot, Woolwich, Chatham, Sheerness and others—within the limits of which every woman known to be obtaining her living by prostitution is placed under police supervision, and when required to do so by the police, must present herself for examination by a medical officer appointed for the purpose, and must attend before him for periodical inspection at whatever intervals he may prescribe. If found to be suffering from any contagious venereal disease, she is sent by his order to one of the hospitals provided under the Act, and detained there till cured. While in hospital she is in the legal custody of the governing authorities of the institution, and cannot leave till she is discharged by the medical officer, with a certificate that she is free from contagious disease. For any infraction of these rules, or

for any misconduct while in hospital, she is liable to be taken at once before a magistrate and sentenced to a term of imprisonment. Under the Act it became necessary for the government to provide sufficient accommodation for the treatment of the diseased women. Accordingly at some of the stations, hospitals have been erected by the War Office or the Admiralty, while at others it has been found more convenient to hire beds at hospitals already existing. The former plan has been adopted at Portsmouth, Aldershot, Shorncliffe, and Colchester; the latter at Devonport, Sheerness, Chatham, Woolwich, and Windsor. In the London Lock Hospital 120 beds are now allotted to patients from Woolwich, Chatham, and Windsor, and also from Aldershot when the hospital there does not afford sufficient accommodation.

The essential principles of the Act, then, are first, compulsory periodical medical examination of all women known to be prostitutes; and second, the provision of adequate hospital accommodation for those found to be diseased, and of course their compulsory detention until cured.

The working of this measure has been entrusted to the Metropolitan Police. A superintendent of police, Mr. Mallalieu, has been appointed Inspecting Officer for all the stations, and to him the entire management has been confided. Under his orders the requisite number of police constables have been dispatched to each station, great care having been taken to select men of intelligence, temper, and good moral character: and they have been specially enjoined to treat the women with kindness and forbearance. The way in which they have performed this difficult and delicate duty is deserving of the highest commendation, as I can testify from my own personal observation, which is fully confirmed by the evidence from various independent quarters given before the Committee of the House of Lords last session.¹ It is there stated that, for a number of 5479 women passing through the hands of the police, it was only necessary to employ the penal clauses of the Act in six cases. Under this judicious management very little difficulty has been experienced in inducing the women to submit to examination. They have been brought to look upon the police and the medical officers as their friends; and they are, for the most part, not only willing but glad to conform to the provisions of the Act, most of them having sense enough to see how greatly it operates to their benefit. The irksomeness of detention in hospital for what they believe to be trifling causes leads to occasional slight outbreaks, as might be expected where a number of women of indifferent character, and unaccustomed to control, are collected together; but, on the whole, it is surprising how little trouble of this kind has been met with.

¹ See 'Report of the Select Committee of the House of Lords,' on the 'Contagious Diseases Act,' July, 1868.

The system has now been in operation for two years ; but some time, of course, elapsed before it could be brought into proper working order, and before the requisite number of beds could be provided. Indeed, this has even yet been hardly accomplished at all the stations ; consequently, the periodical inspection has been necessarily irregular and insufficient, and is only now beginning to be carried out in a thoroughly effectual manner. Nevertheless, whenever the plan has had anything like a fair chance, the result has been in the highest degree satisfactory. Everywhere the improvement in the health and general condition of the women has been remarkable. The diminution of disease in the troops has also been great, but this has varied in degree at the different stations from causes which admit of easy explanation. The success obtained has been everywhere proportioned to the completeness with which the provisions of the Act have been enforced ; thus, at Sheerness, which is an isolated station, and where there is little intercommunication with the surrounding district or with any neighbouring town, either on the part of the women or of the men stationed there, the disease has been almost obliterated, although Sheerness was in former years one of the worst places in the kingdom in this respect. From evidence given before the Committee of the House of Lords, it appears that, in August, 1867, there was not a single case of disease in the men at this station ; and during the three months ending June 30, 1868, the amount of disease in the garrison was only from $\cdot 46$ to $\cdot 72$ per cent. per month. During the same three months only 16 women were found to be diseased. This is a very striking result ; it is owing partly, no doubt, to the way in which the place is isolated ; but still more to the strict manner in which the provisions of the Act have been enforced. Sheerness is, in fact, the only place where there has been always adequate hospital accommodation, and in which it has consequently been possible to carry out a regular periodical examination. The regular inspection, not only of those suspected to be diseased, but of all public women, healthy and diseased alike, is the *sine quá non* of success in carrying out a measure of this kind.

Next to Sheerness, the most satisfactory results have been obtained at Plymouth and Devonport, where there has been latterly ample hospital accommodation, and consequently periodical examination has now begun to be properly enforced. The improvement at this station may be shown by the fact that, in April, 1865, out of 8583 soldiers and sailors, 180, or 2 per cent., were admitted to the hospital, while, in April, 1868, out of 10,635 men, only 69, or $\cdot 64$ per cent., required admission.¹ The monthly per-centage of men diseased, during the quarter ending June 30th, varied from $\cdot 64$ to

¹ See 'Report of the Select Committee of the House of Lords,' 1868, p. 4.

1.07 per cent., which is not greatly in excess of Sheerness. A good illustration of the beneficial effect obtained is afforded by the returns from the Royal Marine Division at Plymouth. For the first six months of 1864, before the passing of either Act of Parliament, the number of diseased men per 1000 was 129.7. This proportion has gradually and steadily diminished, till, for the first six months of 1867, it was only 49.3 per 1000.

At Portsmouth the proportion has been somewhat higher than at Plymouth, and has varied from $1\frac{1}{2}$ to 2 per cent. per month during the same period; but at Portsmouth there has been until recently, if there is not still, an insufficiency of hospital accommodation.

At Woolwich and Chatham the result, as regards the troops, has been less marked than at Sheerness and Plymouth, in consequence, no doubt, of the necessary conditions to which I have alluded, having been all more or less wanting. The Woolwich district, for instance, only comprises the parishes of Woolwich, Plumstead, and Charlton, so that there are Deptford, Greenwich, and London within easy distance on one side, and Gravesend on the other, where the women are uninspected, and to which the soldiers have free access; while it is also impossible to prevent women from these places coming into the protected district and communicating disease to the men. Many diseased women, also, are found to come from a distance into the inspected districts for the purpose of getting sent to hospital for treatment.

Chatham is equally unfortunate in having Gravesend on one side and Maidstone on the other, both of which are unprotected. Periodical inspection also has never, till quite recently, been attempted in these places; the examinations have been confined to those suspected of being diseased; and as these have furnished sufficient cases to fill the beds which were provided, it was obviously useless to carry the inspection further.

Another disturbing cause has been found in the fact that the troops in garrison towns are continually changing, and therefore regiments from unprotected districts are constantly coming in and bringing disease with them, which they communicate to the women on the care of whom so much trouble has been bestowed. So much has this been found to be the case at Aldershot, that, at the request of the Secretary of State for War, an order has been issued that all regiments coming into camp should be inspected by their medical officers, and all men found to be diseased at once sent into hospital. This very obvious precaution had been omitted on account of the reluctance of regimental surgeons to make the necessary inspection. The regulation is also very properly applied to men returning from furlough, who have been found to be a fertile source of disease. Notwithstanding these drawbacks, the improvement at this station has been very decided. In 1865 the annual

rate of admission into hospital per cent. on the strength of the troops was 30·2, while by the police returns for the September quarter of 1868 it was 21·4, and for the June quarter 18·7 only.

At Aldershot the Act is being very efficiently carried out under the management of Dr. Barr, late House Surgeon at the London Lock Hospital, who is now in charge of the Female Hospital there, and Medical Inspector of Women for the district. He is enforcing to the utmost of his power the periodical inspection, but finds a serious disturbing cause in the influx of fresh women who follow the different regiments and bring disease with them. The number of prostitutes at Aldershot is about 300; the majority are permanent residents in the neighbourhood of the camp, but a very considerable proportion are migratory, from the cause above mentioned. For these 300 women 70 beds are provided—50 on the spot and 20 at the London Lock Hospital. The average number always under treatment is about 60, or one fifth of the whole number. Dr. Barr has been good enough to send me a copy of his return for the quarter ending Sept. 30th, 1868. During this quarter the number of attendances for inspection was 871: whereas, in the previous quarter, it was only 626, showing an increased efficiency in this respect of 245 attendances. The number sent to hospital was 228; that is to say, a population of 300 women furnished, at Aldershot, in three months, 228 cases of disease; in other words, they become diseased at the rate of something more than 300 per cent. per annum. The amount of disease would, of course, not be nearly so great were not so many of them only temporary residents; but it is easy to imagine how much mischief is prevented by their early seclusion.

At Aldershot, among the women, not more than one third were cases of syphilis, the rest were gonorrhœa; and it is worthy of notice that three fourths of the syphilitic cases were furnished by new comers, and only one fourth by the old residents. The enforced early treatment greatly facilitates their cure, and shortens the residence in hospital, thus materially diminishing the expense. The average time at Aldershot during this quarter was $22\frac{1}{2}$ days. It is interesting to contrast this with the time required for the *voluntary* patients at the London Lock Hospital, which in 1867 averaged 50 days. The average of diseased *men* at Aldershot is about $1\frac{1}{2}$ per cent. This (though considerably in excess of Sheerness and Plymouth, where the highest figure is hardly more than 1 per cent. *per month*) may, I think, under all the circumstances, be looked upon as a very favorable result.

During the quarter ending September 30th, 1868, taking all the inspected stations together, out of a total force of 55,534 soldiers, sailors, and marines, 3221 men were admitted into hospital for venereal disease, but it is worthy of remark that only 1873 contracted their disease within the inspected districts; that is, to-day, as much

as 42 per cent. of the cases were caused by women not under the operation of the Act. For this force of 55,534, the average number of men in hospital during the quarter was 829, or 1.5 per cent.¹

The general beneficial result obtained may be thus expressed. In 1864, the annual ratio of admissions to hospital for venereal disease throughout the whole army was 29 per cent. This has been reduced at the inspected stations, taking them collectively, to 23.2 per cent. But it must be remembered that nearly half the disease now existing is contracted out of the inspected localities. The annual ratio of men contracting disease in the districts where they are stationed was not more than 13.5 per cent. in the September and 10.4 per cent. in the June quarter, 1868. These figures, however, only state the *numerical* diminution, they give no expression to the diminished virulence of the disease which has been everywhere so remarkable.

The following facts relating to the women are taken from the police returns for the quarter ending September 30th, 1868. The Act is now in operation at eight stations, viz., Aldershot, Chatham, Devonport, Portsmouth, Sheerness, Shorncliffe, Windsor, and Woolwich. Colchester will be included as soon as the hospital there is completed. The total number of women brought under its provisions during the quarter was 3432. Of these, 1296 or 36.6 per cent. were found diseased and sent to hospital; 2011 were free from disease; 225 were for various reasons not examined. On their discharge from hospital, 1110 have returned to prostitution, 48 have entered reformatories, and 79 have returned to their friends. Only one required to be proceeded against for refusing to submit to examination. The number of beds provided for their reception is now 517. This return shows a decidedly increased efficiency over the previous quarter, in which the number of women under supervision was only 2542 and the number treated 1094. The number of beds has also been increased from 484 to 517 since June 30.

With reference to the beneficial effect of restrictive measures on the women themselves, I can speak with confidence from my own personal observation. There are at present in the London Female Lock Hospital 150 beds. Of these, 120 are occupied by prostitutes sent under the Contagious Diseases Act from Woolwich, Chatham, Windsor, and Aldershot. The remaining 30 are filled by patients applying voluntarily in the ordinary way. The hospital, therefore, affords a good opportunity of comparing the condition of women under the voluntary and compulsory systems. The contrast between them is very strongly marked, both as to the character of disease

¹ This return is much less favorable than that for the June quarter, showing an average in hospital of 1.5 as compared with 1.1 per cent. The increase is probably due to the more frequent movement of troops from unprotected into the protected stations during the latter period.

and the severity of the symptoms. Among the ordinary or voluntary patients are found primary ulcerations of a severe form, often of a phagedænic or sloughing character, and frequently accompanied by suppurating buboes; severe secondary symptoms, with ulcerating mucous tubercles on the genitals in an aggravated form; tertiary ulcerations and affections of the bones. Diseases of the above character which may be classed collectively under the head of syphilis, constituted in 1867, 80 per cent. of the admissions, and in 1868, to September 30th, 78·75 per cent. The remainder, which may be grouped together under the term gonorrhœa, consisted of vaginal and uterine discharges, usually attended with some complication, such as warts, severe excoriations, labial abscess, or inflammatory bubo.

In the Government or compulsory patients, on the other hand, the "syphilitic" cases consist for the most part of primary sores, usually of small size, very rarely phagedænic, rarely attended with suppurating buboes, and readily yielding to treatment. Secondary symptoms are rare, and usually mild in character; the extensively ulcerated mucous tubercles, so common in the voluntary patients, are almost unknown. Further, the "syphilitic" cases in the government wards constituted in 1867, only 41 per cent. of the admissions, a proportion which has been still further reduced in the first nine months of 1868 to 34·8. The remaining, or "gonorrhœal" cases consisted almost exclusively of simple uterine and vaginal discharges, rarely complicated, as in the voluntary patients with either excoriations, warts, or inflammatory buboes.

The difference in the time required for the cure of the two classes of patients is also remarkable. Thus, in 1867, the stay in hospital of the ordinary (or voluntary) patients averaged 50 days; while that of the Government (or compulsory) cases only averaged 31 days. In 1868, up to September 30th, the average of the former has been 39·3 days, of the latter 28·15 days. These figures, however, only partially express the real difference between them, because the voluntary patients can, and often do, leave by their own wish, when their more severe symptoms have abated, while the compulsory cases must remain until they can be certified as absolutely free from contagious disease. The figures also give no idea of the real difference in the general sanitary condition and appearance of the two classes of women.

It appears, then, that the system of inspection leads to a marked diminution in the severity of all these affections, and produces a much larger proportion of the milder or gonorrhœal, as compared with the more severe or syphilitic class. The progressive improvement, shown by the per-centage of 1868, as compared with that of 1867, both in this respect and in the time required for treatment, is also a very significant and encouraging fact; for when these patients were first received in 1864, and up to the time when the present act came

into force in October, 1866, they presented types of disease quite as severe, or even more so, than we had ever been accustomed to admit in the ordinary way.

It should be mentioned that readmissions under this system are frequent. One woman has been in the London Lock Hospital twelve times since Oct. 1866, and a considerable number have been inmates three, four, five, and six times. In fact, during the first nine months of 1868, 853 admissions only represent 629 women. Many of these readmissions are in consequence of distinctly fresh contagion, but the majority are cases of uterine and vaginal discharge, which are readily cured by a two or three weeks' residence in hospital, but which speedily recur when the woman returns to habits of prostitution. Purulent discharges from the cervix uteri, with abrasions or ulcerations of the os uteri, are exceedingly common in prostitutes; they are probably the result, not of any specific contagion, but of the constant irritation and excitement to which their generative organs are subjected. There can be no doubt, however, that they are a fertile source of gonorrhœa and its complications to the men with whom they associate.

It is a very striking and a very gratifying fact, that not only has the *quantity* of disease been diminished in the localities where the Contagious Diseases Act has been in operation, but its *quality* has been modified in the most 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 rare. The testimony to this effect from all quarters, both as regards the women and the men, is remarkably uniform.

The necessity for careful and continuous supervision becomes evident when we consider how large a proportion of these women become infected. According to the police returns; in the September quarter, 36·6 per cent. or more than 1 in 3; and in the June quarter 43 per cent., or more than two in five, were admitted into hospital. The amount of disease which is prevented by their timely seclusion must be very great; for it is probably not too much to say that each of these women, for each day she was allowed to be at large, would communicate disease to at least one soldier.

There is reason to believe that there has also been a very considerable diminution of disease in the civil population of the inspected localities, though accurate information on this point is, of course, very difficult to be obtained. Dr. Stuart, the Medical Inspector for Woolwich and Chatham, who has made inquiries, tells me that at Woolwich the very great majority of venereal cases occurring amongst the working classes are treated by the druggists, and especially by one or two who advertise for practice of this kind. When questioned, they all agreed as to the greatly diminished

amount and mitigated severity of the cases coming under their notice. One who carried on a thriving trade of this kind stated that he now does very little as compared with former years, and that the cases are milder and more readily curable. Another said that whereas he used formerly always to keep daily a large bottle of *Mistura copaibæ* ready prepared, he had lately discontinued it altogether, finding it so little in demand.

As regards the women, there is a moral as well as a medical and sanitary side of this question, on which I will add just one word. There can be no doubt that their supervision by the police, their coming in contact while in hospital with medical officers and nurses, their subjection to discipline and to enforced habits of cleanliness and order, combined with the religious instructions of the chaplain, and the generally kind and considerate treatment they have met with, have exercised a very humanising influence over them. They have been led to reflect and to look a little more in advance of the present moment, to respect themselves more by finding that there were people who were ready to care for them and take an interest in their welfare, and their demeanour and habits have become less abandoned and reckless in consequence. Opportunities have always been afforded them of leaving their mode of life, if they wished, by entering homes and reformatories, and of these a considerable proportion continually avail themselves. During the September quarter 3·7 per cent. of all the women treated under the Act entered asylums, and 6 per cent. are stated to have returned to their friends. Of those admitted into the Lock Hospital, 34, or about 5 per cent., were admitted into the Lock Asylum in 1867, and the proportion has been about the same during the present year.

The foregoing is a brief summary of what has been effected during the last two years by police supervision and compulsory medical treatment of diseased prostitutes, with a view mainly to the prevention of venereal disease in the military and naval forces of the country. The shortcomings of the present measure can be shown to depend almost entirely upon the too limited area of its operation; and all the evidence points to the expediency of extending it as widely as possible without loss of time, and for the benefit of the civil as well as the military population. During these two years the subject has been attracting more and more of public attention. A committee of the Harveian Society collected a large mass of evidence, showing the great prevalence of this form of disease, and published a report urging the necessity for some general restrictive measures for its prevention. The proceedings of the Harveian Society led to the formation of an association for the purpose of extending the benefits of the present Act to the general population. This association now numbers 450 members, amongst whom are 32 members of parliament and 53 clergy-

men. Amongst the latter are found the names of bishops, deans, and archdeacons, together with many eminent for their position in connexion with education, such as the Vice-Chancellors of Oxford and Cambridge; the Masters of Trinity and of Jesus Coll., the Regius Professor of Divinity, Cambridge; the Warden of Winchester; the Principal of King's College, London, and others. During the last Session of Parliament, a Select Committee of the House of Lords, moved for by Lord Lifford, has been sitting to consider the operation of the present Act and the propriety of extending it, and has collected a large amount of important and most conclusive evidence in favour of so doing. To the report of this Committee, and also to the reports of the association and of the Harveian Society, I would refer those who are desirous of further information on this matter.

Under this powerful, enlightened, and rapidly increasing influence, there is reason to hope that some further legislative action will shortly be undertaken to check this most serious evil. The Select Committee of the House of Lords have recommended a Bill giving power to the Queen in Council to apply the Act of 1866, first, to *all* military and naval stations, and secondly, to any locality the inhabitants of which may apply to be included in its operations, and may be able to show that adequate hospital accommodation can be provided and maintained, and proper arrangements made for the religious and moral care of the inmates.

I am myself most desirous of seeing a measure which shall be universal in its operation; but I think, nevertheless, the proposition of the committee may be judicious; it has, at all events, the merit of being safe, and it would at once secure a large instalment of what is required. Many large towns have already formed branches in connection with the association to which I have alluded, and are desirous of being included in the operations of the present Act; and their example would, no doubt, soon be largely followed. It would be highly desirable that the principal seaport towns should be brought under the system as soon as possible, for these are the headquarters of venereal disease. Its prevalence amongst our sailors has obtained for them a most unenviable notoriety in foreign ports, where they are regarded by the authorities as a fertile source of disease, and as being one of the principal obstacles to the efficiency of their preventive measures.

The metropolis ought certainly to be included at the earliest practicable period. An Act of this kind could be enforced in London, through the agency of the Metropolitan Police, with probably greater facility and greater efficiency than in any other place.¹ There are in London 5,628 prostitutes of the lowest order, classed with thieves and other bad characters,² whose habitations are known to

¹ See evidence of Capt. Harris, Assistant Police Commissioner; Report of 'Lord's Committee,' p. 83.

² See 'Blue Book,' entitled 'Judicial Statistics,' 1868, p. 9.

the police, and who could be readily reached at any time for inspection. In the east end of London, and in such places as the low districts of Westminster, the amount of venereal disease which might in this way be withdrawn from circulation would be enormous.

There is but one serious difficulty, and that is the expense of providing the necessary hospital accommodation, and the question as to how this expense should be met, whether by local taxation or by the general funds of the state, or partly by the one and partly by the other, which latter would probably be the more equitable plan. I am not sufficiently versed in political economy to pretend to solve the question of the proper incidence of taxation in such a case, but I am strongly of opinion that what other countries can afford to do, and to do effectually, it would be a disgrace for England to shrink from on the sole ground of expense. The moment appears to me to be a very favorable one for the agitation of this question, in London especially, where large pauper infirmaries are in course of erection, in which arrangements might be readily made at first starting for the establishment of separate wards for this purpose. The number of beds required, and consequently the expense, would at first be considerable, but fortunately it would gradually diminish as the disease was brought under control. Such an expenditure would in the end prove the truest economy by diminishing one of the most fertile sources of disease and debility amongst our population.

One ready mode of providing hospital accommodation without expense to the country might be found for all seaport towns, and also for London, by the appropriation of a few of the obsolete and useless wooden vessels which now encumber the dockyards. I can conceive no better use to which these structures could be applied, and no better way of isolating patients of this class for the purpose of treatment.

One word in conclusion as to the present condition of this metropolis as regards facilities for the treatment of women affected with venereal disease. I believe 200 beds would be an over-statement of the amount of accommodation afforded by the various hospitals for this purpose. This is, of course, ridiculously inadequate to the requirements of a population of from $2\frac{1}{2}$ to 3 millions, and consequently the great majority of these cases are treated as out-patients at the different hospitals and dispensaries. Those admitted as in-patients rarely apply until their disease has reached a stage which renders it impossible for them to carry on their vocation any longer. Up to this period (I speak, of course, of professional prostitutes) they have been disseminating disease to the utmost extent of their opportunities. Consequently, the benefit which they themselves derive is reduced to a minimum, while the benefit which the public derive from their treatment is absolutely none at all; in fact, if they did

apply at an early stage of their disease, which they very rarely do, they would stand no chance of admission, because the more urgent cases would always be preferred before them.

As regards out-patients, it is very doubtful whether they really derive much benefit from treatment, so long as they are compelled to follow their occupation; and in the case of prostitutes the alternative with them 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.

I do not hesitate to express my conviction that, as regards the effect on the public health, 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 way to do good to them, and to prevent their 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 hospital accommodation maintained on the voluntary system will ever accomplish it. The women are far too careless 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.

at an early stage of their illness, which they very rarely do. They would stand the chance of infection because the more numerous cases would always be present in the same place.

As regards our patients, it is very doubtful whether they really have much benefit from treatment, so long as they are confined to their beds, and in the case of pneumonia the more severe cases will rather do better in the open air. Treatment only has a small effect than to hasten convalescence with less pain and discomfort to the patient, and for a longer period than the ordinary course would be likely to do.

It is not desirable to restrict the diet, as regards the quantity of food, in any way, and the patient should be allowed to eat as much as he can comfortably bear. The only way to do good to them, and to prevent their doing harm to the community, is to take measures to prevent their disease, and to treat it as soon as it appears. This can be done by compulsory notification and compulsory isolation in the hospital. The amount of hospital accommodation required on the ordinary system will not be enough. The reason for this is the number of convalescents, and the provisions which they require. The cost of the hospital, to include them in separate wards, is very high. They will give of their own accord, and apply for admission with personal suffering, except those



