

**Memorandum by the Army Sanitary Commission and correspondence regarding the prevalence of venereal disease among the British troops in India.**

**Contributors**

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Royal College of Physicians of London

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# MEMORANDUM

BY THE

## ARMY SANITARY COMMISSION

AND

## CORRESPONDENCE

REGARDING THE

### PREVALENCE OF VENEREAL DISEASE AMONG THE BRITISH TROOPS IN INDIA.

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Presented to Parliament by Command of Her Majesty.

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1897.

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**Memorandum by the Army Sanitary Commission, and correspondence, regarding the prevalence of Venereal Disease among the British Troops in India.**

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India Office,  
December 16, 1896.

SIR,

WITH reference to Sir Horace Walpole's letter of 20th April 1895, No. M. 2328, and previous correspondence, I am directed by the Secretary of State for India in Council to forward, for the information of the Army Sanitary Committee and for any observations which they may have to offer, the accompanying copy of a Military Letter\* from the Government of India, with enclosures, relative to the prevalence of venereal disease among the British troops in India in the years 1894 and 1895.

I am, &c.

(Signed) O. R. NEWMARCH,  
Major-General,  
Military Secretary.

The Secretary,  
Army Sanitary Commission,  
War Office.

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Army Sanitary Commission,  
War Office, S.W.

March 9, 1897.

SIR,

WITH reference to your letter of 16th December 1896 (M. 11237), forwarding, for the information of the Army Sanitary Commission and for any observations they may have to offer, a copy of the Military Letter No. 184, with enclosures, from the Government of India relative to the prevalence of venereal disease among the British troops in India in the years 1894 and 1895, I am directed to transmit for the information of the Secretary of State for India in Council the accompanying memorandum by the Commission on this subject.

I am, &c.

(Signed) J. J. FREDERICK,  
Secretary,  
Army Sanitary Commission.

The Under Secretary of State for India.

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**MEMORANDUM by the ARMY SANITARY COMMISSION on the prevalence of VENEREAL DISEASE among the BRITISH TROOPS in INDIA in the Years 1894 and 1895.**

1. In Military Letter No. 184 of 1896, from the Government of India, with enclosures, we have the latest record of facts relative to the prevalence of venereal disease among British troops in India.

2. In our memorandum on this question for the year 1892, we stated that we considered the prevalence of venereal disease among European soldiers in India to be a cause of inefficiency, "the grave character of which could hardly be exaggerated." During that year the ratio of admissions into hospital stood at 409.9 per 1,000 of strength. The further progress of this scourge during the subsequent years, from a ratio of 466.0 admissions in 1893 to 511.4 in 1894, and to 522.3 in 1895, induced the Army Sanitary Commission in their memorandum on the report of the Sanitary Commissioner with the Government of India for 1894 to observe:—

"The efforts to teach the soldier habits of self control having so signally failed, those responsible for the maintenance of the efficiency of the army in India may well be excused if they look about for some effective means of arresting the progress of the disease and preserving their battalions fit for service."

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\* This has been printed as Appendix I. to the Report of Lord Onslow's Committee, presented to Parliament by command of Her Majesty, 1897 (C.—8379).



3. The Army Sanitary Commission have to deal with the facts brought before them. The results of experience in India since 1885, when a number of lock hospitals were closed, and in subsequent years when all restrictive measures were gradually removed, show that a progressive increase of venereal disease has taken place among the British troops serving in India, and there is unfortunately no assurance that this increase has reached its limits.

4. It may at once be granted that during the years when prostitution in cantonments was, to some extent, placed under restriction, the lessening of venereal disease amongst the troops did not come up to what had been expected. In fact we pronounced the efforts to protect the men by the measures introduced for this purpose to have been a "failure." In so far as the operation of such measures did not secure the protection of the soldier to the extent expected, they were unquestionably a failure. But the increase of disease since their complete abolition compels us to admit that, although they failed to bring about any marked reduction in the number of men infected, they nevertheless exercised a very sensible influence in checking increase. Besides this, it seems to be equally certain that they had the effect of preventing, by timely treatment, venereal disease from assuming that virulent and destructive character which the reports received from the Netley Hospital show it to have now attained. From the Director-General of the Army Medical Department we have before us a communication addressed to the Adjutant-General of the Army, describing the condition of a number of our soldiers, the great majority of them invalided from India on account of venereal disease. In many of the cases recovery is hopeless, and what to do with them has become a question of serious difficulty. It is impossible to send them to their homes; their friends refuse to receive them. Death alone can solve the difficulty, and release them from their sufferings.

5. Admitting that the measures adopted with the object of protecting our soldiers only partly attained their purpose, and that the re-introduction of those measures, as they were previously applied, would prove an inadequate remedy, what can be suggested to take their place? Control of prostitution in some form seems to be a reasonable method of dealing with the effects produced by prostitution. We have abundance of evidence to show that in France, Germany, and Russia, where prostitution is placed under restrictions, that in marked contrast with the foregoing figures relative to the British Army in India, the prevalence of venereal disease in the armies of those countries has been reduced to admission ratios as low as from 26.7 to 43.8 per 1,000 of strength. As to the mode in which restriction could be applied in India, the local military, medical, and civil authorities should best be able to offer suggestions and give advice.

6. The question appears to us to be beset with difficulties. We now have proof, however, that the measures heretofore adopted in India, imperfectly administered as they often were, nevertheless effected a sensible influence in checking increase in the number of British soldiers admitted into hospital from venereal disease, and in mitigating the severity of the disease itself.

7. To sensibly check the spread of venereal disease amongst our troops in India by opening voluntary hospitals to which diseased prostitutes may have recourse for treatment as has been proposed is, we fear, in face of recent experience in that country, hopeless. Moreover, experience on the continent of Europe, as in India, shows that such women will not voluntarily resort to these hospitals, however seriously diseased they may be, so long as they are capable of plying their trade. Such an attempt to deal with this problem has hitherto proved, and we fear will continue to prove, futile.

8. It occurs to us that an inquiry into the causes which led to the large increase shown by the returns for the year 1895 to have taken place in the number of admissions into hospital from venereal disease at some stations, and to their decrease at others, might be useful. When, for example, we find that the ratio of admissions into hospital from venereal disease in a garrison of 2,623 men at Lucknow decreased from 586.7 in 1894 to 489.0 in 1895, and that in the same years in the neighbouring station of Cawnpore, with a garrison of 902 men living under apparently the same conditions, this ratio increased from 689.6 to 967.6, it seems to suggest either that some influence adequate to account for so great a contrast was brought to bear upon the troops themselves, or that the contrast was due to differences affecting the native population in and around the two cantonments. In any case, such an inquiry as that suggested could not be useless.



9. Whether or not the absence of any appreciable increase of this disease amongst our Native troops affords sufficient grounds for inferring the absence of an increase of disease amongst the loose women of the country generally, it seems to be evident, judging from the facts before us, either that the women of the class with which the British soldier consorts have, as is probable, increased in number, or that, owing to the unrestricted practice of prostitution of late years, and the absence of effectual measures to ensure their medical treatment or expulsion from cantonments, they have become more generally diseased. Probably both of these inferences may be correct, and both, it appears to us, point to the need for the adoption of some measures calculated to restrict the practice of prostitution by women in this condition.

10. We desire in addition to re-state herein the opinion expressed in the 11th paragraph of our memorandum, dated the 25th of January 1894:—“(11) But we entirely concur in the suggestion contained in the Military Despatch from the Government of India that the authorities should have power, as in the case of other infectious diseases, to expel from cantonments women ‘when they are known to be diseased, and refuse to submit to treatment in hospital.’ We would also strongly advocate that the power of commanding officers should be as much enlarged as practicable in the direction of diminishing the temptations to young soldiers, by preventing women, for example, from coming about the lines after dusk, and also in putting places out of bounds where soldiers are believed to have contracted disease.”

11. We consider that the same but stronger reasons exist for applying similar methods of treatment in the case of this contagious disease to those that are adopted in other contagious diseases with the view of preventing or limiting their spread. The measures that are necessary to prevent women in a diseased condition from spreading contagion apply also to soldiers under the same circumstances. Officers commanding stations, regiments, or corps, on the recommendation of medical officers, should, in the opinion of the Army Sanitary Commission, be vested with discretionary powers to order the medical inspection of soldiers for the detection of venereal disease whenever deemed advisable, or where the disease is believed to be concealed or is unusually prevalent.

12. The Commission recommend that a soldier who has suffered from venereal disease should be subjected to inspection for a year after the date of his having contracted it.

13. As regards the examination and treatment of women for venereal disease, it is suggested whether female medical assistants could not be employed for the purpose under the supervision of the medical officer, or, if the number of these in India be insufficient, whether some native women might not be trained to do this. This would mitigate the objections which might be urged against the examination of women for these diseases by the opposite sex.

March 9th, 1897.

It is to be noted that the absence of any appreciable amount of this disease among our patients is a very striking fact. The fact that the disease is so common in the West Indies, and that it is so common in the West Indies, is a very striking fact. The fact that the disease is so common in the West Indies, and that it is so common in the West Indies, is a very striking fact.

We have in a number of cases observed the disease among our patients, and we have observed it in a number of cases. We have observed it in a number of cases, and we have observed it in a number of cases. We have observed it in a number of cases, and we have observed it in a number of cases.

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