

Report from the Select Committee of the House of Lords on the Contagious Diseases Act, 1866 : with the proceedings of the Committee, minutes of evidences, and appendix.

Contributors

Great Britain. Parliament. House of Lords. Select Committee on the Contagious Diseases Act, 1866.
Royal College of Physicians of London

Publication/Creation

London : [HMSO], 1871.

Persistent URL

<https://wellcomecollection.org/works/qnz4pf2g>

Provider

Royal College of Physicians

License and attribution

This material has been provided by This material has been provided by Royal College of Physicians, London. The original may be consulted at Royal College of Physicians, London. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

R E P O R T

FROM THE

Engl. Parliament House of Lords

SELECT COMMITTEE OF THE HOUSE OF LORDS

ON THE

CONTAGIOUS DISEASES ACT, 1866;

TOGETHER WITH THE

PROCEEDINGS OF THE COMMITTEE,

MINUTES OF EVIDENCE,

AND APPENDIX.

Session 1867-8.

Ordered to be re-printed 16th March 1871.

R E P O R T

FROM THE

SELECT COMMITTEE OF THE HOUSE OF LORDS

ON THE

CONTAGIOUS DISEASES ACT, 1866

REPORT	- - - - -	p. iii
PROCEEDINGS OF THE COMMITTEE	- - - - -	p. vii
MINUTES OF EVIDENCE	- - - - -	p. 1
APPENDIX	- - - - -	p. 129

MINUTES OF EVIDENCE

AND APPENDIX

Session 1867-8

Ordered to be printed 1867

R E P O R T.

BY THE SELECT COMMITTEE appointed to consider the CONTAGIOUS DISEASES ACT, 1866, and to Report to the House; and to whom were referred two Petitions relating to the subject-matter of the Inquiry.

ORDERED TO REPORT,

THAT the Committee have considered the subject-matter referred to them; and beg to report to the House the result of their inquiry as to the working of the Contagious Diseases Acts of 1864 and 1866, and as to the extension of the latter to places to which it does not already apply. The Committee do not think it necessary to refer at length to the circumstances under which those Acts originated, taking it for granted that the House is aware of the extent to which the disease in question prevailed, especially among Her Majesty's naval and military forces. As instances, however, it may be mentioned that in the year 1860, one in four of the Foot Guards in London suffered from syphilis, while in the same year only one in 56 of the troops in Brussels suffered from the same cause, and in 1863, 1,482 cases of venereal disease were admitted into Haslar Hospital alone. To remedy such a state of things, the Act of 1864 was introduced by the First Lord of the Admiralty and the Secretary of State for War.

Mr. Acton, 956, 957.

The Petitions referred to them having prayed for the extension of the Act to the civil population, the Committee have not confined their inquiry to the naval and military stations. According to the Registrar General's Returns, the deaths from syphilis, principally among children, had increased from 67 in the million of the population in 1861 to 94 in the million in 1865. This is partially to be accounted for by the fact that the medical discoveries of late years have proved that this fearful disease not only infects the man, and too often his innocent wife and children, but that a train of diseases result from it, of which the source has till lately been unsuspected. The effects of this disease cannot be better stated than in the words of Sir William Jenner, who says, "I have arrived at the conclusion that syphilis is one of the most fatal diseases that we have in this country; rather, I should say, it stands very high among them; and every day's advance in our medical knowledge raises its position in that respect. Again, I think that it is a disease entirely preventible; children and other persons suffer largely from it, without any sin of their own, and therefore it ought to be prevented." Some eminent medical witnesses also have stated that, from the action of this disease upon the general system, and upon the vital organs, the progress of physical degeneracy among all classes may be apprehended in the absence of preventive measures.

Mr. J. B. Curgenven, 910-12.

Sir W. Jenner, 1075, 1085, 1086.

Mr. Acton, 934-6.
Mr. Prescott Hewett, 1125, 1130.
Mr. Paget, 641-3, 656, 676, 697.

The Committee propose to confine their Report to the three following points: (1) The effects already produced by the late Act; (2) the propriety and practicability of extending its operation; (3) and the measures which the Committee recommend to be adopted.

First. As to the results of the Act.—The Act of 1864 proved in some particulars inefficient; no power was given to the Government to build hospitals, and no provision was made for the periodical examination of the women; it was therefore amended and rendered more effective in 1866; the amended Act has not yet been in operation two years. In no place in this country, except at Sheerness, has it been fully tested; but at Malta and in the Ionian Islands the principle of the Act has been applied with complete success.

Sir H. Storks, 230.
Letter to Mr. Skey.
Appendix A.

At Aldershot the amended Act has been fully carried out for only two months, and already the decrease of cases among the troops has been nearly one-third.

Mr. Leonard, 353.

Mr. Mallalieu, 160. At Devonport, in April 1865, out of 8,583 soldiers and sailors, 180 were admitted to the hospital, while in April 1868, out of 10,635 men, only 69 required admission. The isolated situation of Sheerness enables the provisions of the Act to be fully carried into effect, and although it was formerly one of the most infected places, the disease is now almost obliterated, only two women having been reported as diseased during one month, and not one man during another.

Mr. Woolcombe, 531. In places where the Act is in operation, not only is the amount of the disease lessened, but the cases exhibit a milder character, which may partly be accounted for by the more cleanly habits induced, by hospital experience, among the women.

Mr. Romaine, 455-7. One of the most frightful circumstances of the existing state of things, wherever the Act does not apply, is that the infected woman, when she cannot be received into a hospital is driven to ply her trade and spread the disease. In London in 1857, without including a few wards in workhouses with very limited and imperfect accommodation, there were only 184 lock beds for females, for a population of 2,500,000; while in Paris there were 470 beds for a population of 1,500,000. It has been stated in evidence that the surveillance and examination imposed by the Act has tended to deter women from prostitution, and that, when committed to hospital, the time for reflection, the religious instruction under which they are brought, and the kindness with which they are treated, have led many to abandon their evil course of life. In Chatham, about 23 per cent., at Devonport 30 per cent., during the year 1866, have returned to their friends or gone into reformatories. The Committee have satisfaction in reporting these proofs of the moral and religious effect on the unfortunate women themselves which has been produced where the Act has been applied.

Mr. Acton, 943-947. Secondly. As to the practicability of extending the operation of the Act.—Notwithstanding the beneficial effects which have been experienced from the operation of the Act in the districts already formed, it has been found that its full effect has been impeded, by the introduction of fresh cases of disease, by women coming from places beyond the area of those districts. It is therefore obvious that the benefits of the Act will be greatly increased as its operation is extended. Every extension, however, entails expense, particularly as to hospital accommodation; but these expenses would continually diminish as the disease itself diminished; and the concurrent testimony of the witnesses examined agrees with that of Mr. Paget, that the machinery of this Act "might reduce the disease to what we might, by comparison, call a minimum in amount and in severity also." This being so, it is gratifying to find that in no case has any objection been made to the Act in places to which it has been applied, while meetings which have been held in many important towns, such as Newcastle, Cheltenham, Gloucester, Exeter, Liverpool, Reading, and Bath, indicate a disposition on the part of the inhabitants favourable to its introduction. The military authorities have urged the extension of the Act to the Isle of Wight, York, Dover, Canterbury, Maidstone, Weedon, Manchester, Dublin, Enniskillen, Cahir, and Gravesend.

Mr. Berkeley Hill, 267, 273-4. Thirdly. As to the measures the Committee recommend to be adopted in order gradually to extend the Act of 1866.—All the witnesses examined before the Committee are agreed as to the practicability and actual necessity of extending the Act, but all recommended great caution in doing so.

Mr. Veasey, 30. The working of this Act has hitherto been entirely in the hands of carefully-selected men of the Metropolitan Police Force, who have executed their difficult task with so much tact, that the women voluntarily submit to the requisite measures, recourse to a magistrate's order being almost unknown. In any large extension of this Act special care must be taken that equal tact and supervision is exercised by those selected to carry it out.

Mr. Leonard, 373, 374. The Committee consider that the cautious extension of the Act may be safely entrusted to the Government, and therefore recommend the introduction into Parliament, at the earliest practicable opportunity, of a Bill giving to Her Majesty in Council power to apply the Act of 1866, first, to all naval and military stations; and secondly, to any locality, the inhabitants of which may apply to be included in the operations of the Act, and be able to submit satisfactory proof upon the following points, viz.: that adequate hospital accommodation can be provided and maintained; that the necessary arrangements can be made for the religious and moral care of the inmates of such hospital or ward, according to the provisions of the Act, and that the police force is efficient.

Mr. Romaine, 445. A similar
Dr. Trench, 814.
Mr. Veasey, 15, 65.
Captain Harris, 742.
Mr. Skey, 613.
Mr. Woolcombe, 538.
Mr. Mallalieu, 127.
Mr. Woolcombe, 563.

A similar power of extending the Act has already been given, at the suggestion of the Imperial Government, by the authorities in Jamaica, Ceylon, and Barbadoes, and amendments of existing Acts have lately been carried into operation at Hong Kong.

The Committee recommend that the arrangements connected with the certificate of health be revised, as it has been shown in evidence that those certificates, when given to the women, have been used for improper purposes.

Although in London and in other large centres of population it may be requisite that separate lock hospitals should be established, the evidence more generally recommends the establishment of lock wards attached to existing hospitals as most to be desired. This is obviously the most economical plan; and by this means cases may be treated with the greater privacy. It is important to remove every impediment to voluntary application for treatment at the earliest stages of the disease. It is also very desirable on religious and moral grounds that there should be separate wards for the classification of the patients, so that the married woman, the fallen but not irreclaimable girl, and the more hardened prostitute, should be properly separated.

The Committee have directed the Minutes of Evidence taken before them, together with an Appendix, to be laid before your Lordships.

2nd July 1868.

Sir H. Storks, 250.
Mr. Veasey, 121-3,
and Appendix B.
Mr. Romaine, 493.

Rev. Mr. Bailey,
870.

Mr. Wyatt, 727.
734.

Mr. Romaine, 469,
470.

Mr. Prescott
Hewett, 1140-
1152.

Mr. Acton, 980-
982.

Rev. G. Bailey,
872.

ORDER OF CONFERENCE.

Die Martis, 19^o Maii, 1868.

CONTAGIOUS DISEASES ACT, 1866.

Moved, "That a Select Committee be appointed to consider the Contagious Diseases Act, 1866." Agreed to.

"The Lords following were named of the Committee ; the Committee to meet on Friday next, at half-past Four o'clock, and to appoint their own Chairman : "

Duke of Somerset.	Viscount Templetown.
Duke of Cleveland.	Lord Silchester.
Earl of Devon.	Lord Clandeboye.
Earl De Grey.	Lord Penrhyn.
Viscount Lifford.	

Die Veneris, 22^o Maii, 1868.

"The Viscount Sidmouth added to the Select Committee."

"The Evidence taken from time to time before the Select Committee, to be printed for the use of the Members of this House, but no Copies thereof to be delivered, except to the Members of the Committee, until further Order."

Die Lunæ, 25^o Maii, 1868.

"The Earl Nelson and the Lord Ebury added to the Select Committee."

LORDS PRESENT, AND MINUTES OF PROCEEDINGS AT EACH SITTING OF THE COMMITTEE.

Die Veneris, 22^o Maii, 1868.

LORDS PRESENT :

Duke of Somerset.	Viscount Templetown.
Duke of Cleveland.	Lord Silchester.
Earl of Devon.	Lord Clandeboye.
Earl De Grey.	Lord Penrhyn.
Viscount Lifford.	

Order of Reference read.

It is proposed that the Viscount Lifford do take the Chair.

The same is agreed to, and the Viscount Lifford takes the Chair accordingly.

The course of proceeding is considered.

Ordered, That the Committee be adjourned till Tuesday next, One o'clock.

Die Martis, 26^o Maii, 1868.

LORDS PRESENT :

Duke of Cleveland.	Viscount Sidmouth.
Earl of Devon.	Viscount Templetown.
Earl Nelson.	Lord Silchester.
Earl De Grey.	Lord Penrhyn.
Viscount Lifford.	

The Viscount LIFFORD in the Chair.

Order of Adjournment read.

Order of the House of Friday last, adding the Viscount Sidmouth to the Committee, read.

Order of the House of Friday last, "That the Evidence taken from time to time before the Select Committee be printed for the use of the Members of this House, but that no copies thereof be delivered, except to the Members of the Committee, until further Order," read.

Order of the House of yesterday, adding the Earl Nelson and the Lord Ebury to the Committee, read.

The Proceedings of the Committee of Friday last are read.

The following Witnesses are called in, and examined (*vide* the Evidence); viz., Mr. *Walter W. Veasey*, Mr. *Francis Mayall Mallalieu*, Lieut. Gen. *Sir Henry Storks*, G.C.B., Mr. *Berkeley Hill*, M.B., and Mr. *Peter Leonard*, M.D.

Ordered, That the Committee be adjourned till Friday next, One o'clock.

Die Veneris, 29^o Maii, 1868.

LORDS PRESENT:

Duke of Somerset.
Earl of Devon.
Earl Nelson.
Earl De Grey.

Viscount Lifford.
Viscount Templetown.
Lord Silchester.
Lord Penrhyn.

The Viscount LIFFORD in the Chair.

Order of Adjournment read.

The Proceedings of the Committee of Tuesday last are read.

The following Witnesses are called in, and examined (*vide* the Evidence); viz., Mr. William G. Romaine, C.B., Mr. Thomas Woolcombe, Mr. Frederick C. Skey, F.R.S., Mr. James Paget, F.R.S., and Mr. John Wyatt.

Ordered, That the Committee be adjourned till Friday, the 12th of June next, One o'clock.

Die Veneris, 12^o Junii, 1868.

LORDS PRESENT:

Earl of Devon.
Earl Nelson.
Earl De Grey.
Viscount Lifford.

Viscount Sidmouth.
Viscount Templetown.
Lord Clandeboye.
Lord Penrhyn.

The Viscount LIFFORD in the Chair.

Order of Adjournment read.

Order of the House of Tuesday last, referring to the Committee the "Report of the Committee appointed to inquire into the pathology and treatment of Venereal Disease, with the view to diminish its injurious effects on the men of the Army and Navy, with Appendices and Evidence," read.

The Proceedings of the Committee on Friday, the 29th of May last, are read.

The following Witnesses are called in, and examined (*vide* the Evidence); viz., Captain William Charles Harris, Mr. William Stewart Trench, M.D., Rcv. Joseph G. Bailey, M.A., Mr. John Brendon Curgenven, Mr. Berkeley Hill, M.B., and Mr. William Acton, M.R.C.S.

Ordered, That the Committee be adjourned till Tuesday next, half past Two o'clock.

Die Martis, 16^o Junii, 1868.

LORDS PRESENT:

Earl of Devon.
Viscount Lifford.
Viscount Sidmouth.

Viscount Templetown.
Lord Clandeboye.
Lord Penrhyn.

The Viscount LIFFORD in the Chair.

Order of Adjournment read.

Order of the House of Friday last, referring to the Committee a Petition of Inhabitants of Northampton for the extension of the Contagious Diseases Act, 1866, read.

The Proceedings of the Committee of Friday last are read.

The following Witnesses are called in, and examined (*vide* the Evidence); viz., Mr. William Townley Mitford, M.P., Sir William Jenner, Bart., F.R.S., and Mr. Prescott G. Hewett, F.R.S.

Ordered, That the Committee be adjourned till Tuesday next, Two o'clock.

Die Martis, 23^o Junii, 1868.

LORDS PRESENT:

Duke of Somerset.
Duke of Cleveland.
Earl of Devon.

Earl Nelson.
Viscount Lifford.
Viscount Templetown.

The Viscount LIFFORD in the Chair.

Order of Adjournment read.

Order of the House of Tuesday last, referring to the Committee a Petition of the Council of the National Association for the Promotion of Social Science, read.

The Proceedings of the Committee of Tuesday last are read.

The Draft of a Report prepared by the Chairman is laid before the Committee.

The same is read, and is as follows: viz.

"In reporting to the House the result of their inquiry as to the working of the Amended Contagious Diseases Act, 1864, and as to its extension to places other than those to which it already applies, the Committee do not think it necessary to refer at length to the circumstances under which that Act originated, nor to the absolute necessity which existed for its first introduction, taking for granted that the House is aware of the enormous extent to which the disease in question has prevailed, especially among Her Majesty's naval and military forces. In 1863, 1,482 cases of venereal disease were admitted into Haslar Hospital.

"In the year 1860, one in four of the Foot Guards in London suffered from syphilis, while in the same year only one in 56 of the troops in Brussels suffered from the same disease.

"It must be remembered, however, that the inquiry is not confined merely to naval and military stations, but extends to the civil population. According to the Registrar General's returns, the deaths from syphilis, principally among children, had increased from 67 in the million of the population in 1861 to 94 in the million in 1865. The Committee cannot but refer for a moment to the evidence they have received, to the effect that the medical discoveries of late years have proved that this fearful disease not only affects immediately, and in its own form, the man, too often the innocent wife and his offspring, but that, as stated by some witnesses, even to the third and fourth generation, a train of diseases result from it, of which the source has till lately been unsuspected, affecting the liver, the sight, the brain, the lungs, and the vital powers generally, so that actual degeneracy of the race, failing preventive measures, is continually increasing. With this exception the Committee proposes to confine its Report to three points; the effects already produced by the late Act; the feasibility of extending its operation so as greatly to mitigate the disease; and the measures which the Committee can recommend to be adopted with that object.

"First. As to the results of the Act.—The House will bear in mind that the amended Act has not yet been in operation for quite two years. In fact, in no place except at Sheerness, and within the last two months at Aldershot, has it been fully tested, saving that at Hong Kong and at Malta, and in the Ionian Islands, under Sir H. Storks, the principle of the Act has been applied with complete success.

"The Act of 1864 was to a great extent inoperative, owing to two defects, no power being given to the Government to build hospitals, and no provision being made for the periodical examination of the women, and yet the success of the Act has been very great already.

"At Aldershot the amended Act has been fully carried out for only two months, and the decrease of venereal cases among the troops has been nearly one-third. At Devonport, out of 8,583 soldiers and sailors, in April 1865, 180 were admitted to the hospital, while in April 1868, out of 10,635 men, only 69 were admitted to hospital. At Sheerness, formerly one of the most infected places, the disease is all but stamped out, owing to its peculiar isolated situation, not more than two women being diseased during one month, and not a single man in July 1867. Nor is it only in amount that the disease is lessened in places to which the Act applies, but its very character has become milder, chiefly owing to the more cleanly habits induced by hospital experience among the women. But not the least pleasing part of the duty of the Committee is to report the extraordinary moral and religious effect which has been produced where the Act has been applied on the unfortunate women themselves. One of the most frightful circumstances of the existing state of things in London, and wherever the Act does not apply, is, that when infected the woman must still ply her trade or starve. To deaden her feelings, she lives in a whirl of drunkenness and debauchery, delaying her cure and spreading the disease to the utmost of her power. In London, with a population of 2,500,000, there are only 184 lock beds for females; while in Paris, with a population of 1,500,000, there are 470 beds. In this calculation are not included a few

Sir W. Jenner and
Mr. Prescott
Hewett's evidence.

Extract of Report
of the Colonial
Surgeon of Hong
Kong, 1867. See
Sir H. Stork's evi-
dence and letter to
Mr. Skey.
Appendix A.
Vide Mr. Veasey's
evidence.
Vide Evidence of
Mr. Mallalieu,
Mr. Woolcombe,
Mr. Romaine.

Vide Evidence.
Mr. Leonard, In-
specter General of
Navy Hospitals, and
Mr. Berkeley Hill.

Vide Mr. Acton's
evidence.

wards in workhouses in the metropolitan district. On the other hand, not only has it been shown in evidence that the surveillance and examination imposed and ordered by the Act deter women from prostitution, but that, when committed to hospital, the time for reflection, the religious instruction, and the kindness with which they are treated under the Act of 1866, have led many to abandon their evil course of life. In Chatham about 23 per cent., at Devonport 30 per cent., during the year 1866, having returned to their friends or gone into reformatories. The Committee thus consider the working of the Act to have been most successful.

See Captain Harris,
742.

See Mr. Berkeley
Hill's evidence, 287.

See Mr. Veasey's
evidence.

See evidence of Mr.
Berkeley Hill and
of Dr. Trench.

See Captain Harris
and Mr. Veasey's
evidence.

"Secondly. As to the feasibility of extending the operation of the Act.—It has been amply shown by evidence before the Committee that the very efficiency of the Act tends to lessen its success, by inducing diseased prostitutes to flock into the places where it is in operation, in order to gain the benefit of treatment in the hospital. It is, therefore, obvious that, excepting in the case of an isolated place like Sheerness, it is impossible that the full benefit of the Act can be reaped until it is applied to the United Kingdom generally, or, at least, to much larger districts. This would, of course, entail heavy expenses, particularly as to hospital accommodation, but these expenses would continually diminish as the disease itself diminished; and the concurrent testimony of the witnesses examined agrees with that of Mr. Paget, F.R.S., that the machinery of this Act 'might reduce the disease to what we might, by comparison, call a minimum in amount and in severity also.' This being so, it is gratifying to find that in no case has any objection been made to the operation of the Act in places to which it has been applied, while many most important towns have, by meetings held, shown themselves favourable to the extension of the Act, viz., Newcastle, Cheltenham, Gloucester, Exeter, Liverpool, Reading, and Bath; and the military authorities have urged the extension of the Act to the Isle of Wight, York, Dover, Canterbury, Maidstone, Weedon, Manchester, Dublin, Enniskillen, Cahir, and Gravesend. The extension to this last is particularly urgent, owing to its relations to Chatham and Sheerness and Woolwich.

"This being so, it may fairly be hoped that in few cases would there be any opposition to the extension of the Act to any locality; in many the inhabitants would probably co-operate with the Government, and share the consequent, and at first heavy, expense of carrying it out.

Dr. Leonard.

"The success of the Act turns much on two points; viz., the efficient working of it by the Metropolitan Police, and the fact that the kind treatment of the women induces voluntary submission to hospital care.

Captain Harris and
Mr. Skey.

"Thirdly. As to the measures the Committee can recommend to be adopted in order to gradually extend the Act of 1866.—While all the witnesses examined before the Committee are agreed as to the feasibility, and, indeed, actual necessity, of extending the Act to the utmost, they are almost all agreed as to the great caution required in doing so.

Mr. Veasey and
Dr. Leonard.

"The Act has worked well in the hands of the Admiralty and the Secretary of State for War, and, under them, the Metropolitan Police. It might work badly when administered by less efficient means than this last. But the Committee consider that the cautious extension of the Schedule of the Act may be safely entrusted to any existing Government; while repeated Acts of Parliament for its extension to particular towns would have an invidious effect; would be carried out with more difficulty than one whole scheme of extension; and would sometimes be neglected in the press of Parliamentary business. Besides this, there sometimes might occur cases of immediate necessity for extension, as at this moment in the cases of Gravesend, Winchester, and the Isle of Wight, when the power of enlarging the areas of the neighbouring districts under the Act is imperatively called for.

Mr. Veasey,
Dr. Leonard, 374.

"The Committee therefore recommend the early introduction into Parliament of a Bill giving to Her Majesty in Council power to apply the Act of 1866, first to all naval and military stations; and, secondly, to any locality, the inhabitants of which may apply to be included in the operations of the Act, and may propose to supply a portion of the funds required for carrying it out.

"This power having been already given, at the suggestions of the Imperial Government, in Jamaica, Ceylon, and Barbadoes, the Committee are able to recommend it with the more confidence.

"In thus extending the Act, certain changes in it would be necessary.

Mr. Skey, 630.
Rev. Mr. Bailey,
870.

"The Committee recommend that the Secretary of State for the Home Department be associated with the Admiralty and the Secretary of State for War. They also recommend that the 24th and 31st clauses of the Act be expunged, giving the woman in lieu of the protection afforded by those clauses, a power of appeal to the inspector of certified hospitals, in addition to that now existing to a justice of the peace, and doing away with the certificate of health now given to the woman on leaving the hospital, which has been shown to be used for improper purposes, and ought to be given only to the police.

Mr. Wyatt.
Mr. Paget.
Mr. Skey.
Mr. Prescott
Hewett.

"It is the opinion of the Committee, that while in large towns or great districts, lock hospitals adequate to the population may be necessary, still lock wards attached to existing hospitals are preferable to lock hospitals; and the present experience of the working of the Act tending to show that its success has been much caused by the voluntary entrance into the hospitals of the women, and that many women of good character are the unfortunate victims of disease through no fault of their own, the Committee recommend that the lock wards should be administered as privately as possible; and be subdivided into wards for married women, the fallen but not irreclaimable girl, and the hardened prostitute.

"The

"The Committee cannot resist closing their Report in the words of Sir William Jenner:

"On the whole, I believe that among the preventible diseases there is not one which is the cause of so much misery and loss of life as syphilis is, and since there is also scarcely one among them of which the extension can be more certainly in great measure checked by law, the propriety of legislation for checking it seems clear."

Ordered, That the Committee be adjourned till Friday next, Three o'clock.

Die Veneris, 26^o Junii, 1868.

LORDS PRESENT:

Duke of Somerset.
Earl of Devon.
Earl Nelson.
Earl De Grey.
Viscount Lifford.

Viscount Sidmouth.
Viscount Templetown.
Lord Ebury.
Lord Penrhyn.

The Viscount LIFFORD in the Chair.

Order of Adjournment read.

The Proceedings of the Committee of Tuesday last are read.

The Draft Report is again read, and several Amendments are made therein.

Ordered, That the Committee be adjourned till Tuesday next, half-past Two o'clock.

Die Martis, 30^o Junii, 1868.

LORDS PRESENT:

Duke of Somerset.
Duke of Cleveland.
Earl of Devon.
Earl Nelson.

Earl De Grey.
Viscount Sidmouth.
Viscount Templetown.
Lord Penrhyn.

It is proposed, That the Earl *Nelson* do take the Chair in the absence of the Viscount *Lifford*.

The same is agreed to, and the Earl *Nelson* takes the Chair accordingly.

Order of Adjournment read.

The Proceedings of the Committee of Tuesday last are read.

The Draft Report, as re-printed with the Amendments, is again considered.

Several further Amendments are made therein, and the same is agreed to (*vide* the Report).

Ordered, That the Lord in the Chair do make the said Report to The House.

MINUTES OF EVIDENCE.

LIST OF WITNESSES.

Die Martis, 26^o Maii, 1868.

	PAGE.
Walter W. Veasey, Esq. - - - - -	3
Francis Mayall Mallalieu, Esq. - - - - -	14
Lieut. General the Right Hon. Sir Henry Storks, G.C.B., G.C.M.G.	23
Mr. Berkeley Hill, M.B. - - - - -	27
Peter Leonard, Esq., M.D. - - - - -	37

Die Veneris, 29^o Maii, 1868.

Mr. William Govett Romaine, C.B. - - - - -	47
Mr. Thomas Woolcombe - - - - -	55
Mr. Frederick Carpenter Skey, F.R.S. - - - - -	68
Mr. James Paget, F.R.S. - - - - -	71
Mr. John Wyatt - - - - -	77

Die Veneris, 12^o Junii, 1868.

Captain William Charles Harris - - - - -	83
Mr. William Stewart Trench, M.D. - - - - -	88
Rev. Joseph G. Bailey, M.A. - - - - -	94
Mr. John Brendon Curgenvin - - - - -	97
Mr. Berkeley Hill, M.B. - - - - -	99
Mr. William Acton, M.R.C.S. - - - - -	102

Die Martis, 16^o Junii, 1868.

Mr. William Townley Mitford, M.P. - - - - -	117
Sir William Jenner, Bart., F.R.S. - - - - -	118
Mr. Prescott Hewett, F.R.C.S. - - - - -	123

Die Martis, 26^o Maii, 1868.

P R E S E N T :

Duke of CLEVELAND.
Earl of DEVON.
Earl NELSON.
Earl DE GREY.
Viscount LIFFORD.

Viscount SIDMOUTH.
Viscount TEMPLETOWN.
Lord SILCHESTER.
Lord PENRHYN.

THE VISCOUNT LIFFORD, IN THE CHAIR.

WALTER W. VEASEY, Esq., is called in ; and Examined as follows :

1. *Chairman.*] WILL you have the goodness to state your connection with *W. W. Veasey, Esq.*
"The Contagious Diseases Act, 1866" ? *26th May 1868.*

The correspondence of the War Office with regard to the Act, and the general business relating to it, as conducted by the War Office, has been under my charge.

2. During the course of the inquiries, were petitions or representations received from local authorities, guardians of the poor, and clergy, urging the adoption of the measure of 1866 ?

Yes.

3. Will you have the kindness to state some of them ?

Petitions were received from the guardians of the poor at Naas with regard to the Curragh district ; petitions were also received from the magistracy in the county with regard to the Curragh, and with regard to the disease in the county of Kildare ; petitions were also received from Cork, and from Colchester, and from Aldershot, urging on the adoption of the Contagious Diseases Act.

4. Will you state to the Committee the tenor of one or two of those petitions ?

They mainly alleged that there was a great deal of prostitution and a great deal of disease, and that there was considerable local expense thrown upon the neighbourhood.

5. Were any particulars given ?

There were statistics given, showing the number of prostitutes that were in the union at Farnham ; and there were also some statistics given, showing the number of prostitutes who were in the union at Naas, but I have not the precise number.

6. Where is the number of diseased prostitutes set forth ?

I think Dr. Leonard, the Inspector under the Act, who made an analysis of the cases at the time, will be better able to speak, or the police would possess information, as to that.

7. Can you give any information with regard to the numbers treated or cured in any of the hospitals, say for the year 1867 ?

During the year 1867, in the London Lock Hospital, there were 754 patients treated, and of those, 681 were discharged cured, eight were discharged as pregnancy cases and for some other causes, and there remained under treatment 65.

8. With regard to the two departments of the Admiralty and the War Office, (46.) A 2 will

W. W. Veasey, Esq.

26th May 1868.

will you state the general arrangements that have been adopted as to the administration and the division of duties?

A proposition came from the Admiralty, that the exclusive charge of Portsmouth, Devonport, and Sheerness, should be confided to that department, and that the remaining eight stations, Woolwich, Aldershot, Chatham, Shorncliffe, Colchester, the Curragh, Cork, and Queenstown, should be administered by the War Office.

9. Will you state the steps that were taken with regard to the War Office stations?

Preliminary inquiries had been made under the previous Act, the Act of 1864; but as soon as the Act of 1866 came into force, the Inspector of Hospitals, under the Act, was sent to each station to see what arrangements could be made, whether there were local hospitals which would enable us to make up lock-ward beds in them, or whether it would be requisite to build hospitals for the purpose. At Aldershot there was no local hospital; at least there was a very small one, which was entirely unfit for the purpose, and therefore it was necessary to select a site for a hospital to be built on. A site was chosen, but it was occupied by the Hampshire constabulary, and there was very great difficulty in getting possession of it. Although it was the War Department property, the Hampshire constabulary would not turn out, but General Peel insisted upon their doing so, and ultimately it was given up and converted into a hospital, and opened in June of last year. At Woolwich, as no local hospital existed adapted for the purpose, it was decided that the women should be brought up to the London Lock Hospital at Paddington, and that hospital was accordingly certified under the Act. At Chatham a temporary arrangement was made with a local hospital to take in cases, the excess of cases, when the hospital was full, being sent up to London; this latter arrangement, however, was a subsequent one. At Shorncliffe no local institution existed adapted for the purpose, and the Government have erected an hospital, to be opened very shortly. At Colchester no local institution would take the cases, and a lock hospital is being built. At the Curragh great difficulties arose in procuring a site; one at last was obtained through the Duke of Leinster, and contracts are now being made for the erection of a local hospital. At Cork and Queenstown a detached building, belonging to one of the local hospitals at Cork, has been rented, and is now being converted into a lock hospital.

10. Has there been any marked result from the opening of the Aldershot hospital during last year?

At the Aldershot hospital the number of men per 1,000 upon the strength of the troops who were admitted into the hospital for venereal disease in 1865, were 302, and in the last return that we had for the March quarter of 1868, the ratio for the year was 207 only.

11. Is it your opinion that the disease has been met at Aldershot completely by the hospital?

Not entirely, because disease will break out again when fresh troops arrive.

12. Is there sufficient hospital accommodation now to accommodate all the prostitutes?

Yes; the Aldershot hospital at the present time is not full; there is not a sufficient number of diseased women to fill it.

13. How long has that been the case?

That has been the case about two months now.

14. Before that there was not sufficient accommodation, was there?

Before that the accommodation was insufficient, and the hospital was filled, and women were sent to the London Lock Hospital as well; in the latter part of last year there was not hospital accommodation enough.

15. Have the military authorities or civilians urged the extension of the provision of the Act?

Yes, the military authorities have urged, for the health of the troops, the extension of the Act to parts of the Isle of Wight, Newport, Carisbrook, and Winchester, also to York, and to Weedon, and if possible (though it was mentioned by the general officer as a very large question with regard to the civil population), that it should be extended to Manchester also; and they have also

also asked that it should be extended to three places in Ireland, Dublin, Enniskillen, and Cahir. There was a very influential petition presented by the clergy and the magistracy, and the military authorities at Dover, to have the Act extended to that place; the visiting surgeons and the inspectors under the Act have also recommended that it should be extended to Gravesend, to Canterbury, and to Maidstone.

W. W. Veasey, Esq.

26th May 1868.

16. Have you ever heard it stated that the mortality of the Guards in London from this cause and from consumption, resulting from the measures which are necessary to be taken in consequence of this disease, was equal to the deaths in the Crimea?

No, I have not heard that.

17. With regard to the effect of the Act upon the troops, or the naval forces, has it, on the whole, produced a satisfactory result?

We can say so as regards Aldershot, but the statistics which have been given with regard to stations where naval forces are placed, are, I am afraid, not reliable; for after some statistics were given to the Contagious Diseases Prevention Association the other day, I went again into them, and made further inquiries at the Admiralty, and I find that at some of the ports men were treated on board ship who were suffering from gonorrhœa, or suffering from primary syphilis, and those cases were not entered in the per-centage of disease; consequently, from all other stations but Aldershot, I am afraid the statistics are not thoroughly reliable.

18. Have any steps been taken to promote an examination of the men arriving from other stations, or to secure less disturbance in the operation of the Act?

Yes; the Secretary of State for War requested the Commander in Chief to cause regiments arriving at Aldershot to be inspected, to see if there was disease amongst them, and he requested the same thing to be carried out at Devonport. All troops returning from furlough, at these stations also, are to be examined, in order that any disease existing may be detected before the men go freely about.

19. Has that been carried out?

Orders have been given to that effect quite lately.

20. Can the Act be worked efficiently and economically by lock wards being added to the existing hospitals, or are separate hospitals requisite?

I think that depends very much upon the locality; if a good hospital existed at a station where the Act was in force, and the hospital authorities were willing, it might be a very good thing to attach lock wards to the hospital, but sometimes there is great indifference or disinclination on the part of localities to have lock wards attached to their hospitals. At the Colchester Infirmary they altogether declined the proposal of the Government.

21. I presume there are cases of syphilis in the infirmary at Colchester?

No, I think they are always treated there as out-patients; therefore, at Colchester, it is necessary to build a hospital.

22. Do you think that the Act would be more efficiently and economically worked under one department?

Yes, most decidedly.

23. What is the cost now of patients at Aldershot, Chatham, and the London Lock Hospitals?

At the London Lock Hospital at Paddington the patients cost the Government between 24*l.* or 25 *l.* a bed per annum, and the remainder of the cost is made up by the funds of the institution. At Chatham the patients cost 40 *l.* a bed per annum.

24. How do you account for the difference?

The patients must cost more than 25 *l.*, but the excess of cost is borne by the funds of the institution at the Lock Hospital, and they only cost the Government 24 *l.* or 25 *l.* a bed. At Chatham they cost the Government 40 *l.*, which we consider to be an excessive charge; we think that unless there is some extravagance, or some want of management, they ought not to cost quite so

W. W. Veasey, Esq.
26th May 1868.

much as 40*l.*; at Aldershot it would be about 37*l.*, covering the charge for the visiting surgeon. The cost at Aldershot may be best explained as follows:

		Cost per Head for 50 Patients.		
	£.	£.	£.	s. d.
Cost of Staff:				
Visiting and house surgeon - - - - -	300			
Matron - - - - -	40			
Chaplain - - - - -	55			
3 Nurses - - - - -	65			
1 Cook - - - - -	18			
1 Laundress - - - - -	18			
1 Compounder and steward - - - - -	75			
1 Labourer and porter - - - - -	32			
	603		12	1 2
Cost of rations and diets for matron, servants, and patients, 57, at 10 <i>d.</i> a day - - - - -	867		17	6 9
Clothing for nurses and patients, at 2 <i>l.</i> 10 <i>s.</i> each - - - - -	132		2	12 9
Fuel and light - - - - -	75		1	10 -
Furniture, stores, linen, &c., &c. - - - - -	125		2	10 -
Medicines and instruments - - - - -	75		1	10 -
Contingencies - - - - -	5		-	2 -
TOTAL - - - - - £.	1,862		37	12 8

If the hospital was enlarged, and more patients, the cost for staff would materially diminish per patient.

25. That 40*l.* at Chatham covers all the expenses, does it not?

Yes, it covers every hospital expense, but does not include the charge for visiting surgeon, which would make up the rate to over 45*l.* per patient; and the Government gave a large sum of money to the hospital to provide those lock wards; a sum, I think, not less than 5,700*l.*

26. That would go, would it not, to the necessary expenses of building and bedding, and so forth?

Yes, but the money is sunk, and it is now the property of the trustees, whereas if the Government had a hospital of their own, they could use that hospital for any purpose, supposing the Contagious Diseases Act did not remain in force.

27. How is it that this Act has hitherto been worked without scandal, or any local public discussions as to expense?

Because it has been entirely worked by the metropolitan police, and they have exhibited very great tact; and the expense being borne solely by the Government, there has been no local discussion in the watch committees or amongst the municipal bodies as to the increase of the force or the expense arising out of it.

28. What is the main reason that can be given for not extending the Act at present?

Because hospitals have not been provided as yet at every military station specified in the Act; and Sir John Pakington thought it desirable not to take any further powers until full effect had been given to the Act as it exists.

29. Have you found that the result of the Act, as it is at present worked, is to

to bring diseased prostitutes from places in which the Act is not in operation into Portsmouth, Plymouth, and so forth?

I am afraid that I can speak with very little knowledge about Plymouth or Portsmouth, because those two stations are under the Admiralty. We find the Act defective in this way as regards Woolwich and Chatham, because there is Gravesend between, which is not in the Act.

W. W. Veasey, Esq.

26th May 1868.

30. Have you heard that at Woolwich and Chatham diseased prostitutes are in the habit of going in from other places which are not under the Act, in order to obtain the benefits of hospital accommodation?

The women come from Gravesend to Chatham in a diseased state; and if they leave again very shortly afterwards, they are not within reach of the police, and they propagate disease without being within reach of the Act.

31. I mean, do they go there for the purpose of hospital accommodation?

They come in from many parts of Kent to Chatham, and they partly do so for that purpose.

32. I believe it is the case, particularly at Portsmouth, that a number of women come in from the surrounding country when they become diseased, in order to get the benefit of hospital accommodation, and that is a very strong reason for losing no time in extending the operation of the Act; have you had any experience of that?

No, I have not observed that.

33. Is there any special imperfection in the Act as regards extension?

Yes; the Act is limited to certain places, and if there was a general clause in it that the Act might be made applicable to such places as are declared infected, without going to Parliament to seek for power to apply it (say, to Gravesend), very great good might result.

34. How would you propose to do that?

I propose to take power under a clause very much the same as that adopted in reference to the contagious diseases for animals; when a district is declared to be infected, then the Privy Council might, upon notice in the "Gazette," intimate that the Act would be applied to that particular place.

35. Does that militate against the present working of the Act?

Very much so with regard to Chatham, on account of what I mentioned about Gravesend, and with regard to Winchester also.

36. You would remedy this by a general clause?

Yes, by a general clause giving power to the Government to declare a district infected, and to place it under the operation of the Act.

37. If the Act were extended, and if power were given to declare a district infected, and that measures were to be taken, how could the Act be carried out?

It might by some of the existing hospitals be carried out; for instance, Gravesend and Maidstone might be brought within the Chatham district, and sufficient hospital accommodation might be made at Chatham to take in Chatham, Gravesend, and Maidstone; and in that way only one hospital staff would be required for those three places. So, again, Dover and Canterbury might be worked in with Shorncliffe, and one hospital would do for all those three places.

38. As the treatment of those cases gives local relief to unions, should not they or the county, in your opinion, bear some share of the expense?

I think decidedly that the county or union should bear a portion of the expense. Directly the hospital was opened at Aldershot the occupants of the lock wards of the Farnham Union were discharged, and they all came immediately upon the army votes. So, again, at Cork, when the hospital is opened there, a very large lock ward in the union will be discharged.

39. What is your experience as to the women becoming reformed and entering reformatories, or returning home?

There has been but a slight disposition to reform manifested up to the present time at the stations under the War Office.

W. W. Veasey, Esq.

26th May 1868.

40. Is it your opinion that reformatories would satisfactorily second the efforts of the medical authorities?

I think that reformatories would be really necessary if the Act were extended throughout the kingdom.

41. You would, therefore, establish reformatories; but at whose expense should it be?

I would assist the existing reformatories very much. There are already in London 15 reformatories and penitentiaries; there are about 40 also throughout the country, and in Ireland there are seven.

42. Would you take any steps to make frequent re-admission on the part of women a penal offence?

I think so, if reformatories were established, because, perhaps, they might be re-admitted seven or eight times for treatment.

43. Has it not been found that the kind treatment of the women at the hospitals has assisted materially in the well working of the Act?

Yes, I think it has.

44. By inducing them voluntarily to enter the hospitals?

Yes, that is quite my opinion.

45. Making it a penal offence would rather militate against that, would it not?

Yes, to a certain extent it might prevent their coming forward voluntarily.

46. Therefore, it would be an unwise thing to make it a penal offence, would it not?

Only in respect of repressing the disease. I think that the women could always be reached by the police; but whether they came freely or not, the Act should reach them.

47. Is it not a great object that they should come voluntarily?

Yes, perhaps that is a strong reason.

48. Supposing that women did not come voluntarily, how would you propose that the police should reach them?

The police keep registers of all the women who are known as prostitutes, and under the Act there is power to order them to attend periodical examinations. The police, therefore, would have them constantly under observation, and they could always take them when requisite.

49. Earl *De Grey*.] I think you stated that the first Act was passed in 1864?

Yes.

50. And that it was amended by a subsequent Act in 1866?

Yes.

51. Will you state to the Committee what were the principal differences between the two Acts?

In the Act of 1864 there was no power given to the Government to erect hospitals. Apparently that Act was based upon the presumption that local efforts would be made to establish hospitals, and that the Government would give assistance. The Act of 1864 also contained no provision for the periodical examination of the women; both of those points were amended in the Act of 1866.

52. Those were the two principal points which were met by the Act of 1866?

Yes.

53. It having been found by experience that they were essentially necessary to the effectual carrying out of the Act of 1864?

Yes.

54. You spoke of the effect of new regiments coming to Aldershot; is it not true that not merely the soldiers, who are supposed to be examined, are new, but that there are accompanying the regiment a new set of women?

Quite

Quite so. The Commander in Chief has given orders, as a standing instruction to the officer commanding a regiment, and the medical officer, when arriving at Aldershot with the men, and with hangers-on also, that the police should receive notice of the women coming.

W. W. Veasey, Esq.

26th May 1868.

55. You mentioned that you thought that it would greatly improve the working of the Act if it were under one department; can you state to the Committee any defective arrangements which have resulted from its being, as at present, under two departments?

Occasionally there is a clash of working between the Admiralty and the War Department. We thought that the price paid at Chatham to the trustees of St. Bartholomew's Hospital there was far larger than it should be; and the Secretary of State declined to increase the amount granted. The Admiralty at the same time were in want of beds for Sheerness; and notwithstanding that they were thoroughly aware that the Secretary of State thought the price too great, they immediately took up 30 beds in St. Bartholomew's Hospital at the price that the trustees asked for them, so that we were quite precluded from having any opportunity of regulating the price or of administering the Act economically.

56. Did you make any remonstrance to the Admiralty upon that point?

Yes, we did; and ultimately we secured a certain number of beds in the London Lock Hospital, and got them at the price of about 24 *l.* or 25 *l.* Then all those beds were thrown on the hands of the Admiralty, and they protested very much against it; but the Secretary of State said that he would not exceed his estimates, and that they must remain there. Then, ultimately, the Admiralty said that we might use their beds in St. Bartholomew's Hospital at the same price that we paid the London Lock Hospital.

57. Do you send women from Chatham to London?

Yes; we have at Chatham about 37 now, and about 30 in the London Lock Hospital, I believe.

58. Still, if you do not consider that you can accommodate them at Chatham, you send them to London?

Yes.

59. Sheerness is one of the stations under the Admiralty, is it not?

Yes.

60. Chatham itself is under the War Office, I think?

Yes.

61. In the case of the other principal Admiralty stations, Portsmouth and Devonport, there could be no such clashing?

No, I think not, because they are entirely under the charge of the Admiralty.

62. You have the metropolitan police, I think, at all stations where the Act is now applied?

Yes, at Woolwich, Chatham, Portsmouth, and Plymouth, where there are dockyards, the metropolitan police are employed. The Admiralty first employed them, and when the Act was applied to Aldershot, permission was obtained for the metropolitan police to be employed there also. In Ireland the force employed would necessarily be the constabulary.

63. Do you think that there would be any difficulty in employing the ordinary county constabulary if the Act were extended to other stations?

I do not think there would be any difficulty, but I doubt their working it so effectually.

64. Do you find any difference in the way in which it is worked between England and Ireland?

It is not as yet at work in Ireland.

65. Out of the number of stations to which the Act may be extended under the Act of 1866, to how many stations is it actually extended now?

It is working at Portsmouth, Plymouth and Devonport, Woolwich, Chatham, Sheerness, Aldershot, and Windsor. A hospital is in course of erection at Colchester; a hospital will be opened next month at Shorncliffe; a hospital is just

W.W. Veasey, Esq. now being contracted for, a site having been obtained, at the Curragh; and a hospital is in course of erection at Cork, for Cork and Queenstown.
 26th May 1868.

66. There was an application, was there not, some time ago to the War Office from Winchester, complaining that the application of the Act to Portsmouth had the effect of driving the diseased women out of Portsmouth and congregating them in unusual numbers at Winchester?

I expect that when the police operations were specially active, some of the women left Portsmouth to go to Winchester.

67. But the Act has not been extended to Winchester, has it?

No; this Act does not admit of extension without the power of Parliament. Winchester might work in with Aldershot or Portsmouth; there would not be the necessity of establishing a hospital there. The hospital staff at Aldershot and the hospital staff at Portsmouth could take those cases, by a small enlargement of their hospitals, if it were requisite.

68. You stated that very little had been done with respect to the reformation of the women; your knowledge of that, I suppose, applies only to the stations which are under the War Office?

Quite so.

69. You do not know anything about Devonport?

No, I do not; but there has been more done at Devonport than at some other places.

70. *Chairman.*] I understand you to say that women had left Portsmouth and gone to Winchester; that was when the Act first came into operation, was it not?

Yes; it would be about the time when the Act of 1866 first came into operation.

71. You do not know whether that is the case now?

No, I do not.

72. Or whether the converse is the case?

No, I am not aware.

73. *Duke of Cleveland.*] Is it your practice to rely mainly upon the police for carrying out the Act with respect to women?

Yes, entirely.

74. Is it a part of the regulation that the police should take notice of those women?

Yes.

75. And they report accordingly to the authorities?

Yes, in most cases, by a mere warning on the part of the police, the women attend without being really brought by the police; they come voluntarily.

76. Merely upon its being signified to them, they come voluntarily to the hospitals?

Yes, the police would tell them what day they should come, and at what hour they should attend.

77. Is that the system which is pursued throughout all the stations where the War Office have the administration?

Yes.

78. Is that so with regard to the stations under the Admiralty, as far as your knowledge goes?

Yes, I think that the practice of the police is universal.

79. Do you find it satisfactory?

Up to within a very recent date it was thoroughly satisfactory; now that we are insisting upon periodical examinations at Aldershot, some of the women do not come quite so readily.

80. Many of those cases are cases of relapse, and many of those women who go out cured come back again to Aldershot, do they not?

There are several fresh admissions.

81. In those cases do they come of their own accord, or are they warned by the police to come back again? W.W. Veasey, Esq.

I should say that in most cases they are warned by the police, because the police would tell them the day on which they should attend.

26th May 1868.

82. That is in consequence, is it not, of cases of disease being signified to the police, and the police, actuated by that, warn them to come back again, presuming that they are cases of relapse?

Yes, the police, as a rule, hear first of the diseased women by attending at the military hospital. When they find a man who is diseased, they ask from what source the disease came, and then they immediately seek out the woman.

83. Viscount *Templetown*.] Are there periodical examinations anywhere else but at Aldershot?

I think not. I have not heard of any. The police have been asked whether they could be carried out at Woolwich and Chatham, but we have not got an answer as yet.

84. I understood you to say that there was sufficient accommodation at Aldershot for those women?

At the present time there is.

85. What do you judge that by?

By the occupation of the wards. There are 50 beds at Aldershot, and only 44 now occupied.

86. Is that the case at the other stations, Woolwich, and Chatham, and so forth?

No; they call for more beds.

87. They all require more beds?

Yes, so far as my information extends with regard to the Admiralty stations.

88. You do not know much about Devonport, I believe?

No. I have visited the hospital, and I am in communication occasionally with the treasurer and chairman of the hospital, Mr. Woolcombe.

89. Do you know whether they have now 150 beds there?

I do not know the precise number, but they are not sufficient for Devonport.

90. Earl of *Devon*.] How long has the hospital been established at Aldershot?

The hospital was opened in June 1867, but the Act was put into force previous to that time.

91. Is it within your knowledge that although a very considerable part of the infirmary accommodation has been done away with in the neighbouring workhouses, especially in the Farnham Workhouse, there have been a large number of syphilitic cases?

Not now, I think.

92. Are you able to say whether the hospital is fully adequate for their reception, now that the numbers have been diminished?

I should think that there are hardly any syphilitic cases, except women with babies, which would be required to go into the union.

93. Are you aware that there was a very great pressure upon the workhouse? Yes.

94. Viscount *Sidmouth*.] Why do you think that the county rate should be required to contribute?

I would hardly specify the county rate particularly; but I think that the local rates, either the poor rates or the county rates, should contribute, because very great relief is afforded to the union in all these cases.

95. I think you stated that, in your opinion, not only the county rate, but also the poor rate, ought to contribute?

I am hardly capable of judging which should contribute.

96. Are pains taken to ascertain whether the women have any funds when they enter the hospital; and if so, are they made to contribute?

W. W. Veasey, Esq. No, they are not required to contribute. I think that they generally come in in a distressed state.
26th May 1868.

97. When the police ascertain that there is a case of disease, it may be that the woman may have considerable funds by her; are the police instructed to inquire whether she can contribute?

I think that they are always in a pauper state.

98. Duke of *Cleveland*.] Do not you think that where the military are in considerable force, and the women have been attracted to a station in consequence of the number of those soldiers, a great objection would be raised in the district, and with some justice, if they were put to the expense which was regarded as necessary for the protection of the soldiers especially?

I think that if they were put to the entire expense it would not be fair; but there is always a very great advantage to a locality from the military being stationed there. The tradesmen and other people in the neighbourhood derive an advantage from it.

99. Do not you think that that applies rather to a particular town than to the neighbouring district?

I think that the district profits by it to a certain degree.

100. Lord *Silchester*.] Has any objection or remonstrance been received either from the clergy or the local authorities or others, from any locality in which the Act has been applied, as causing any public inconvenience?

No, I do not remember anything of the kind.

101. Have any of those bodies written or spoken in the other sense as to its being an advantage to the neighbourhood?

Yes, I think at Chatham they have most decidedly.

102. Earl *De Grey*.] It has been the object of the department, has it not, to work the Act as quietly as possible, and to attract as little public attention as possible to the matter, so as to avoid any description of scandal?

Yes, it has been worked remarkably well by the police.

103. Viscount *Sidmouth*.] You were asked whether many women went away reformed; are pains taken in those hospitals to administer instruction to the women, or to reform them?

Yes; there is a clause in the Act which requires that moral and religious instruction should be given, and consequently there is a chaplain appointed to each hospital.

104. Earl *Nelson*.] When they are discharged at the Aldershot Hospital, do they give them the option of being sent back to their friends?

Yes, if a woman would show that she had some communication from home, and that her friends would receive her, she would be sent to her home.

105. Earl of *Devon*.] There is a clause in the Act, is there not, providing for her being sent home free of expense?

That has been held to apply simply to the place from which she is taken; but at the same time, if the women do wish to go to their homes, facilities are given to them.

106. I observe that the marginal note is "Expenses of woman's return home;" the clause says, "Residence;" but practically, in the case of her wishing to return home, that is understood to be the place from which she came, and her family is resident, she would be sent home free of expense?

Yes, if there was any proof that her family would take her back again.

107. Earl *De Grey*.] You stated that you had had greater difficulties at Aldershot with the women than in other districts; I suppose that they are, on the whole, if it is possible, a lower class of women than they are anywhere else?

I do not think that I said there was any difficulty with regard to them at Aldershot; I merely meant that since this periodical examination has been carried out it seems to be a little repulsive to them.

108. *Chairman*.]

108. *Chairman.*] You mentioned, did you not, that no objection had been made to the operation of the Act, except from Chatham?

No objection has come from there; on the contrary, it has been rather congratulatory than otherwise.

W.W. Veasey, Esq.

26th May 1868.

109. You mentioned just now that it was only lately at Aldershot that a periodical examination had been ordered. If you look at the 15th and 16th clauses you will see that, on information, a justice may issue notice to a woman who is a common prostitute, and that there is power to the justice to order a periodical examination upon the complaint of the police?

Yes; the power existed, but it was not enforced, because the hospital was always filled without it, and at that time there was not sufficient hospital accommodation.

110. *Viscount Sidmouth.*] You spoke just now of the women being driven away, or of the complaint that the women had been driven away from Portsmouth, and had gone to Winchester in consequence of the Act being in force at Portsmouth; why should that be the case?

The Chairman referred to the fact which Lord de Grey mentioned, that there was a complaint from Winchester of the women coming there from Portsmouth.

111. Is there anything in the Act which should induce women to leave the place in consequence of the operation of the Act being so disagreeable to the women themselves?

They might not have liked the interference of the police, or a change of troops might have taken them to Winchester from Portsmouth.

112. *Earl De Grey.*] The statement from Winchester, if I recollect rightly, was, that women being diseased, and finding themselves liable to be treated as diseased women under this Act, left Portsmouth and went to the surrounding towns, including Winchester?

To the best of my recollection that was the nature of the complaint.

113. *Chairman.*] How long ago was that?

That would be nearly two years ago, I think, now.

114. On the first operation of the Act?

Yes.

115. *Earl De Grey.*] Was it not more than two years ago?

Then it would be under the previous Act of 1864.

116. *Viscount Templetown.*] Have you ever heard that much disease is supposed to be introduced into the ports, where this Act is in operation, through merchant seamen?

I have heard it so stated.

117. So that precautions could not be taken by the military and naval authorities, and by the hospitals, against this cause of the increase of disease?

No; the police very probably would search the district afterwards, where the men from the ships had been frequenting, for diseased women, in order to prevent this circumstance having any operation upon the troops.

118. *Viscount Sidmouth.*] Must the proceedings, according to the Act, always originate with the police?

The women may voluntarily submit without any interference by the police; but as a rule they are generally warned by the police in every place.

119. They are the metropolitan police, as I understand, in every place where the Act is in operation?

The metropolitan police are exclusively employed under this Act.

120. *Earl De Grey.*] There is nothing in the Act, I believe, which requires that it should be the metropolitan police?

No.

121. I believe you are acquainted with the nature of some of the Colonial Acts of this description which have been recently passed?

Yes; the Government urged on the Colonies to apply Acts of the same kind as the Contagious Diseases Act, 1866, and legislation has commenced in Jamaica, Ceylon, and Barbadoes, and at two of those places there is a clause in the Colonial

W. W. Feasey, Esq.
26th May 1868.

Act which provides that the provisions of the Act may be made applicable to any part of the Colony that the Governor may declare in a gazette.

122. That is a provision of the description which you told the Committee in a former part of your evidence you were anxious to see extended?

Yes, if we adopt the Act in this country generally, or even extend it as regards military stations.

123. Do you know whether similar Acts are in contemplation in other Colonies?

Yes, an ordinance has been passed at Hong Kong, but I do not think it has yet received the confirmation of the Government; and several other Colonies have been invited to legislate in the same direction. The Cape, Canada, the Mauritius, and Gibraltar, have been invited to do so.

124. Viscount *Sidmouth*.] The disease is very bad at Hong Kong, is it not?
I cannot speak with accuracy with regard to that, but I do not think it is quite so bad as it was.

125. Earl *De Grey*.] Could you furnish the Committee with copies of Colonial Acts which have been passed?

They could be called for from the Colonial Office. The Hong Kong ordinance goes considerably beyond our Contagious Diseases Act, because it enters into the management of brothels, &c.

The Witness is directed to withdraw.

FRANCIS MAYALL MALLALIEU, Esq., is called in; and Examined, as follows:

F. M. Mallalieu,
Esq.

126. Lord *Silchester*.] You are the Superintendent of Police who have had charge of the late arrangement connected with the Contagious Diseases Act, are you not?

I am the Inspecting Officer of Metropolitan Police, appointed for Her Majesty's Naval and Military Stations.

127. Can you shortly describe to the Committee the steps which have been taken, and the mode of selecting and appointing the police who have been selected for this duty, and their instructions?

Great care is taken in their selection; for, in addition to intelligence and temper, we require good moral character, and, as a rule, married men are employed. Sir Richard Mayne, the Commissioner of Police, recognised from the first the importance of these qualifications, and yet we had one defaulter, a young man of great activity and promise, who, yielding to temptation, married a brothel-keeper, thus sacrificing his character and his place; with this exception, our men have done their work admirably. We enjoin upon them specially, forbearance and kindness; and especially point out that the law gives them no power to incarcerate or to deprive the women of their liberty, unless under special circumstances. I will just mention to the Committee that we have had through our hands 5,479 women, and out of that whole number, we have only had occasion to employ the penal clauses of the Act in six cases.

128. Earl *Nelson*.] Within what space of time has that been?

Since the passing of the first Act in 1864. In cases where women known to be prostitutes are pregnant, it has not been thought desirable to bring them under the operation of the Act; they are sent to the unions, but rarely stop there.

129. Lord *Silchester*.] Has any difficulty or inconvenience been found in the employment of the metropolitan police in this duty in places where they had not been previously employed?

No.

130. Have the local authorities made no difficulties?

Upon making that inquiry at Devonport no longer ago than Saturday last, I found that the borough and county police recognised the desirability that the police

police under the Act should belong to one service, and that the utmost cordiality and good feeling prevails.

*F. M. Mallalieu,
Esq.*

26th May 1868.

131. And it is very valuable, is it not, to have the whole system worked by one corps of police?

Most desirable.

132. And as far as you can see there would be no objection or difficulty about extending the services of the metropolitan police in any other station to which this Act might be made to apply?

No, especially if a short clause was inserted in any future legislation. In the year 1866 an Act of Parliament was passed giving the police of the metropolis jurisdiction in a district 15 miles round each of the towns; so that we operate within a circle of 15 miles of each of the towns where this Act is in operation, having the powers of constables as to all matters connected with the property of the Crown, and over all persons subject to naval or military discipline.

133. Are they constables for all purposes or only constables for this Act?

They are constables generally for all purposes connected with the Government property and persons employed in the Government service, and are also recognised as competent to act under the Act of 1866.

134. The dockyards, for instance?

Yes, and the War Department stations and barracks, or where Government property or Government people are employed, as well as under the Contagious Diseases Act.

135. A part of the duty of the police being to summon them for inspection, have they found any difficulty in dealing with them in that respect?

None.

136. Have the women usually submitted to it?

There have been developed within the last few months slight indications of the women not coming up so readily as before. The fact is we are now getting well supplied with hospital accommodation, so that we have had to draw upon our supplies of women in the towns rather more frequently than formerly; and the consequence is that there has been a little slackness; nothing that has seriously impeded our operations or their coming up voluntarily, or made it necessary to apply to a magistrate at all. I think the fine weather has a good deal to do with it.

137. *Earl Nelson.*] You send a certain number of the metropolitan police down to those places, Devonport, and so on?

Yes; in the case of the dockyards there was a supply of metropolitan police before the operation of this Act; we selected our men from the force employed in the dockyards, and from our water police, in some cases.

138. In other places, at Colchester, for instance, you would send down a certain number of men specially for this work?

Yes, we should send down in the first place to ascertain what would be required, and then select the men and send them down.

139. In what manner are the police superintended; do you send a special superintendent with them, in the case of Aldershot, for instance?

The superintendence devolves upon myself. I go round occasionally, perhaps two or three times in a quarter, to the nearer places, and quarterly, at all events, to all the places. Not altogether for the purpose of looking after the operation of this Act, but for the general supervision of the police employed by the Government. A serjeant or inspector has charge of the parties, as the case may be.

140. Are your men in any way subject to the local superintendence of police?

No.

141. They are perfectly distinct, are they?

Yes, perfectly distinct.

142. *Earl of Devon.*] Did I rightly understand you to say, that in the event of its being found desirable to employ the metropolitan police in any other

F. M. Mallien,
Esq.

26th May 1868.

places than either a barrack or a dockyard, it would be necessary to have a clause in the Act to give that power?

Yes, we have no power at present to go to any other place, except as before stated.

143. At Colchester you have the power, have you not, it being a military station?

Yes. I omitted to say also that we are constables under the Metropolitan Police Act for the whole county of Essex.

144. Is that so in Surrey?

Yes, in Surrey, and Kent the same; indeed in all the metropolitan counties.

145. Viscount *Sidmouth.*] The expenses of working the Act devolve upon the Government; but it is a fact, is it not, that local funds are required?

No; I know of no local funds being supplied; the War Department and the Admiralty pay the expenses of the metropolitan police in those places.

146. But where a hospital has to be built, are no local funds required?

None have been supplied, to my knowledge.

147. Viscount *Templetown.*] Do the other women, who are not diseased, give information readily to the police of a diseased woman?

Very frequently. Our sources of information are these: we have the military and naval hospitals, and our men visit them and ascertain from the patients themselves, from whom they contracted the disease; that is one important means of information, and rather contrary to what we expected, it hardly ever fails; if the men can recollect at all, if they were not so tipsy that they cannot remember anything about it, they generally tell the truth, which is quite contrary to what I anticipated when we began. They seem to appreciate the humane objects of the law.

148. And is it so in the Naval Hospital also?

Yes. We get information from the men themselves, and frequently from private sources. Gentlemen, for instance, or persons of a superior class, who have been so unfortunate as to become tainted, will denounce the women in writing, and send their address, and the police look out for them.

149. Viscount *Sidmouth.*] Do you say that the police go on board men-of-war and get information?

Yes.

150. And they can obtain it there?

Yes, constantly they do that; but the brothel-keepers, who are subject to penal consequences if they harbour diseased women, are also very valuable sources of information to us. It is becoming well known that a woman, in a state of disease, is not to be tolerated even by the person who keeps the house, and they give information to the police, or she comes of her own accord.

151. Earl *De Grey.*] Have you heard any complaints made of the manner in which the police have acted under this Act?

Not one complaint; I do not remember even any excess of duty, or any impropriety of behaviour.

152. Do you represent that the Act has given general satisfaction in the districts where it has been applied?

I have no reason to believe the contrary. I have never heard a single complaint, but on the contrary I have heard the police spoken of very well.

153. You say that you have lately experienced a little more difficulty with the women themselves; but that arises, as I understand you, from the fact that the Act is now coming into more complete and thorough operation?

It is just so; but I wish to be quite understood as not to infer that there is any likelihood that the operation of the Act will be less prompt. I do not think so; but I thought it right to mention that we have found, having, perhaps, to send for 30 or 40 where formerly we had only 10, it has required more exertion.

154. Do you think that you get under treatment a large proportion of the disease that exists amongst those women?

Yes,

Yes, I think we get a very large proportion. I am not at all sure that that which we sometimes thought would be the greatest advantage, a periodical examination, would be found so. I think that our arrangements work as well under the present system of the women coming voluntarily.

F. M. Mallalieu,
Esq.

26th May 1868.

155. *Chairman.*] You would be opposed, would you, to periodical examination?

I am strongly opposed to anything like the French plan of bringing them in vans to a central point for examination, and exposing them unmistakably to public observation.

156. *Earl De Grey.*] Periodical examination is tried at Aldershot, is it not?

It is partially tried; not fully. It is curious to observe how when you determine to carry out periodical examinations difficulties arise. There are classes and grades in these unfortunate women just as there are in all other walks of life. There are women who are never diseased, or hardly ever, cleanly and sober women, who follow this line of life, and it would be obviously unfair and oppressive to them to bring them up arbitrarily. Then there are women who are hardly ever sober, lying about in public-houses and beerhouses, or about the camps, in a very wretched condition, and it would be contrary to our policy to mix them with women of decent and cleanly habits. Then there are a class who follow soldiers, and of course when a regiment arrives a lot of fresh women come in. Our men are upon the look out very carefully for this class, and bring them under the operation of the Act at once. It is amongst that class that we find the worst forms of disease. They come with the soldiers; they come fresh from country places, have fresh faces, and are healthier-looking to begin with, but soon get diseased, and they are amongst the worst cases that we have to deal with. We find it impossible to have periodical examinations, taking them alphabetically, or by any arbitrary rule.

157. *Chairman.*] Do they bring disease with them, or do they become diseased on their arrival?

Very frequently they bring disease with them. I remember one case at Aldershot of a girl of 16, a very good-looking girl, who brought an extremely bad disease, of which she was cured; but she had not been out many days before she presented herself again. The medical men say that some women, in comparison with others, are exceedingly liable to disease. This girl was barely 16, and she had had the disease twice at least in a very bad shape.

158. *Earl De Grey.*] I have no doubt that the management of a delicate Act of this kind is better entrusted to the hands of the metropolitan police than any other body; but supposing the Act were to be extended to a large commercial place like Liverpool, for example, do you see any essential difficulty in its being worked through the local police?

No, certainly not. There things which make it necessary in some degree for us to employ the metropolitan police, owing to the variety of jurisdictions. Take Aldershot, for instance, where the Surrey and the Hants constabulary have jurisdiction; you would require to have the police of both constabulary forces employed, and that would lead to confusion. Devonport, again, has a separate police for each of the three towns. In such cases there would be conflicting jurisdictions, and you would not get the work done at all satisfactorily; but in the large centres of population I see no difficulty whatever in the local police undertaking the duties, and performing them as well as any other body.

159. Do you think that the Act has worked satisfactorily, and conferred benefit upon the localities?

Very much so, indeed.

160. Have you any statistics upon that point which you could lay before the Committee?

I am not so well prepared with statistics as I might have been, because I received your Lordship's summons only on Saturday, and had to be here to-day. I was at Devonport at the time, so that I am not very well prepared; but if the Committee will allow me, the statistics can be put in afterwards. I submit an interesting comparison of the state of disease at Devonport in April 1865

F. M. Mallalieu,
Esq.

26th May 1868.

and April 1868. In April 1865 the number of sailors and soldiers admitted into the hospitals was 180, and in the month of April 1868 the number was only 69.

161. Viscount *Templetown*.] Have you got the number of men stationed there during the same periods?

There were 8,583 soldiers and sailors in 1865, and 10,635 in 1868.

162. Earl *De Grey*.] So that there was a larger number of men and a smaller number of cases in the latter period?

Yes.

163. Earl *Nelson*.] The statement which you have given is not an account of the number of diseased women at Devonport, but of the number of diseased men there?

Yes.

164. If I rightly understood the last witness, he stated that he believed that some of the statistics from the naval stations were not to be entirely relied upon because a great number of the men were treated, not in the hospital, but on board ship; have you any information with regard to that?

I believe that the number of cases in ships in port have not been included up to this time, but that does not affect the comparison at all; it tells both ways.

165. Have you any account of the cases of women in the hospital during the same period?

Yes, I have. My statistics will be very much confined to Devonport, because the shortness of the time prevented me from preparing them for other places, but I will furnish that information if the Committee pleases.

166. Earl *De Grey*.] Could you furnish the Committee with statistics for the same months of April at the other stations?

There would be a difficulty about that, inasmuch as the operation of the Act was not simultaneous.

167. Taking the three periods of 1865, 1867, and 1868, the two last would apply to the new stations, and the former to the older ones?

Yes.

168. Viscount *Sidmouth*.] You stated that when there is any increase in the military or naval force in a place, the women frequently come in from the country districts; do they not come in from large towns, or from considerable distances; for instance, would they not probably go down from London to Portsmouth or Devonport?

No, not so far as that. In Portsmouth, for instance, you would have an influx from Southampton and Winchester, from the Isle of Wight, and, perhaps, Brighton. A good many of those women come into Portsmouth when there is anything extraordinary going on, but not many from a greater distance.

169. The police would be likely to know of that taking place, would they not?

Yes.

170. How do the women get provided with lodgings who come in from a distance upon the strength of a report that there are troops coming; is there not a difficulty in finding accommodation for them?

No, there is no difficulty.

171. Do they amount to a considerable number when there is an addition to the troops?

Yes; our men are enjoined to use great activity at such times. Whenever troops are moving in that way, they will be followed in all cases by a more or less number of women; sometimes more and sometimes less.

172. My question did not refer to women who had been with them at their last quarters, but women coming in in consequence of its having been reported that there was an addition to the naval or the military forces?

A very considerable number come in that way.

173. Have

173. Have you any means of knowing whether they come in in a diseased state or not?

I do not think they come in so much in a diseased state.

F. M. Mallalieu,
Esq.

26th May 1868.

174. Do the police find an immediate increase of disease follow the influx of those fresh women?

I have not noticed that. It is more where the women follow the soldiers; where they come from station to station with them. Then we are certain to get fresh women, and frequently badly diseased.

175. Earl of Devon.] In what year was the Albert Hospital opened at Devonport?

I do not remember the precise year, but for the purposes of this Act it has been open only about four or five years; it has been gradually increased in size.

176. Was it open in 1865?

Yes. We had something like 30 beds there to commence operations under this new legislation at that time.

177. Earl De Grey.] It has been suggested that it would be desirable to enact that a woman who had been brought up and sent to the hospital a certain number of times in a diseased state, should, if brought up again, be sent to a penitentiary, or otherwise penally treated; what is your opinion about that?

I rather agree with that. I think that it would be a desirable rule to enforce at times. I have seen occasionally in Devonport and Portsmouth perfectly pitiable objects, diseased women in the very last stage of wretchedness and disease. Those are women who have been discharged incurable, probably from the hospital, and they do not find easy admission at the union workhouse. There is a strong objection on the part of Boards of Guardians to admit that class of persons in that advanced condition of disease. This might be remedied by something being paid for them.

178. Do you think that the adoption of that proposal would create difficulties in the way of the general working of the Act?

No, I think not; the difficulty would be in getting suitable places to receive them, I imagine. These cases will become fewer in each succeeding year.

179. Have you formed any opinion as to whether it is desirable or possible to extend the Act to places not naval or military stations, but large towns inhabited mainly or exclusively by a civil population?

I am rather reluctant to give any decided opinion upon that, because this experiment has hardly yet had an adequate trial. It is my own impression that we have had hardly sufficiently safe data to go upon for any large extension. What I should respectfully urge upon the Committee would be its extension, so as to make our present districts more complete. The question of expense has, of course, to be considered; and whether new towns added to the districts ought not to supply some of the funds necessary for the expenses is another thing; but we are very incomplete in that respect at present. To give a familiar example, if the Committee will permit me, we have the Act in operation at Woolwich, Chatham, and Sheerness; but Gravesend, between Woolwich and Chatham, has no supervision at all; and the consequence is that they have a greater number of prostitutes than the population of the place would warrant at Gravesend; and they come over to us at Chatham, and render fruitless the work which the police are so busily engaged in with the women of Chatham.

180. Although you have formed, as I understand, a favourable opinion of the working of the Act in the stations to which it is now applied, you do not think that our experience is sufficient to justify its being largely extended elsewhere?

I confess that that is the view which I take at present.

181. That opinion does not arise, I presume, from any unfavourable opinion as to the operation of the Act in the stations to which it is now applied?

Most assuredly not. All the means of judging that I have had are quite in the direction of its being one of the most useful pieces of legislation in my time. It was indeed high time for something to be done. To a person who has been watching the condition of Portsmouth and Devonport for a great many years,

F. M. Mallatieu,
Esq.

26th May 1868.

before and since the passing of the Act, it must be obvious at a glance that the cleanliness of the women is greater, they look healthier, and are more decent in demeanour; also, that the greater cleanliness of the brothels is something very remarkable. The whole thing has been stirred, and much of the filth removed.

182. Duke of *Cleveland*.] What are the grounds which induce you to believe, as it has been so successful where it has been tried, that it might not be more extensively applied?

I can hardly give them, but my impression is, that to a great extent it would be disappointing in some large towns. I do not think there is so much disease in proportion.

183. Do you think it would give rise to religious objections on the part of a portion of the population?

It was not from that point that I was viewing it.

184. You referred merely to the practical difficulty of its application?

I do not think it will be found that there is the same amount of disease among the lower classes elsewhere; there is not the same material to begin with; soldiers and sailors are a reckless people, having considerable sums of money coming into their possession suddenly, and having, so to speak, few means of using it suitably.

185. Still in large towns, such as Newcastle or Tynemouth, where there is a floating population, the same principles would come into operation, would they not?

Precisely so. I confess that my attention, in giving those answers, has been rather directed to the large inland towns than to the coast towns. I think that in all coast towns it would be a great advantage.

186. Viscount *Sidmouth*.] Is it not the fact that there are a great number of women who follow ships about from port to port?

I believe so, but I have no immediate knowledge of it.

187. Earl *Nelson*.] There have been two statements with regard to the action of the Act, one of which is that it has the effect of bringing diseased women to the towns where the Act is carried out, for the purpose of coming to the hospital; and the other statement is, that so far from that being the case, it positively has had the effect of driving diseased women away from the towns into other neighbourhoods; I should like to know your opinion upon that point?

My opinion is decidedly that the first view is the accurate one. I think that now, more especially, when the advantages of the Act are becoming well known amongst this unfortunate class, they are rather disposed to come in for the purpose of getting cured. I believe that that will be demonstrated by numerous cases. When we began at Sheerness, the condition of the women was indeed pitiable, so much so, that they were eager to take advantage of the relief offered by the hospital.

188. Viscount *Sidmouth*.] Have there been any penalties inflicted under this Act since it has been in operation?

I fancy that they would be very easily reckoned; there are hardly any, except the six before alluded to.

189. There is a penalty for a woman refusing to be examined, is there not, and a penalty for harbouring a woman having a contagious disease?

Yes; I remember one case of a brothel-keeper being fined 10 *l.* for harbouring a diseased woman; I think that is the only one; the women themselves have been so tractable, so easily persuaded, and so well disposed to accept thankfully what has been done for them, that I quite think they have come in from places all round. In such a town as Portsmouth, for instance, we have had women from Southampton, and from Winchester and other places, who have come in for the purpose of being treated.

190. Earl of *Devon*.] Has it ever occurred to you to hear the religious objection, to which reference has just been made, raised in conversation by any persons of the civilian class; I mean the objection that interference of this kind was a sort of recognition of the existence of the class?

I have

I have heard that.

191. Have you heard it generally at all?

No, not generally; but I have heard it urged in individual cases very strongly.

192. By persons of what class or position?

The middle class; superior tradesmen and persons of that class generally with whom I have casually come in contact.

193. Those are persons, perhaps, who were not acquainted with the necessity that exists for it?

Precisely so; I have generally endeavoured to remove the objection, and I think successfully; but I would observe that it is most remarkable how little notice our operations have excited, and how comparatively few seem to be aware of what is going on.

194. In the case of Aldershot, there are places included within the limits of the Act, are there not, which must be at least six miles, if not more, from Aldershot?

Yes.

195. Therefore in that district there would be a good many farmers and clergy, and local justices, and so on; have you ever heard any objection on that ground raised by those gentlemen in the agricultural districts around Aldershot?

Not one. I think that the advantages of this legislation to persons remote from the centre of operations, like these you speak of, are very great indeed.

196. And are they recognised?

I believe they are recognised.

197. Viscount *Templetown*.] You were saying just now that you would like to see the Act completely carried out in those places; are you at all aware what would be a sufficient number of beds at each place to carry it out completely, and consequently what the expense would be?

I am not very well in a condition to state that to the Committee to-day.

198. I concluded, from your observation, that you thought that all those places would be an example of the efficiency of the Act, when completely carried out?

That was not precisely what I meant; what I desired to impress on the Committee was, that our exertions at places within the operation of the Act are impeded so materially by the vicinity of places where there is no such supervision, that it is really necessary, in fairness to the Government, who are spending a considerable sum of money upon its operation, to bring those intervening and contiguous places in. Gravesend, which is midway between two places subject to the operation of the Act, seriously impedes the proper working of the Act in places where it is in operation.

199. But there are at present a great many diseased prostitutes known by the police who could not be taken in even at Devonport?

Quite so; during my stay at Devonport for the last 10 days the hospital has been overflowing upon several occasions, even with the enlarged number of beds, and women have been waiting for vacancies to take place so as to enable them to get in; but I anticipate a falling off in the number of diseased women to some extent before long.

200. Earl of *Devon*.] Do I understand from you correctly, that the only places to which the Act applies are those which are specified in this Schedule to the Act, and that the limits of those places are those defined in the Schedule?

Precisely so.

201. There is no distance of miles round any particular centre?

No.

202. Duke of *Cleveland*.] We have had a statement made that the district includes a circuit of 15 miles?

Yes; but this is the extent of the operation of the metropolitan police in
(46.) c 3 those

F. M. Mallatien,
Esq.

26th May 1868.

F. M. Mallalieu, Esq. those districts for the protection of Her Majesty's property only, or over persons in Her Majesty's service.

26th May 1868.

203. The question was asked with reference to this Act, therefore I presumed that it operated with regard to this Act within those 15 miles?

If the Act of 1866 was extended to this 15 miles radius it would do much to make our districts more uniform.

204. *Chairman.*] The Earl of Devon mentioned the religious objection; is not the religious objection almost invariably confined to the giving of certificates according to the continental system?

Yes; but, as I said before, the Act has been worked so quietly that its operation is much less known than might be supposed.

205. Have you ever considered the continental system?

I am not intimately acquainted with it; I know that certificates are given of that kind.

206. It would seem, would it not, that the great difference between the continental system and ours, according to your evidence, is, that the system of kindness and good treatment at the hospital has made ours a voluntary system of protection to a great extent, whereas on the continental system it is a matter of coercion?

Your Lordship has rightly described what I consider the effect of this legislation; it has been especially a law of kindness to the women, and is much appreciated.

207. You cannot give any opinion, can you, as to the comparative merits of that law of kindness and the coercive system on the continent?

I think that the coercive system would bring us to a standstill very soon.

208. And it would not be equally effective?

No.

209. Although the Act has not been sufficiently long in operation to make it a general Act throughout England, would you go so far as to extend it to all military and naval stations as a continuation of the experiment?

Yes, I think so; wherever there are soldiers and sailors to any extent, they should be brought within the jurisdiction.

210. Would you go so far as to say London?

London is so enormous an experiment, that I would hardly go so far as that yet; but the police would form an admirable organisation for the purpose; I do not mean the executive alone, but include our almost perfect medical staff in the various divisions, all men familiar with the disease in both sexes.

211. Would you extend it to the civil ports where there are no military or naval stations?

Yes, I think it might advantageously be extended to civil ports.

212. Would you extend the area round the different stations from six to any number of miles?

I am decidedly of opinion that that would be an advantage, and even then it would probably turn out that we should have some places left out which it would be very desirable to be brought in. Maidstone occurs to me, for instance, as such a place.

213. If the Act were so extended, would not that, to a great measure, remedy the evils arising from such a circumstance as the arrival of troops?

Yes.

214. And until the Act is so extended, it cannot be efficiently carried out?

It cannot be adequately carried out; we are losing one day what we gain the day before.

215. Outside the bounds of the metropolitan police, how would you propose to carry it out?

The arrangements would be of a similar character.

216. Do

216. Do you know anything of the country police ?
I have some acquaintance with them.

*F. M. Mallalieu,
Esq.*

217. Do you think that the country police would be able to carry out an Act of this kind ?

26th May 1868.

I have no reason to doubt it ; I do not claim for us anything superior to the general police of the country, but it is better, if possible, to have an uniform mode of action under one head.

218. You mentioned that you would recommend that the women should be penally treated in case of their coming more than two or three times into the hospital ; would not that militate very much against the voluntary system ?

I am not quite sure that it was I who said so.

219. You would commit them penally to reformatories, would you not ?
Yes, so far as regards extreme cases ; rather as a refuge than penalty.

220. Do you think that that would not militate in any way against women coming in voluntarily ?

No ; I do not think that the number of those would be sufficiently large to produce any such effect, and they will decrease under the action of the new law.

221. But those extreme cases certainly would not come in voluntarily ?
You would hardly desire it ; those cases are incurable, generally.

222. Those are the very people who ought to be guarded against, are they not ?

I think they should be kept out of the streets.

223. That is to say, if you could detect them ?

I think that with those extreme cases, such as I have my eye upon now, there would be no difficulty in detecting them.

224. You are aware of the complete success of the Act at Sheerness and Devonport ?

Yes, perfectly.

225. Will you have the goodness to state to the Committee what has been the result at Sheerness ?

The disease is all but stamped out there ; it exists only in a nominal shape ; with the exception of men who bring disease with them, the disease may be said to have ceased to exist.

226. There was one month when there was no diseased women in Sheerness, was there not ?

I think not more than two, at all events ; I do not remember the precise figures, but it was very small in number.

227. Can you give us the reason why it has been, that in Sheerness the Act has been so much more successful than in other places ?

Sheerness is isolated so very completely. This is the solution of the success at Sheerness.

228. If the area were extended in the case of other stations, do you think that the same result might arise as has arisen at Sheerness ?

Yes ; always supposing sufficient hospital accommodation.

The Witness is directed to withdraw.

LIEUTENANT GENERAL THE RIGHT HONOURABLE SIR HENRY STORKS,
G.C.B., G.C.M.G., is called in ; and Examined, as follows :

*Lieut. Gen.
The Right Hon.
Sir H. Storks,
G.C.B., G.C.M.G.*

229. *Chairman.*] YOU have dealt with the matter which is the subject of the inquiry of the Committee, have you not, not only at Malta, but in the Ionian Islands ?

Yes, when I was Lord High Commissioner there.

Lieut. Gen.
The Right Hon.
Sir H. Storks,
G.C.B., G.C.M.G.
—
26th May 1868.

230. Will you give the result of your experience at Malta?

At Malta the law was carried out very strictly, as regards the examination of prostitutes, and with very great success. As an example of the actual state of Malta in the year 1865, as compared with stations where the women of the town are not inspected, I would refer to the condition of the garrison with regard to the venereal disease during the spring and summer of that year. On the 12th April the 84th Regiment disembarked at Malta, and on that day the cases under treatment in the hospital, including the whole garrison of the fortress, amounting to 6,192 men, were five. The 84th Regiment reported 19 cases on arrival, and a week after their disembarkation there were 38 cases in the regimental hospital, the increase arising from undetected cases during the voyage. The 29th Regiment disembarked on the 1st of July, and reported 16 cases of venereal. The day previous there were only 23 men under treatment for this disease in the garrison, and the majority of those cases were in the 84th Regiment. After the 29th Regiment had been a week in the command, 23 cases were under treatment in the regimental hospital. Both regiments came from Dublin to Malta; and on the 21st of October, the day on which I wrote my report, there were only eight cases of venereal disease reported in the garrison, and the force may be reckoned at something above 6,000 men. In the Ionian Islands the law was applied with great care and vigour with regard to the registration and inspection of prostitutes; all the women of the town were registered by the police, and periodically inspected by the police physician. They were periodically inspected at Malta also. The careful and periodical inspection was attended with the happiest results in the Ionian Islands. The disease might be said to have almost disappeared in the Islands of Corfu, Zante, Cephalonia.

231. What were the other measures besides periodical inspection?

Any woman found to be diseased was immediately sent to the hospital, in the Ionian Islands; she went there as a matter of course. We had the means of compelling women to go to hospital in Malta by law.

232. Viscount *Templetown*.] When you say all women, how did you determine a prostitute?

All women who were notoriously prostitutes. I was just about to say that I am only referring to the professional prostitutes; the notorious prostitutes I believe there was considerable disease amongst women who were not liable to this inspection.

233. *Chairman*.] Those were women of a higher class, I presume?

Yes; for instance, a woman on the police list, in the Ionian Islands, was removed from that list if she were taken into keeping, but the police, of course, looked very closely after them, and could detect whether the woman merely made an excuse of being taken into keeping in order to get off the list.

234. Viscount *Sidmouth*.] There is a great deal of difference, of course, between an island like Malta and towns, situated as they are, in England; therefore any statistics which you can give as to the operation of such an enactment at Malta would prove in a very great degree what effect it had in reducing the number of cases; have you any such statistics?

No, I have none.

235. How long was the law in force in Malta?

Up to the year 1859 the prostitutes were inspected under a law, or a presumed law from the time of the knights; but in the year 1859 they found that there was no law which compelled them to submit to the inspection. I will just read to the Committee a part of a report which was made by the Comptroller of Charitable Institutions at Malta: "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 consequence was that a law was introduced and passed through the Council, a copy of which I have here, if the Committee would like to see it.

236. The

236. The reduction in the number of cases has been very great since the passing of that law, has it not?

Yes, certainly.

237. The disease used to be very bad at Malta, did it not?

Yes, very bad.

238. *Chairman.*] The two measures that were taken were, inspection by the police, and committal to the hospital?

Yes.

239. And those measures have almost extirpated the disease in that class of women?

Yes, in that class of women.

240. But people of a higher class it did not touch?

No. For instance, I have known very little or no venereal in the regiments amongst the men, and I have known the officers have it through what was considered a superior class of women.

241. *Earl De Grey.*] Does the system in Malta and the Ionian Islands involve the registration of the women?

In the Ionian Islands they were all registered. The director of police in Corfu used to bring me a list every Monday morning; I took a good deal of interest in this matter, and I used to check this list, and ask him about it if I saw any change in it, and he put in the column of remarks any women who were removed from the list.

242. But in Malta there was no registration?

No, there was no registration in Malta.

243. Nor license?

No, nor license.

244. The system, as it existed when you were at Malta, was very similar, was it not, in its main features, to that which exists now at our military stations under the Act of 1866?

Yes, the Act is much the same; I have brought a copy of the Malta Act, if the Committee would like to see it (*the Witness delivers in the same, vide Appendix*).

245. *Chairman.*] Do you consider it feasible that we can successfully meet this disease in all our military stations?

I should say so. The great point, when a soldier becomes diseased, is to find out from him who the person is who infected him.

246. *Duke of Cleveland.*] And you practically experienced no difficulty in finding that out?

No; the men were asked who infected them, and they very often showed reluctance to state, and they sometimes name the wrong person; and on that person being inspected she was found to be perfectly well; and very often it arose from the man having had intercourse with a woman, and being drunk at the time, he did not know really who was the person.

247. *Chairman.*] Then you would advise Parliament to extend this Act of 1866 to all military stations?

Yes, I think so. I have been very much struck with the appearance of the men in the ranks, the sort of taint that they have had of late years; anybody who is in the habit of looking at men can see that they bear a sort of taint when they have had the disease. I am talking of men who have enlisted, who have not been long in the ranks, and who have evidently had it in civil life before they enlisted.

248. *Earl De Grey.*] Do you think you have observed that more of late years?

Yes.

249. Then you would conclude that the disease was on the increase in the country?

Lieut. Gen.
The Right Hon.
Sir H. Storks,
G.C.B., G.C.M.G.
26th May 1868.

Lieut. Gen.
The Right Hon.
Sir H. Storks,
K.C.B., G.C.M.G.
26th May 1868.

I should think so. Of course I give that merely as an opinion, not with any positive knowledge.

250. Viscount *Sidmouth*.] Do you think, as far as your experience has gone, that there would be a difficulty in getting such an Act passed by the local legislatures of the Colonies where troops are stationed?

I should think not. Since I left Jamaica, the Council has passed a Contagious Diseases Act. I was very much impressed with the importance of passing that Act there. It is applicable to certain districts which are named; and the Act gives power to extend those districts. I found that there was a great deal of venereal disease all over the country, and if I had remained there I should have passed the Act myself, and the Governor has since passed it.

251. The disease is very bad in many of the West India Islands, is it not?
Yes, very bad.

252. Duke of *Cleveland*.] It is more virulent there, is it not, than in England?

I have seen some very bad cases there. The best hospitals to see the disease there are not the military hospitals, but the civil hospitals. The Act has been passed since I left Jamaica, and I cannot speak as to its success, but I should think it would be very successful.

253. *Chairman*.] Did you ever hear of the comparative number of deaths amongst the Foot Guards in London and in the Crimea?

No, I never did.

254. Viscount *Templetown*.] By the measures which you took at those two places, namely, Malta and the Ionian Islands, did you reduce the disease very much indeed?

Very much, I think.

255. Did you take the precaution to have an examination of the regiments when they landed?

Formerly it was the practice of the service to have a weekly inspection; and I think it is very much to be regretted that the practice has been abandoned. I had the 64th Regiment inspected as soon as it arrived; it came with no reported cases, or very few cases, of venereal disease. My attention was attracted by their sick report, and I ordered the whole regiment to be inspected immediately, and the report that was made to me was that no other cases had been detected.

256. There must be a great deal of disease imported either by traders or by the regiments coming into a place; and my reason for making the remark is that we have heard from a witness here that at Sheerness the disease is nearly stamped out; therefore you would think it a sensible proposition that the same thing might be done if you could ward off its introduction by men as well as by women?

Yes, certainly. I found at Corfu that when a foreign man-of-war came in, the disease increased; we had more women in the hospital who were public prostitutes.

257. You had no increase of women through that circumstance, I presume?

No, we had no increase of women; the women were the same, but a foreign vessel having arrived, the disease increased. For instance, there is a passage in the report of Mr. Inglott's which I will lay before the Committee, in which he says, speaking of Malta, "Seasons have come during which the wards of the Lock Hospital contained 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. In proof of the above circumstances I have only to state the fact which is to be observed at this very moment of the wards of the central hospital of the island, where no less than 15 patients (seamen of a Russian man-of-war) are under treatment for syphilitic affections of various forms contracted in the town of Brest. These men, I am informed, have been on shore before their admission into the hospital."

258. Earl

258. Earl *De Grey*.] I think you said that you were in favour of the inspection of the men in the regiment?

Yes, certainly.

259. You do not see any objection to that?

No; I think, if the inspection is properly carried on, it is a great check.

260. Do you think it is unpopular amongst the regiments?

I never heard that it was.

261. Do you know why it was abandoned?

I believe it was abandoned at the suggestion or at the request of the medical officers.

262. It was unpopular with them?

I suspect so; but I look upon it as a matter of duty, and a matter of discipline.

The Witness is directed to withdraw.

BERKELEY HILL, Esq., M.B., is called in; and Examined as follows:

263. *Chairman*.] You practice as a Surgeon, do you not?

Yes.

264. And you are Secretary to the Society for the Extension of the Contagious Diseases Act?

Yes.

265. And you have made very considerable inquiries as to this matter?

Yes; I have been occupied the whole of last winter and spring in gaining information for the use of the association.

266. Will you give the Committee some idea as to how far you have gone in this matter?

I have been surgeon at the Lock Hospital since last July, and during that time I have had the care of all the female out-patients suffering from venereal disease, and I also have been, under the guidance of the common lodging-house serjeants, with the permission of the Commissioners of Police, into several districts of London where the prostitutes of London reside, and I have had interviews with them; I have spoken to them, and I have asked them a great number of questions respecting their means of cure when they get diseased, their habits, the character of the disease when they have it, and upon many other matters which bear indirectly upon our investigation. I have also had interviews with a great number of prostitutes of a higher class; not merely the most abandoned women, but women who are in tolerable prosperity for that way of life. My object in doing this disagreeable work was to ascertain, if I could, whether there is really a very great amount of disease among the prostitutes, or whether I was not under a misapprehension, through seeing only diseased women at the Lock Hospital, and therefore I might exaggerate the proportion of the disease among the women generally of London; and also I wished to know what their habits were, if they are as abandoned as they are said to be; that is to say, as careless about infecting other people when they themselves are ill.

267. What was the result of your inquiry as to the proportionate number of women who were infected, and as to their carelessness about infecting others?

My impression is that every woman sooner or later becomes diseased; for this reason, that the very first answer I received from nearly every one of them was, "Oh, I have nothing the matter with me;" but after a little time, when they began to see what my object was, they would tell me that they had been diseased, and they would tell me how long they had been diseased, and also that their necessities prevented them from refraining from sexual intercourse when they were diseased; and some of them would tell me a great many of their symptoms, so that I was quite confident about the kind of disease that

(46.)

D 2

they

Lieut. Gen.
The Right Hon.
Sir H. Storks,
K.C.B., G.C.M.G.
26th May 1868.

B. Hill, Esq., M.B.

B. Hill, Esq., M.B.
26th May 1868.

they had, and they would also tell me what treatment they had. The means of treatment that are open to them are mainly these: there are a certain number of dispensaries and hospitals in London which administer aid to them as out-patients, and there are three or four hospitals in London which receive them as in-patients. Guy's Hospital has over 50 beds. I think that St. Bartholomew's has about 100 beds. Our own Lock Hospital has but 30 beds. Those, and a few beds in other institutions, with admittance to the work-house when they are utterly diseased, and when they are unable to get off their beds, are the only asylums that those women have when they are diseased; otherwise, they must be treated as out-patients at the different charitable institutions; and while they are out-patients they also continue to ply their trade as prostitutes. In one instance I found that that was the case with a woman who was an out-patient of my own, so that I know exactly what disease she had. I met her in a court in the Grays-inn-lane, and she told me that during the whole of last winter she was compelled to continue her trade of prostitute, although at that time she was in a condition of disease which must have been extremely contagious, as I knew from my own observations, because she was an out-patient of my own at the Lock Hospital; and yet the whole of this time, she told me subsequently, she had been in the habit of receiving, perhaps, as many as 10 men in one week; sometimes, perhaps, not so many. It depended a good deal upon her earnings; if she had had a good sum given to her she would refrain for a few days until the money was spent, and then go on the streets again. I only narrate that as an instance of the practice of nearly every one of the lower class of prostitutes; they are obliged to continue this kind of life, simply because if they do not they starve. They are utterly improvident and reckless; they never lay any money by, and they are generally pretty deeply for them in debt. They generally owe, perhaps, 1*l.* for lodgings, and pay it off by instalments; their obligations are generally ahead of their earnings.

268. Do you think that that would be obviated by the extension of this Act, and by giving hospital accommodation?

Yes; it would be obviated in this way: that those women would at once be taken from off the streets, and would be prevented continuing their trade, and their disease would be much more quickly cured, and they would have opportunities of carrying out the remedies which they are directed to use, which they have not now.

269. That is the condition, such as you have pointed out, of a town where the Act does not exist?

So far as I know, every town in England where the Act does not exist, is in that condition.

270. What has been the result of your inquiries as to the effect of this Act in diminishing that state of things where the Act has been in operation?

The effect has been very great amongst the women; the women themselves suffer from milder forms of the disease, as I am told by the surgeons in charge of the hospitals, and the surgeons who are visiting surgeons under the Act, who have to examine the women from time to time; they all tell me that they find that the stay of those women in the hospital is much shortened. The stay in the hospital was, speaking not very accurately, about 60 days during the early times of the Act at Devonport, and it is now brought down to between 30 and 40; and the same is the case at the London Lock Hospital, where the patients are sent from Chatham, Sheerness, and Woolwich.

271. We understand from you that a diminution of disease has followed the enforcement of preventive measures; do you refer merely to milder forms of the disease, or to there being a much less amount of it?

All the forms have become less frequent; there is certainly a smaller number of diseased women, and also a less amount of the severe form of disease. That form which we call syphilis, which is a very contagious disease, which is propagated from parents to offspring, and between individuals in various ways, has become very much diminished in quantity. Mr. James Lane, the senior surgeon at the Lock Hospital, tells us that when first the hospital received

Government

Government patients, the number of syphilitic patients received through Government was equal to the proportion received by charity from the London streets; but now writing at the end of last year, he says, "The proportion of the Government patients suffering with syphilis or the disease that penetrates the whole constitution was only 13 per cent., but of ordinary patients it was 43 per cent."

B. Hill, Esq., M.D.

26th May 1868.

272. What are Government patients?

That is a phrase for those who are sent from districts under the Act. The proportion was only 13 per cent. at the end of 1867, whereas, in the ordinary patients that came from London, it was 43 per cent. Those numbers were equal when the Act was first put in force.

273. Do you mean 43 per cent. of the more severe forms of the disease?

Yes. I have a letter here from Dr. Leonard, the inspector of certified hospitals, which was written on the 2nd of May, in which he says, "At Sheerness, only 18 cases were under treatment during the quarter ending 31st March; 12 were discharged cured, and six remained," at the end of the quarter, "They consisted of 12 uncomplicated cases of gonorrhœa, and six of gonorrhœa and primary syphilis combined." Gonorrhœa is a milder disease; and only six had something superadded, only of a severer form. That is an exceedingly different state of things, as you may understand, from what it was before the Act was put into force. At Aldershot he tells us that it has been found impossible, during the first quarter of the present year, to keep the 50 beds full, notwithstanding forced examinations; that is to say, that every one of the 245 women who are under observation at Aldershot has been examined, whether she is suspected of being diseased or not, in accordance with the powers of the Act; which provision has only recently been put in force. "Thirty-eight has been the largest number at any time in the hospital." I was at Aldershot, in December last year; and then I was informed by the surgeon and by the police that they had 20 women waiting to go in, because though they had 50 beds there, and 20 in the London Lock Hospital, the 70 beds were full. There were 20 women, at least, whom I know they would have put into beds if they had had them.

274. What were those women doing?

They were plying their trade, and infecting the soldiers. The Act had only been in operation at Aldershot since the June of last year, and that was in the December of last year. But those 70 beds have done so much good that at the end of the present quarter, they could not keep the beds full, because they had not enough diseased women.

275. Can you give us a statistical abstract of the health of the Navy, in 1866 and 1867?

Yes; I take it from the official abstract that was published last August, and was laid before Parliament, and which was drawn up by Dr. Mackay. He takes as a sample of the good that the Act has been doing, the admissions into the Marine Infirmary and the Royal Naval Hospital at Plymouth, during the years 1864, 1865, 1866, and first half of 1867, and he has drawn up a table dividing the entries into six monthly periods. He says, "By drawing up a table in six monthly periods, it will be seen how progressive has been the decrease of disease from the first six months of 1864, when no Contagious Diseases Act existed, until the first six months of 1867, when the new and more extended Act had been in operation for a short time." Thus in the first six months of 1864 the ratio per 1,000 of mean force was 129.7, and the second six months, 120.1. In the first six months of 1865, 104.8; in the second six months of 1865, 101.7. In the first six months of 1866, 62.3; in the second six months of 1866, 60.4; and in the first six months of 1867, 49.3; so that the short time the Act has been in force, 3½ years, has brought it down from 129.7 to 49.3; that is at Devonport, and it applies to the sailors and marines, not to the soldiers.

276. According to your experience, in what way is the working of the Contagious Diseases Act submitted to by the women?

I made particular inquiries in that respect when I visited the dockyard towns, and I found that there was very little objection to it. The women

B. Hill, Esq., M.B.
 26th May 1868.

had become accustomed to it. You will recollect that they are a very wayward class of persons, and at first they did not at all like being shut up in a hospital, and they would occasionally break out, but they have become accustomed to it now. Once or twice a few of them have been punished by a term of imprisonment, and they told me, that on the whole, they did not like being shut up, but it was better that they should go to a hospital than be sent to prison. They all agreed that they feel very much the advantages of hospital treatment, and that they are much more speedily restored to health. A certain proportion of these misguided women, who are young, and who have not become entirely lost to all sense of shame, perhaps none of them are, but those younger ones are easily reclaimed. The hospital has had great success, or rather the reformatories attached to the hospitals have had great success in reclaiming those women.

277. Can you give us any exact account of any one of the hospitals as to their success in reclaiming the women?

Yes; I have a circular sent to me by Mr. Romaine. The Board of Admiralty printed an account of the Royal Albert Hospital at Devonport, and this was the memorandum for the year 1866, that out of 130 patients discharged as cured, 39 or 30 per cent. have been sent to their friends or to different penitentiaries and homes; and from some of those places there is an account of how each individual has behaved herself since she was sent to the home or the penitentiary, and it gives a very good account. This is an official document signed by the Treasurer of the Royal Albert Hospital, and sent to Mr. Romaine, the Secretary of the Admiralty.

278. Could you give us any exact account of the effect of the hospital system in reforming women?

I do not know that I can give any exact account, but I have a letter which I received from Mr. Webster, the Rector of St. Mary's, Chatham, in which he speaks very strongly of the good effect of the Act in that respect. He writes to me after a meeting which was held of the beneficed clergy of Chatham and other towns, to consider the propriety of extending the operation of the Act to the civil population, and he says "The meeting was attended by almost all the beneficed clergy of the towns, by several of the chief medical officers of the garrison, and by a good many of the laity besides. After an animated discussion of nearly two hours, in which almost everyone present took part, we arrived at the conclusion that from the experience of the last two years, during which the Act had been in operation, its extension throughout the kingdom was highly desirable, as tending to mitigate, to a very great degree, one of the most frightful diseases that afflict humanity. The obvious moral objection to the Act, that it removes one chief deterrent from the sin of fornication, namely, the fear of contagion, was greatly modified to the minds of the clergy present, by the experience of the Rev. J. G. Bailey, the chaplain of St. Bartholomew's Hospital, Chatham, who states 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 10 months, no less than 39 of these unfortunates had been restored to their homes, or induced to enter reformatory institutions; at the same time, I am bound to state on behalf of myself and my brother clergy, that while in favour of this Act, as it at present stands, we should altogether deprecate its conversion into an instrument hereafter for the introduction into England of the 'continental system' of legalised and licensed prostitution." This was written at the beginning of the present year.

279. Are you aware what the continental system is?
 Yes.

280. Have you ever compared it with the system under the Act, and formed an opinion as to which is preferable?

Yes, I think that the system of the Contagious Diseases Act is far preferable, for this reason, that on the continent (and I am speaking rather of Paris at this moment) the very stringent regulations which they have there, the taxation on the brothels which is levied to support the expenses of carrying out these measures,

measures, renders it very desirable to the women to evade the regulations, and they do so with considerable success, and consequently the prevention of contagious disease is not so complete as it might be otherwise. The Contagious Diseases Act here throws very little obstacle in the way of a woman's being received, it hampers her liberty as little as possible, and only in a way which she can see is really for the good of herself, and in that way she falls into the working of the Act. She voluntarily aids the carrying out of its provisions; and in that way I believe that our Act is far more beneficial to the community than the continental regulations, although they aim at greater completeness.

B. Hill, Esq., M.D.

26 May 1868.

281. You think that a great deal of the good working of our Act depends upon the voluntary submission of the women?

I think that that is a most essential thing. I might perhaps be allowed to mention a little abstract of the doings of the asylum which is attached to our Lock Hospital in London. "In 1867, 34 Government patients and 42 ordinary patients entered the asylum, whence 16 have left at their own request, 8 have been restored to their friends, 52 remain in the asylum. During 1867 the asylum placed 18 of its inmates in good situations, and 13 were restored to their friends. A large proportion of them received sums of money on leaving as rewards for good conduct and industry."

282. You stated that you thought that the great value of the present Act was the voluntary submission of the women which was in a great degree prevented by the coerciveness, so to speak, of the continental system. Are you aware how many women were brought under the operation of the Act in the first quarter of 1868 at Aldershot, Woolwich, and Chatham, Sheerness, Portsmouth, and Devonport?

I have tables here showing that the number was 1,535.

283. How many of those were proceeded against by information?

Four.

284. And all the rest submitted voluntarily?

Yes; and it is equally good for the last quarter of 1867; there were out of 1,149 women only two proceeded against during that time.

285. Can you suggest any improvement in the working of the Act?

I believe that the improvements which I should suggest are those which will be made by the authorities as it becomes possible for them to be done. For instance, it is a most essential thing that the Act, as it now stands even, should be carried out fully in one of its provisions, namely, that the women should be periodically and frequently examined. Hitherto, except at Aldershot and Sheerness, the demand for beds has been so great through the summer that they have not been able to examine the women frequently; they only examine those with regard to whom there is reliable information of their being diseased. To show the importance of that at Plymouth, some very small per-centage, I think two or three per cent. only, of those examined were found free from disease. Then another point is this, to which the authorities themselves are, perhaps quite awake, namely, the very small area to which the Act is applied; it is a matter of notoriety that wherever the Act is now in force the disease is being constantly imported into those districts from the outside. For instance, at Chatham, where the Act is in force, women are constantly entering from Gravesend and from Canterbury, and from Maidstone and the country places round, in a very greatly diseased state, with the object of getting into the hospital; but they do not get into the hospital at once; and, perhaps, being strangers there they ply their trade for a short time, simply because of their fresh faces, or there is a little novelty about them, and in that way they may disseminate a great deal of disease before they are found out; and when they are found out the worst punishment that awaits them is simply what they want themselves, namely, to get into the hospital.

286. You would, therefore, recommend an extension of the area in the first instance?

Yes, an extension of the area, and compulsory and frequent examination of all the women to whom the Act is applied.

B. Hill, Esq., M.P. 287. There has been an objection in the House of Lords to the great expense of the carrying out of this Act in the large towns; what is your opinion as to that?
 26th May 1868.

I think the expense would be a serious sum at first; but afterwards I think that it would be a very moderate sum, a sum that a local tax on the town itself might very well disburse.

288. And that sum would continually diminish?

Yes; we found that the demand for beds diminishes where the Act is in force. At every one of the stations now there are often empty beds; whereas, when the Act was first set in force, the beds were far below the demand.

289. How would you extend the Act to the civil ports?

I should carry out the principle of the Act in this way. I should establish small hospitals in all the districts where the women reside; and it is a feature of their life that they do reside in certain districts, nearly all of them. Then I should appoint a surgeon in charge of the hospital who should also be the visiting surgeon, that is to say, the surgeon who would examine the women before their admission. He should have the control of the hospital, and if it were necessary, he should have the assistance of a matron and a small staff of nurses. Then I should entrust to certain selected police constables or police officers the duty of enrolling and registering the women who live in their district, and of seeing that they presented themselves regularly for examination once a week or once in 10 days; perhaps that might be a matter of arrangement afterwards, but I should have very little parade about it, for my impression is that if the police constable did his duty properly, the women would go to be examined, and would enter the hospital without any trouble, and with very little disturbance.

290. Is there anything else that you could suggest to the Committee from your experience, which is very considerable in these matters?

I think that one way in which the Act has not worked very satisfactorily is that the different surgeons and police officers charged with its working have not any common code of instructions; I think that a very important matter. I think that if the different symptoms or conditions of the women which should be considered entitling them to or requiring treatment in the hospital, and also the different conditions which would entitle them to be discharged, were specified, not perhaps very minutely, but if they were specified and drawn up by medical authority; it would be of very great use, and I think that in the event of the Act being very widely extended, it would be very necessary for this reason, that the position of a surgeon at one of those hospitals would not be a very great attraction, and we should not have very experienced men; we should have, perhaps, young men whose object was to gain experience as well as earn a living, who would take charge of those hospitals, and of course it would be very important to them to have a code of instructions to guide them.

291. Of course, a code of instructions could not be drawn up by such persons alone, but I understand you to mean that you would have a medical gentleman in addition to somebody connected with the War Office and the Admiralty?

Yes; there would be many other points upon which instructions would be necessary and important.

292. Do you mean that only upon the medical matters there should be a medical gentleman, and that a code should be prepared by some one from the War Office or from the Admiralty, and one medical man?

Yes, quite so.

293. Viscount *Templetown*.] You stated just now that at every one of the stations where the Act is in force they have empty beds; that is rather against some evidence which we have had?

I may have spoken rather too sweepingly; my authority for saying so was this letter from the inspector of certified hospitals, Dr. Peter Leonard. The hospitals

hospitals that I happen to know that have empty beds are Aldershot, the Lock Hospital in London, and the Lock Hospital at Chatham. I cannot be quite sure about Portsmouth, but I am informed that it is going on very satisfactorily, and that they often have empty beds.

B. Hill, Esq., M.B.

26th May 1868,

294. With regard to the effect upon the women themselves, of their coming into the hospital, being cured, and getting their liberty again, do you think that the manner in which they are treated would have the effect of bringing every prostitute voluntarily into the hospital as soon as she discovered that she was at all diseased?

No, I do not think it would every one; for this reason, that these women are people who are under very little self-control, and they require the fear of something behind; some form of punishment if they do not present themselves for treatment.

295. Do you think that the feeling of her sister prostitutes would be such, even if she had no feeling herself, as to induce her to get put right the instant she knew that she was diseased?

No, I do not think so.

296. You do not think that the feeling exists among them that they have no right to infect men if they have the means of being cured?

I am certain that there is no feeling of that kind. They always consider that it is everybody's business to take care of themselves, and they would not have any scruple about infecting men, as far as that went.

297. Of course it would not be a matter of gaining their bread, because they would get their bread in the hospital?

Yes; but at the same time, although you would find perhaps a few who would come at once if they found themselves diseased, and although the majority would not object to being treated, shut up, and secluded if they were diseased, yet you would find very few who would absolutely apply voluntarily to be treated. If it were a necessity for everybody to go to the hospital if they were ill, they would do it; but I do not think that the women themselves would take much trouble about it. I do not think you would get an *esprit de corps* of that kind.

298. Earl De Grey.] You stated that you thought periodical medical examination should be carried out generally; do you think that those examinations should be extended to all persons known to the police as prostitutes, where there is any reason to believe that they are or have been diseased?

Yes, I think so.

299. Do you think that it should be quite general over the whole class?

Yes; over all those who could be clearly shown to be common prostitutes.

300. You also said that the police should keep a register of those women; I suppose you mean a private register?

Quite a private register.

301. Not any public system of registration or license, or anything of that kind?

No; simply a register such as they have now.

302. Earl Nelson.] You stated that you have examined a great number of these people in different parts of London; do you consider that, where this Act has not come into operation, the disease is generally greatly upon the increase?

I cannot tell that; I do not know how great it was a few years ago; I know that it is very great now.

303. As to hospital accommodation, you stated that you thought that in carrying the Act out among the civil population, it would be necessary to have a hospital, and you mentioned that the hospital should be a separate building in the district frequented by the prostitutes; do not you think that it would be equally beneficial to have a hospital in connection with an existing infirmary, or in connection with an existing penitentiary?

(46.)

E

I think

B. Hill, Esq., M.B.

26th May 1868.

I think that that might be found the most expedient course. But my reason for making that suggestion was this; that I think it is very important that as little parade as possible should be made of them: in the first place, that public attention should not be too much attracted to them; and then again that the hospital should be handy to the abodes of the women, for the women in London, and it is so in other towns, I believe, do not know much about the different districts of London; they do not know their way about town; for instance, when I was in Ratcliffe Highway, I found many women there who never heard that there was such a place as the Lock Hospital; some of them knew Saint Bartholomew's Hospital, and others knew the Royal Free Hospital; but many did not know the London Hospital, which is in Whitechapel; for this reason, that the women in London live in a certain district, and resort for prostitution to another district; they generally go to the same place. Take the women in one house; some will go every night to the Marble Arch, and up and down Oxford street; others will go to the Strand, and others to the City. They can find their way there, and their way back; but they do not walk about London generally, and they know very little about it. In that way I think it is important that the refuges or hospitals should be placed in their neighbourhood, so that they should know at once their way to them, being sent by the police to them; and when they get out again they could find their way home in the easiest manner; my object is to induce the women to co-operate as much as possible in carrying out the Act.

304. That would not apply so much in small towns as it does in London?
No, of course not.

305. Earl De Grey.] When you speak of extending the area, do you mean by that extending the area of the particular districts to which the Act is now applicable, or applying the Act to fresh districts?

I think that even the extension of the area of the present Act would be very beneficial; but it would be far less beneficial than applying the Act, or some Act, throughout the kingdom.

306. Would you be favourable to its application at once throughout the kingdom?

No, I should rather prefer to take in a few towns one after the other; not because I do not think that it is very important that we should get the whole country under control, but for this reason: I am afraid that you would not find means for carrying out the Act, and that you would not find a sufficient number of instructed persons. There is very little known about the best way of managing this Act. In the several towns where the Act is now in force it is admirably well done, but it is all done by a very few persons; and until we get an educated staff, so to speak, I think that it would be unwise to extend the Act all over the United Kingdom at once; I should rather prefer to take London, Birmingham, and some other towns, where the townspeople are themselves anxious to have the Act, and to allow different towns to be enrolled one after the other.

307. Do you believe that there exists in many large towns in the country a desire to have the Act extended to them?

Yes, I believe so. Our association has branches in many towns, and some of the townspeople have been active enough to have public meetings. At Newcastle, at Gravesend, at Cheltenham, and at Gloucester, I know that meetings have been held on the subject, and at Exeter too, I believe. We have about 30 different branches of our association already in the large towns, and at Manchester and Liverpool there is a very large number of people who are desirous to have the Act extended to those places.

308. In your exertions in those localities, have you met with opposition from persons objecting to the Act in any respects?

No; speaking from my own experience, the opposition has chiefly been the *vis inertiae*; people have said, "It is a very good thing, and I should like to see it carried out, but I do not know that I should like to give my name to it, it is such a very delicate subject." That is what I have been met with, and not by people saying that the measure is wrong or ill-advised.

309. You

309. You have not met with much opposition from people to what may be called the principle of the measure? B. Hill, Esq., M.D.

No, very little; the clergy in many districts are very warmly our friends.

26th May 1868.

310. Do you number many clergy among the members of your society?

Yes, there are a considerable number of clergy of the country enrolled.

311. Viscount *Sidmouth*.] Have you experience of many other towns which are not under this Act?

I have some experience, but not personal experience; the only other towns which I have visited myself, are Windsor and Winchester.

312. From what you have seen and heard, if the Act were made permissive so that it should extend to those towns which were not in connection with the Government establishments of the army and navy, and therefore would not receive support from the Government, but would be put in operation by the townspeople taxing themselves, do you think it likely that it would be adopted in many of those towns?

I think there would be rather a difficulty, for this reason: I was asked to attend a meeting at Gravesend, and the first question that was put to me by the Mayor was, how I thought the expense would be defrayed; and I said that I thought that probably part would be defrayed by central taxation, that is, the Consolidated Fund, or some source of that kind, and partly by local taxation. He made no objection, and the meeting made no objection, to its being done in that way.

313. Take such a case as Liverpool, where, although you have not got a naval population in connection with the Government, you have a very large naval population which ultimately finds its way into the Government establishments sooner or later, or a large portion of it; do you think that it would be likely to be adopted there permissively in case the Act was so framed that the Government should pay part of the expense?

I think that if the Government would pay part of the expense, there would be such advantage in it that the Act would be readily adopted in many districts.

314. Earl *De Grey*.] Do you not think that private charity would provide for the establishment of hospitals to a considerable extent in large towns like Liverpool, and towns of that description?

I do not think that it will provide hospitals, but it will provide means for rescuing a large number of the women who have got into the hospital. I think that is the way in which private benevolence would show itself.

315. It has been suggested that women who are brought up three or four times as diseased, should, if they came up again, be committed to reformatories for a period, and forcibly confined to reformatories; what do you think of such a suggestion?

I think that there is one very great difficulty in it, and for this reason, that syphilis is a very long enduring disease. Its ordinary course is one or two years. A woman, we will say, is affected with syphilis, she has an eruption on her skin and sore throat, she goes into a hospital, and good diet, cleanliness, and appropriate medicines cure her, but they only cure her for a time. She goes out again, and if she lived a steady life she might see no more of it, but she returns to her old courses, the disease comes out again, and she becomes again in a contagious condition. I have patients of my own at the Lock Hospital, in fact I saw one just before I came here, who had been for 17 years ill with syphilis; almost the whole of that time she has had eruptions on her skin, ulcers of the tongue, or some other form of disease which would produce the secretion which if communicated to others is contagious. I do not say that every hour she was contagious, but off and on. She had never had, as far as she could recollect, a month's freedom from some sort of syphilitic eruptions. During that time she has brought forth nine children, four of them are alive, and the others have died. She is not a prostitute, but the wife of a butcher in very respectable circumstances, and is herself a very respectable person; but she is of a very large class who are infected by their husbands unfortunately.

B. Hill, Esq., M.B.

26th May 1868.

316. Was the whole of that illness produced by one case of infection? From one moment of infection.

317. Therefore, you think that a person may be brought up several times in succession without there being any fresh fault upon her part in that respect? Yes, I think so.

318. *Chairman.*] But this woman you say was a married woman. Was she living with her husband? Yes.

319. She received no contagion except from him? No.

320. *Earl Nelson.*] That is to say, she may have caught it originally from him, and it has lasted all this time?

Yes, my impression is that she did, because she is a respectable person; but she evidently caught it at one time.

321. *Chairman.*] How was it revived, by vice, or what?

From some reason that we do not understand; a certain small number of persons who have syphilis never get well. Many of them live on, many years, and ultimately get well; and the majority, as I said just now, get well in two years.

322. *Earl De Grey.*] Is her disease of a nature to be transmitted to children as the result of that one infection?

Yes; she brought me her son the other day.

323. *Viscount Sidmouth.*] Does it re-appear in the same shape in the children?

No; the forms of the disease are rather different when they are inherited; they affect different tissues, and at different times.

324. *Earl De Grey.*] Is the inherited disease contagious?

Yes, in young children; when it appears in babies at the breast, it is very contagious indeed. Their tissues grow very rapidly, their secretions are very free, and those secretions contain the poison in a communicable shape.

325. *Viscount Templetown.*] Have you had the means of ascertaining, or forming a judgment upon, the fact as to whether much of the disease is imported from abroad, from America, at the present time?

I cannot tell exactly; but last summer there was a congress of medical men, at Paris, during the time of the Great Exhibition, and one section of this congress was devoted to the discussion of the question of the importation of contagious diseases; and there it was tolerably well shown, I think, that the migration of sailors particularly, because they are a very infected class of men, is constantly carrying the disease from one port to another; and, of course, when it reaches one port, and the women of that port, it spreads from them to the townspeople, and from the townspeople throughout the neighbourhood.

326. Do you not think that it would be highly desirable that this Act should be extended to seaport towns?

I think so; especially to seaport towns, for this reason, that the sailors and seafaring population are a very immoral set of people, and therefore the disease is very rife among them. I do not mean to speak about their morals at all, but it is an accident of their habits of life that they are much infected with disease, and they are great spreaders of disease. I suppose that, next to the prostitutes, the mercantile marine are the worst class for spreading the disease.

327. *Viscount Sidmouth.*] Have you had any experience of mercantile towns?

No, but we get sailors occasionally in our hospitals.

328. I believe that it is a fact that many of the wives of sailors are infected?

They are a great deal infected, both those who are their *bonâ fide* wives, and those who are not.

329. Sailors go away, and leave infected wives behind them ?
Yes, they do.

B. Hill, Esq., M.B.

26th May 1868.

330. Is there one part more than any other which you would name as being a desirable one to which this Act should be extended ?

I should think that it would be London, because there is so much venereal disease in London.

331. Or Liverpool or Cardiff ?

I do not happen to know anything about the condition of Cardiff, but I know the condition of Liverpool.

332. *Chairman.*] As to those children of that woman that you mentioned that died, they did not die of syphilis, I suppose ; they died of other diseases consequent upon syphilis, did they not ?

The first child was born dead of syphilis. It generally happens that the more active the poison is the more fatal it is. The next child was born alive, and died in a short time. The next child lived some five or six months ; and the next I am not sure whether it died of syphilis ; I know that it had the disease. And about the last I do not know ; but five are dead out of her nine children, and four are alive.

333. What state are the others in ?

I have seen two of the others, and they have had a syphilitic disease of their teeth. Their teeth are of a peculiar shape ; it is the form of disease that comes on during the second dentition, while the second teeth are growing. The two that I have seen are both strong and robust now, and they have got over the disease. One is a boy of 16 years of age ; he is quite well now. He is rather stunted in his growth ; but I do not know that that has anything to do with syphilis.

334. *Viscount Sidmouth.*] Have you many re-admissions at the hospital ?

Yes, a very great number ; I have constantly patients come who have been, perhaps, three or four times, and who have had an outbreak of some kind again and again. So great is the necessity that they feel, that I have now a man who has been to my knowledge seven years as an out-patient, and a woman the same. I have not been appointed to the Lock Hospital quite a year yet, and, therefore, I am now speaking of cases that have come within my own personal knowledge at University College Hospital, to which I am attached also.

The Witness is directed to withdraw.

PETER LEONARD, Esq., M.D., is called in ; and Examined, as follows :

335. *Earl De Grey.*] You have been in the Naval Service, have you not ?
I am Inspector General of Hospitals in the Navy.

*P. Leonard, Esq.,
M.D.*

336. You were selected, were you not, from the commencement of the system which was established under the Contagious Diseases Prevention Act, as principal inspecting officer ?

Yes.

337. Will you be so good as to give to the Committee the result of your experience as to the working of that Act ?

My experience is, that the working of the Act has been exceedingly favourable where there has been sufficient bed accommodation.

338. Can you speak as to the state of things in the Navy before the Act was passed, which led to the adoption of the Act on the part of the Admiralty ?

I only know that enthetic disease was very prevalent and very general throughout the service, and it has been diminished considerably since then.

339. Have you any statistics to show that ?

No, not any that I could depend upon.

340. But you are convinced of the fact that disease has diminished ?

I am quite convinced that the amount of disease has diminished, and that where it appears in different stations it is much milder, and changes character

P. Leonard, Esq.,
M.D.
26th May 1868.

very materially, both in women and in men ; there is less of that constitutional disease than there used to be, and the cases of mild discharges preponderate over constitutional cases decidedly.

341. To what do you attribute that milder character of disease ?

To those women being treated carefully and attentively in the hospital, and being cured.

342. Is the hospital accommodation sufficient at the principal stations to which the Bill now applies ?

It is only sufficient at Aldershot and at Plymouth, and I think at Portsmouth it will be sufficient before long. Patients are sent from Sheerness to Chatham, and there are very few cases occurring at Sheerness. During the quarter ending the 31st of March, there were only 18 cases altogether.

343. Do you think that that is due to the operation of the Act at Sheerness ?

I presume it must be ; I know no other cause for it than that.

344. Do you know what the state of things was before the Act was in operation there ?

No, I do not know what it was before then. There were many cases of disease amongst the seamen there ; but I am not aware exactly of the number. However, it is a singular fact, that during the last quarter there were only 18 cases of diseased women in Sheerness, altogether, received into the Chatham Hospital.

345. And that you believe to be the whole number of diseased women in the town ?

That I understand to be the whole number of diseased women in the town ; the police have exercised very careful supervision there, and I believe that the whole of the common women of the town have been examined more than once, and that that is the whole number found amongst them. There were 12 of them discharged, and six remained in the hospital at the end of the quarter, showing a very remarkable benefit at Sheerness, as I conceive.

346. Has the Act worked easily and smoothly, so far as your experience goes ?

Yes, so far as my experience goes. There has been no difficulty in working the Act ; the women have come forward voluntarily to undergo treatment.

347. You are in the habit of visiting the different localities, are you not ?

I visit the hospitals, according to the Act, at intervals of less than six months.

348. Have you any means of judging whether the Act is received willingly by the inhabitants of those towns generally ; is it popular, or the reverse ?

I am not quite certain ; it is not popular in some places ; at Colchester it is not popular ; for instance, I found that they would not permit us to have beds for those women in the hospital there, although it was two-thirds empty.

349. What was the reason of that ?

They did not like the idea of having those people there.

350. Had they previously treated venereal cases in that hospital ?

Never.

351. Probably it was an objection to cases of that kind being received at all ?

Yes.

352. And not necessarily an objection to the principle of the Act ?

No, I cannot say that it was that. Aldershot and Plymouth seem to be the two places where the results have been favourable.

353. At Aldershot there is periodical inspection, is there not ?

Yes ; and there is a difficulty now in filling up the beds there, the number of cases is so much reduced.

354. The disease used to be of a very bad kind in Aldershot, I believe ?

Yes, it used to be of a very bad kind, and now it is exceedingly mild.

355. Viscount Sidmouth.] I think Sheerness had the reputation of being a very badly infected place formerly ?

I have

I have had no experience of Sheerness, and therefore I cannot speak to the fact; but all our seaport towns were very bad at one time. At Aldershot there were 82 admissions in the Lock Hospital during March last, and only 11 of those were cases of primary disease, which is a very remarkable improvement in the state of things. At first, the cases were very virulent and very numerous of constitutional disease, but now they are infrequent. So far as we have seen, I think it is plain that were it not for the importation of fresh disease at Aldershot, we should get rid of constitutional disease altogether.

P. Leonard, Esq.,

M.D.

26th May 1868.

356. *Earl De Grey.*] But you are liable to the importation of fresh disease when new regiments arrive?

Yes, when new regiments arrive, and when the men from furlough arrive. The consequence has been that the Commander in Chief has directed that all regiments shall be examined on arrival, as well as all men from furlough.

357. Do you think that the fresh outbreak arises merely from diseased men coming into the camp, or also partly from their bringing with them, as a fresh regiment, a fresh set of diseased women?

No doubt that contributes very materially also; it comes from both causes; and the police have instructions at Aldershot to look after those women immediately they arrive there.

358. *Earl Nelson.*] Has that regulation, which would greatly tend to check disease, been carried out?

Yes.

359. *Earl De Grey.*] Have you heard any objection raised to the inspection of regiments upon their arrival?

No, I have heard no objection on the part of the men, but I have heard that there has been an objection on the part of the medical men examining the troops; and it is a pity that it should be necessary at all; but unless it is done, I do not believe we can expect to get rid of disease at any station.

360. Does not that appear to you to be a necessary part of the medical officer's duty?

I think so.

361. *Viscount Sidmouth.*] You have served in the navy, have you not?

Yes, I served in the navy for 40 years and upwards.

362. Do you know whether there is any regulation in the service for inspecting the men before they are allowed to go on shore on leave, or whether a man with disease upon him would be prevented from going on shore on leave?

There has been a recent regulation on the part of the Admiralty. I do not remember the date of it, but there is a return to be made weekly from the different ships, of all men who have got disease and are treated on board ship, so that there must be an inspection.

363. I think a great number of men leave at the same time; would a man who was supposed to have disease about him be allowed to go on shore with the rest?

No, not if it was known.

364. However, there is no inspection of the men who go on shore. The medical officers on board do not satisfy themselves that the men are not in a state to communicate infection?

No, not except under this new regulation; I think it must be so under the new regulation. All the men must be examined by this new regulation; the men who are treated on board ship, in addition to those sent to the hospitals.

365. *Earl Nelson.*] I understand you to say that there is no hospital at all in Sheerness?

None at all.

366. So that every case at Sheerness has to be sent off to Chatham?

Yes, when there are beds for them.

367. *Earl De Grey.*] You have no want of beds to meet the requirements of Sheerness, have you?

We have a sufficient number of beds in Chatham Hospital for the treatment of those patients from Sheerness.

P. Leonard, Esq.,

M.D.

26th May 1868.

368. Earl *Nelson*.] So that a well-conducted hospital in one place would do for a very large district?

Yes. The great difficulty is in the want of sufficient bed accommodation; with sufficient accommodation I believe that in almost any station disease might be, though not extinguished, yet very much diminished; indeed I am confident of that.

369. Earl *De Grey*.] And also it would be milder in its character?

Yes, that is done already.

370. And the tendency of such a system would be to render the disease gradually altogether milder?

Quite so. There has been a great improvement amongst the troops at Aldershot. The average return of diseased persons during the week ending January the 10th was 18 per 1,000, whereas it had gradually fallen off in March last to 12½rds at Aldershot.

371. Have you any later returns than that?

No, the returns are made up to the quarter.

372. Do you entertain any doubt that that is mainly due to the operation of the Act?

I have not the least doubt about it.

373. Have you formed any opinion as to the propriety of extending the Act?

I myself think that unless the Act is extended we shall never be able at the naval and military stations to extinguish the disease.

374. Because of your liability to fresh importation?

Yes; it might be corrected in this way, by giving a larger area to each station; for instance, at Portsmouth; there is Southampton, within a very small distance, and there is constant communication between Southampton and Portsmouth, and also between Winchester and Portsmouth, and those two places are not included in the Portsmouth station. Therefore you may have any amount of disease imported from those two places, and from the Isle of Wight also: and the same way at Chatham; Gravesend and Maidstone are not included in the Chatham station. I believe there is a great deal of disease both in Gravesend and Chatham; and those diseased women, when they are cured at Chatham, may come to Gravesend and contract the disease again; so that I think unless the area of the stations is extended much more widely, or the Act is extended to the civil population, we shall never totally eradicate disease at any one of our military or naval stations.

375. There is a large amount of disease at seaports generally, is there not?

Yes, a great deal.

376. Do you think it would be desirable to extend the Act to all seaports like Liverpool and Hull?

I should think it very desirable.

377. Would not it be likely to have a beneficial effect indirectly upon the navy, by checking the disease amongst the merchant seamen?

It would certainly have that effect to some extent. I believe there is a clause in the Merchant Shipping Act, by which the master of a merchant ship can have his men examined before they go to sea, and that would be most necessary.

378. Could you furnish the Committee hereafter with a reference to that clause?

I have here the second section of the 10th clause of the Merchant Shipping Act of 1867, the 30th and 31st of Victoria, chapter 124, which provides that "such medical inspector of seamen shall, on application by the owner or master of any ship, examine any seaman applying for employment in such ship, and shall give to the superintendent of the Mercantile Marine Office a report under his hand, stating whether such seaman is in a fit state for duty at sea; and

and a copy of such report shall be given to the master or owner of the ship." So that if every man is examined by a medical inspector appointed for the purpose, no sailor can go to sea with the disease.

*P. Leonard, Esq.,
M.D.*

26th May 1868.

379. But having arrived in the port from sea, he can land and infect the place?

That is very true, and that shows the necessity of applying the Act to such arrivals. That I conceive to be a very important thing.

380. Viscount *Sidmouth*.] Even supposing that it should not be deemed expedient to extend the Act to other places than those which are in connection with the Government establishment, you think that in order to perfect the operation of the Act in those towns, it would be desirable to include certain other towns which lie at a little distance from them?

I think that very desirable.

381. Such as, perhaps, Exeter and Dartmouth in connection with Plymouth, or Southampton in connection with Portsmouth?

Exeter is a long way off; it would take a great deal of money to take the patients to Plymouth; but Southampton is a shilling ride from Portsmouth, and they can easily go there.

382. Earl *Nelson*.] This extension of area, if I understand rightly, would not necessarily be a very great addition to the expense, because one hospital would do with greater accommodation; one staff would do, for instance, for Southampton, Winchester, the Isle of Wight, and Portsmouth?

Yes, it would do very well; there is a hospital at Portsmouth with 120 beds, which can be increased still more if necessary.

383. Earl *De Grey*.] As the disease diminishes in Portsmouth and Plymouth, a number of beds that have hitherto been filled will become empty?

Yes.

384. Therefore you could accommodate a larger area?

Yes.

385. Have you had any opportunity of observing how those women regard the Act; whether they like the operation of it, or dislike it; whether it is irksome to them or otherwise?

I believe, on the contrary, as far as my experience goes, they are always very willing to submit to the provisions of the Act, and in fact they are very glad to do it. There are some of them who are mischievous and troublesome after they get in, who do not like the irksomeness of the confinement, but with that exception, as far as I can learn, they are all very willing to take advantage of the Act for the purpose of being cured.

386. Is it not the fact that in those places, Devonport for instance, where hospitals existed before the Act was in operation, women who had gone in themselves into the hospital, hearing that a new regiment had arrived, or a ship had come in and was paid off, left the hospital, though they were not cured of the disease?

It was quite a common event.

387. Under this Act a woman going to a hospital is not a free agent, and cannot leave the hospital until she is discharged?

She cannot leave the hospital until she is cured or discharged by the house surgeon, or until she has been kept there six months; the Act contemplates six months; she must be discharged at the end of that time, whether cured or not.

388. Earl *Nelson*.] There is a penalty, is there not, if one leaves before that time?

There is a penalty if she leaves without being perfectly cured.

389. *Chairman*.] Have you had any experience of the effect upon the women with regard to their going to their friends or to reformatories from the hospitals?

The Act is subservient to that, and contemplates their reform; and sometimes a very considerable number of them, particularly from Plymouth, have

P. Leonard, Esq., been sent to reformatories and to their friends, and from Aldershot and Chatham, and from other stations also.
M.D.

26th May 1868. 390. Viscount *Sidmouth.*] Did you say that the Act did not permit any woman to be kept longer than six months, whether cured or not?

She must be discharged at the end of six months; but there are very few cases which are not cured long before six months.

391. Would you consider it desirable to retain that limitation?

I think so, because the police can have them under examination and look them up at all times.

392. I suppose that some are morally incurable as well as physically incurable, and if they leave the hospital uncured physically they will resort to their old habits and render themselves liable to the penalty?

Yes; but such a woman can be arrested immediately if she is not cured; the police can have her under inspection and bring her into the hospital immediately; but that is an extreme case; I have not heard of many cases of that kind; there have been several discharged as incurable; and sent to their friends and to the workhouse, but they are all under inspection.

393. Do you think it would be advisable to retain that limitation of six months?

I think six months would be sufficient, more particularly as the disease is becoming milder every day where the Act is in operation.

394. Viscount *Templetown.*] With regard to periodical examination that, I think, only applies to Aldershot?

It applies to Aldershot and to Plymouth also; they have 154 beds in operation at Plymouth, and it has been applied there also, and there has been some difficulty at times in making up the beds, even with periodical examination, the amount of disease has been so sensibly diminished.

395. I received a letter a week ago from Plymouth, saying that there were not sufficient beds, are you aware that that is the case?

Not now. The cases are exceedingly mild. There were 113 admissions in April, and only 23 of those were syphilis; they were chiefly secondary, complicated with gonorrhœa; the mildest kind of cases now appear at Plymouth.

396. Would you also make periodical examination applicable to other places than Aldershot and Plymouth?

Most unquestionably I should.

397. Would you make it applicable to all prostitutes known by the police, or merely those who come in fresh, so as to have the same hold over the women as you have over the men when a new regiment comes in or a fresh ship?

I think it would be advisable to examine them all periodically, provided there was sufficient bed accommodation; but I fear that it would be injudicious to subject those women to examination periodically, unless there were some place to put them into if found diseased.

398. *Chairman.*] It has been stated to the Committee, that to encourage women going into the hospital voluntarily is a most important point, and that a periodical inspection rather militates against that; is that your opinion?

I cannot say that I have understood that; it must be something recent; otherwise I should have heard of such a thing. It is very desirable, however, to get them to go in voluntarily; I know that some of the worst cases amongst the women have said that they would very willingly submit to any periodical examination rather than be without some place where they could go to get cured.

399. Has your attention been turned to the continental system?

It has not been in any way.

400. Then you are not able to draw any comparison between the two systems?

No, I cannot speak to that at all.

401. Viscount *Templetown.*] Disease is very often conveyed by women who do not walk the streets, is it not?

Yes.

402. Those

402. Those women would not be under the police even under a periodical examination, would they?

It is difficult to reach those clandestine cases, but if the Act were extended so as to meet all other cases, it would be a matter of consideration what should be done with those clandestine cases afterwards.

403. Earl *De Grey*.] As a rule, are the worst cases of disease amongst those notorious women whom the Act reaches?

I should think so, most assuredly; the others can, generally speaking, get some medical treatment from a private practitioner.

404. Viscount *Sidmouth*.] Do you suppose that London supplies a great many other towns with abandoned women?

I find that there are a great many from London at Aldershot and other places.

405. Do you think they go down from London?

Yes; they profess to be natives of London, a good many of them. I think, in the last return, of which I made an analysis, from Aldershot, if I recollect rightly, there were 15 women from London, or who said they were natives of London. But they are from all parts of the world; you find them coming from Ireland, and Scotland, and Malta; and occasionally from France, Jersey, and other places; and from every town and county in England.

406. Do you mean that in London you find that to be the case?

At Aldershot, and at Plymouth, and at Portsmouth, and various stations; so that the evil is very widely spread.

407. Do you think they come over from France to go to Aldershot?

We see occasionally a French woman and occasionally a Maltese woman among them; but these are not numerous.

408. Viscount *Templetown*.] I suppose there are great changes between Aldershot and London, for instance?

They are migratory, as a rule, I believe, and they go from place to place. If there is a regiment about to arrive at one station, they are very anxious to go and meet that regiment; and in the same way, when a ship of war at Portsmouth is to be paid off, a great number of those characters will visit Portsmouth for the purpose of meeting with the seamen and getting their money; that is quite a common occurrence with them.

409. *Chairman*.] You suppose that the disease cannot be fairly met until all the military stations and most of the naval stations are put under the operation of the Act?

I think not; it would contribute most materially, undoubtedly, to the extinction of the disease, to have the whole of those places put under the Act.

410. Do you think that feasible?

I think it is quite feasible; it would cost a great deal of money, but there is no help for that.

411. Do you mean that it would cost money permanently to any great extent, or only at first, before the operation of the Act somewhat mitigates the evil?

The first thing is to get beds to put diseased people in; that alone is a very considerable expense; you must have a hospital for the purpose.

412. But that expense is continually diminishing, is it not?

But there is the original expense of building the hospital, and you cannot very well do away with it afterwards; you must continue it, and there is a great deal of expense attending it.

413. What do you calculate the expense of each bed to be?

Something under 40 *l.* a bed; I believe it is 40 *l.* in some places.

414. Earl *De Grey*.] Have you any suggestions to make as to the improvement of the Act with regard to any point which has struck you in the course of your duties?

The extension of each station is one improvement which is required. I think that the stations should be better defined, and extended if possible. There are

(46.)

P. Leonard, Esq.,

M.D.

26th May 1868.

some few defects in the Act in that respect. I have mentioned Portsmouth to include the Isle of Wight, Southampton, and Winchester; and Chatham, to include Gravesend and Maidstone, for instance, and the surrounding district for so many miles. Then Colchester, and some other places are not well defined. The pregnant women are another difficulty. They are very unwilling to go to the workhouse, and they insist upon being discharged. Very often pregnant women are received at the hospital for examination, and are found diseased; the Lock Hospital is no proper place for a woman having a child, and they are generally compelled to go to the union; but they do not like going there; while at the same time, during their pregnancy, they practise their immoral habits, and spread disease.

415. Do you think that they are a positive injury in a ward?

Yes. There may be provision made for them, but at present there is an unwillingness to do so. There is no accommodation for keeping those women separate; and it is not a proper place to have a pregnant woman, if it can possibly be avoided. If she is a poor common prostitute, she ought to be sent to the union; there should be some rule about it; she should be ordered to be sent there by the Act, or ordered to be retained until she is delivered of her child or is cured; either one or the other.

416. *Chairman.*] Would you suggest a separate ward in the Lock Hospital for such women?

I think so.

417. *Viscount Sidmouth.*] I suppose a very small proportion of them are pregnant?

There are a good many; I have heard that there were 14 or 15 during the last quarter in Plymouth alone.

418. Still carrying on those bad habits?

Yes; and found diseased. And there is another thing; women nursing children should also be kept in the hospital.

419. *Chairman.*] The same ward would do for them, I suppose?

Yes, it might do for them. It seems to me to be a hardship to separate a mother from her sucking child, and they should either be kept in the hospital, or else they should be sent to the workhouse. I think that cases of that kind ought to have a legal claim to the workhouse.

420. Why do they dislike the workhouse so much?

I do not know what the reason is; they are not very kindly treated, I presume.

421. Perhaps it is that they do not like their associates there?

Possibly that may be so. There is another defect in the Act, which is a very important one. Women are often brought for examination during the menstrual period, and object to be examined. Medical men themselves do not like to examine them, and those women are not admitted, because it is not ascertained whether they are diseased or not; they are suspected of disease and brought for examination, and having this sickness upon them, they are not examined, and they are discharged. I think that is a defect in the Act, and some means should be taken to keep those women for a few days' probation, until it is ascertained whether they are diseased or not; they are otherwise allowed to go at large, and they may have disease, and spread it.

422. Could you suggest anything else to the Committee that you think would be useful?

I think that is about all that I wish to suggest.

423. *Earl De Grey.*] With respect to the cost; you say that it is about 40*l.* per bed?

From what I can gather, I am afraid it would not be much less than 40*l.* a bed.

424. Do you think that that cost could be reduced, because it seems a very large sum?

I believe that we have studied economy in the most careful manner, with regard to the construction of our hospitals under the War Department, and I do not

not think it can be done for anything less. In fact, in several stations the Act contemplates not only a visiting surgeon but a hospital surgeon, and there has only been one man to do both duties; so that there has been a saving in that respect.

P. Leonard, Esq.,

M.D.

26th May 1868.

425. The hospital at Aldershot is a War Department building, is it not?
Yes.

426. Do you think that it costs the War Department 40 *l.* a bed there?
I suspect that it costs very nearly that.

427. *Earl Nelson.*] Would that be including the salaries of the officers?

Yes, including everything. From all I can gather, it is not far short of that; but everything has been carried on with the utmost economy.

428. But that economy would be greater in a larger hospital, of course, in proportion, would it not?

Yes, in a hospital where there were several hundred beds there would be almost the same expense for the organisation, officers, and so on; of course there would be a few more nurses wanted, and people of that description, but the expense would be considerably less in proportion.

429. *Viscount Templetown.*] Do you think that the facility of women getting cured, when they first become aware of their being diseased, would not have the effect of making them more ashamed of communicating disease than they are now, because they could not plead then their want of bread, or the necessity of their continuing their evil course for a livelihood?

No, they certainly could not plead that.

430. If this Act were generally carried out, and all women might be voluntarily examined, and give themselves up to the hospital until they were cured, however bad the feeling may be now about communicating disease, it would have the effect, would it not, of giving them a moral feeling?

I think it would contribute very materially to it; in fact, their habits now are very much better in some stations; more cleanly and more orderly.

The Witness is directed to withdraw.

Ordered,—That the Committee be adjourned to Friday next, One o'clock.

Die Veneris, 29° Maii 1868.

LORDS PRESENT:

Duke of SOMERSET.
Earl of DEVON.
Earl NELSON.
Earl DE GREY.

Viscount LIFFORD.
Viscount TEMPLETOWN.
Lord SILCHESTER.
Lord PENRHYN.

THE VISCOUNT LIFFORD, IN THE CHAIR.

MR. WILLIAM GOVETT ROMAINE, C. B., is called in ; and Examined as follows :

431. *Chairman.*] WILL you state what position you hold?
I am Secretary to the Admiralty.

432. *Duke of Somerset.*] You were Secretary to the Admiralty, I think, when the first Act with respect to Contagious Diseases was passed?
Yes.

433. That was in 1864, was it not?
Yes.

434. I believe I may state that you took great interest in the working of the Act?
Yes.

435. You have seen the working of it from 1864 to the present time ; has it in your opinion, worked satisfactorily?

I think it has worked as satisfactorily as could be expected with the amount of power that it has had of working.

436. Of course, you are chiefly acquainted with its working under the Admiralty?

Yes ; the Admiralty take three places under their own jurisdiction, as it were, leaving the other places within the Schedule to the War Department, and therefore my knowledge is confined principally to those three places, namely, Portsmouth, Plymouth, and Sheerness.

437. Has there been any difference in the working of the Act in those three places?
Yes.

438. Could you state how it has worked in each separately, so as to give the Committee a notion of where it has worked better than in others?

I think that it worked best at Sheerness, for we had there the power of sending all the women that were found diseased to the hospital at Rochester.

439. Had you not that power at the other places?
There were always more women diseased both at Plymouth and at Portsmouth than we could find beds for.

440. In fact, the Act worked well at Sheerness, because you had ample hospital accommodation there?
Yes.

(46.)

Mr. William
Govett Romaine,
C.B.
29th May 1868.

Mr. William
Govett Romaine,
C. B.

29th May 1868.

441. And it has worked inefficiently at Portsmouth and Plymouth, because there was not ample hospital accommodation there?

Yes, that is so.

442. Do you think that any larger powers are desirable to be taken at the present time with respect to the Act limiting those larger powers to the places where the Act is in force?

No; I think that no further power is required for working the Act in those places.

443. What is your opinion upon the next question, namely, that of extending the Act to other places?

Since I was desired to come here, I have thought over the way which I should suggest as being the best way; and I should propose that the Act should no longer be under the management of the Admiralty and the War Office, but that the Home Office should take it as a matter of police, and have the whole management both at Portsmouth, Plymouth, Sheerness, and all the other places, under the War Office, and any other towns which it might be thought right to be included. I think it is foreign to the duties both of the Admiralty and of the War Office that they should manage a concern of this kind, which is done entirely through the agency of the police. The way which seemed to me most easy of doing it would be that the Secretary of State should have power, under an Act of Parliament, by his warrant, to include any place in the provisions of the Contagious Diseases Act where the town itself was desirous, and provided the facilities for working the Act; that there should be no schedule of places, but that where a town professed its willingness to bring the Act into operation, and said that they were prepared with hospital accommodation, with medical staff and police necessary to carry it out, then the Government, upon being satisfied that the proper number of beds would be provided, should have power to put the Act in force. The question of Government assistance, of course, would depend entirely upon what the Government thought of it afterwards, but it appeared to me that if the Government wished to give assistance, the best form in which to give it would be by allowing so much for every bed that was provided.

444. Then, in the towns where there are a number either of the military or the naval profession, it would be desirable, probably, that some assistance should be afforded by the Government?

I should think so, certainly, in starting; and, perhaps, for a certain definite number of years.

445. Have you any means of knowing whether or not other towns would adopt the Act under such circumstances as you have stated?

I think there are already several considerable towns which have petitioned Parliament to be allowed to be included within the operation of the Act; there are many towns which, for the benefit of the army and navy, ought to be included in any Act; and certainly they ought to be included in the Schedule of the present Act, if possible, even if nothing further were done with regard to the towns where there is entirely a civil population. I can name two or three of those towns, but there are more than I can remember. Westminster is one place; at Newcastle there was a meeting on the subject, and, I think, at Liverpool also, but I am not certain about that. Gravesend is a town which certainly ought to be included for the benefit of the army and the navy; it is a very important place, and Winchester also.

446. Gravesend is between two places which are under the Act?

Yes.

447. *Chairman.*] It has not petitioned, I think?

No; I do not think it has petitioned.

448. *Duke of Somerset.*] There is no power, I believe, at present, to keep women in who have gone into the hospital, is there?

Yes; there is power to detain them until they are cured.

449. That was a valuable addition to the earlier Act, was it not?

It is a necessary power to have. They cannot be detained more than three months without a separate order.

450. The

450. There is a point about which I should like to ask you ; it was stated in evidence by Mr. Veasey, of the War Department, that there had been a clash of working between the Admiralty and the War Department ; and it would appear, from the answer to Question No. 55, that, when the army had declined to pay what they conceived to be an unreasonable price for beds, the Admiralty came in and took up the beds at that price, thereby preventing the more economical arrangement which the army meditated ?

With regard to Sheerness, we were placed in this position, that, after making repeated inquiries, no place at Sheerness could be found that could be adapted to the purposes of a hospital. Therefore, we were obliged to go to Rochester, where there was a hospital, and to pay their price, and we had a report that the price which they asked was not excessive at all. They showed us their accounts. We sent an accountant down to go through their accounts, and it appeared by their accounts that it cost them 42*l.*, and the price they asked was 40*l.* The Board had no choice but of going to this Rochester Hospital. I know, from the accounts that they gave us, although I have not got the figures here, that they were rather losers by keeping them at the price they named.

451. The fact is that, in most of these cases, it is something like the London Lock Hospital, is it not, where a large proportion of the money comes from voluntary subscriptions ?

The hospital at Rochester is an endowed hospital.

452. How much can they afford to give to each bed out of the endowment ?

It was a very small amount that they could afford to establish a lock hospital, and the rest was expended on the other part of the hospital.

453. I see, for instance, that in the London Lock Hospital the beds are only charged 25*l.* ; but that is on account of the large amount of voluntary subscriptions ?

I do not know the state of the lock hospital, but I should think that it is partly endowed and partly kept up by subscriptions. But this is the only point upon which the War Office and the Admiralty ever had any difference of opinion.

454. And that was under the pressing necessity of the state of disease at Sheerness ?

Yes ; and as no accommodation could be got for the patients at Sheerness we were obliged to send them to Rochester ; and Rochester was also the hospital for Chatham, which was under their control ; so that we had both to send patients to the same hospital ; we from Sheerness, and the War Office from Chatham.

455. I believe that Sheerness was, in former years, one of the worst places in the kingdom for this disease ?

Yes ; it was always reported by the doctors that the worst cases came from Sheerness.

456. What is the state of Sheerness at present ?

I have here a return of the averages of men diseased at Sheerness from July 1867 to March of this year. In July there were none, and in August '36 per thousand. The last is in March, and that was almost an unstatable fraction.

457. In fact it is nearly, we may say, stamped out at Sheerness ?

Yes. In one month there was an increase which was accounted for by a number of soldiers, who had been practising shooting at Warley, coming in, and they brought with them a certain amount of disease, and they diseased the women.

458. Now you have greater accommodation at Sheerness than you had ?

We have the power of sending all the women who are diseased to the hospital at Rochester, and the visiting surgeon there has had a periodical examination of the women ; but it is the only place where we have been really able to do that ; so that all the women who are known to be common prostitutes there are examined periodically, and any woman found diseased is sent off ; that was the intention of the Act ; but in other places we have never been able to carry it out completely, because we are not able to send every woman found diseased to the

(46.)

G

hospital

Mr. William
Gorell Romaine,
C.B.

29th May 1868.

Mr. William
Govett Romaine,
C.B.

29th May 1868.

hospital. It is of no use to examine a woman if you could not, directly you found her diseased, send her to hospital.

459. In fact, to make the Act really efficient, it ought to be supported by this periodical examination?

Yes.

460. Do you think that being rather a strong measure in this country, it would be safe to venture for an Act for this power in other towns?

It is almost done now at Plymouth; that is to say, we have got so many beds, and the moment a woman is supposed to be diseased she is sent for by the police. We have now 160 beds at Plymouth, and I do not think that any woman who is at all suspected of being diseased now would not be examined in a short time and sent to the hospital.

461. As far as your knowledge goes, there has never been any popular feeling excited against the Act, has there?

Not the least. We have never had any difficulty, or any scandal of any kind in any place; and I think that in no one case has it been necessary to put the law in force to compel a woman to attend to be examined. I think that they all now understand the working of the Act, so far, that they consider that the doctors and others who look after them are their best friends. They misbehave occasionally in hospital slightly, as might be expected where a number of women who are not of a very good character are together; but generally their misbehaviours are of a very slight nature, and they have been punished by a fortnight or a month's imprisonment for breaking some article in the room, or some trifling thing of that kind.

462. Earl De Grey.] A question was raised the other day with respect to the statistics of this matter. Mr. Veasey, in the evidence which he gave, stated, at the top of page 5, that "The statistics which have been given with regard to stations where naval forces are placed, are, I am afraid, not reliable; for after some statistics were given in, the Contagious Diseases Prevention Association, the other day, went again into them, and made further inquiries at the Admiralty, and I find that at some of the ports men were treated on board ship who were suffering from gonorrhœa, or suffering from primary syphilis, and those cases were not entered in the per-centage of disease; consequently, from all other stations but Aldershot, I am afraid that the statistics are not thoroughly reliable." Could you furnish the Committee with accurate statistics which would show the effect of the operation of this Act in diminishing disease?

I can give the Committee the statistical Abstract of the Health of the Navy for the year 1866-7. I have not got anything later than that; it takes a considerable time to collect reports from all the different stations before it can be given; but what Mr. Veasey stated is quite correct, and the Board have given orders that the returns are to be sent in in a different form; instead of being merely the hospital cases it will be every man who is put upon the sick-list, whether he goes to the hospital, or whether he is treated on board ship, so that in future the return will be absolutely correct; but hitherto they have been hospital cases only which have been reported.

463. But is it your impression that, upon the whole, the disease has diminished not merely at Sheerness, but at Portsmouth and Devonport, since the Act came into operation?

I should like to read a short piece of the report from the Medical Director-General, where he says, "Although the time that has elapsed since the present Act came into force is too short to admit of much being said in respect to the results that are likely to be derived from it, there can be no question that, up to the present time, it has proved of marked advantage; more so, perhaps, in some localities than others. The difference in the practical results obtained from the measure in different localities arises mainly from the greater or less accommodation afforded at the various places for carrying out the provisions of the Act, and also, doubtless, from the unfortunate proximity of certain of the localities included in the schedule to large cities to which this special law does not extend. To illustrate, however, the effect which the measures adopted have had in lessening the amount of disease at one seaport, the following table has been compiled showing the mean strength of the head-quarters

quarters of the Royal Marine Division at Plymouth during the different quarters of the years 1864, 1865, 1866, and the six months of 1867 included in this abstract; the number of cases of primary syphilis occurring among the men of the Division, and treated either in the Marine Infirmary or the Naval Hospital, and the ratio per 1,000 of mean force." Then he gives the following table:

Mr. William
Govett Romaine,
C.B.
29th May 1868.

QUARTERS.	Average Strength of Divisions.	Number of Cases of Syphilis			Ratio per 1,000 of Force.
		Treated in Marine Infirmary.	Treated in Naval Hospital.	TOTAL.	
Lady-day Quarter, 1864 - -	1,610	94	22	116	71·6
Midsummer " - - -	1,665	78	19	97	58·2
Michaelmas " - - -	1,674	71	42	113	67·5
Christmas " - - -	1,706	62	28	90	52·7
Lady-day Quarter, 1865 - -	1,836	68	28	96	52·2
Midsummer " - - -	1,578	76	7	83	52·5
Michaelmas " - - -	1,510	81	5	86	56·9
Christmas " - - -	1,516	64	4	68	44·8
Lady-day Quarter, 1866 - -	1,661	41	4	45	27·
Midsummer " - - -	1,710	56	4	60	35·
Michaelmas " - - -	1,776	58	4	62	34·9
Christmas " - - -	1,801	46	-	46	25·5
Lady-day Quarter, 1867 - -	1,645	37	1	38	23·1
Midsummer " - - -	1,518	39	1	40	26·3

And he says, "By dividing the above table into six-monthly periods, it will be better seen how progressive has been the decrease of disease from the first six months of 1864, when no Contagious Disease Act existed, until the first six months of 1867, when the new and more extended Act had been in operation for a short time." Then he gives six-monthly periods, and for the first six months of 1864, the mean force being 1,642, the number of cases was 213, and the ratio per 1,000 of mean force was 129·7. In the second six months of 1864, with a mean force of 1,690, the number of cases was 203, and the ratio 120·1, or about 12 per cent. Then in the first six months of 1867, the mean force being nearly the same, 1,581, the number of cases was only 78, and the ratio per 1,000 of mean force was only 49·3 instead of 129·7. I think I may as well add this table to my evidence:—

Six-Monthly Periods.	Mean Force.	Number of Cases.	Ratio per 1,000 of Mean Force.
First six months of 1864 - -	1,642	213	129·7
Second " " - -	1,690	203	120·1
First " 1865 - -	1,707	179	104·8
Second " " - -	1,513	154	101·7
First " 1866 - -	1,685	105	62·3
Second " " - -	1,788	108	60·4
First " 1867 - -	1,581	78	49·3

Mr. William
Gossett Romaine,
C.B.

29th May 1868.

464. I believe it was found at first that there was an increase of disease when ships arrived at any of those stations either from abroad or from other ports, and it was alluded to in evidence the other day that it was thought that a regulation had been recently issued by the Admiralty, or was about to be issued, for the examination of men arriving in ships under those circumstances; is that the case?

Yes; the Board have issued a circular to this effect: "The Lords Commissioners of the Admiralty have received complaints from places where Her Majesty's ships are stationed, that the venereal disease is greatly increased where leave is granted to their crews; this is chiefly in consequence of the folly of men, who knowing themselves to be diseased, yet improperly conceal the fact from the medical officers of their ship. Their Lordships have therefore thought fit to give the following orders:

1. There shall be prepared for the surgeon a list of all the unmarried men under 35 years of age, and under the rank of first class petty officer.
2. The commanding officer may remove from the list the name of any man of good character if he shall see sufficient reason.
3. The name of any man under the rank of chief petty officer may be placed on the list if he shall be found diseased and shall not have reported himself, for all the men whose names are on the list are to be carefully inspected by the medical officers before general leave is given, when ordered by the senior officer present, and before a ship's crew is allowed ashore in England on arrival from a foreign station.
5. No man discharged from the sick-list after the venereal disease shall be granted leave on shore for a week after the date of his discharge.
6. The medical inspections above ordered shall be conducted with all possible regard to privacy, decency, and order.

And the War Office have issued an order that no troops are to be taken to a fresh station without being examined; that is to say, to any place at which the Act is in operation. I think that is the nature of the order.

465. You stated that you thought that the Act might be extended to other places, even to places where there are not military or naval stations, and where the inhabitants expressed a willingness to provide hospital accommodation. How do you contemplate that that accommodation should be provided, voluntary by subscriptions or by local rates?

If voluntary subscriptions would not do it, I should think by a rate.

466. Do you think that there are many towns that would be willing to undertake to make a rate for such a purpose?

There are some, I think, that would do it; and if it succeeded in those, I think that there are many others that would follow their example; for instance, in great commercial towns like Liverpool I do not think that there would be any difficulty in finding the money.

467. At Devonport there have been voluntary subscriptions to the hospital, have there not?

At Devonport the civil hospital is supported by voluntary contributions, but the lock ward of the hospital attached to it is entirely paid for by Government.

468. Duke of Somerset.] There is no rate, in fact, anywhere for this purpose? No, none.

469. It would probably be unwise to begin by proposing a rate for such a purpose; would it not be better to try the voluntary system?

It would be better to try the voluntary system, certainly, and by a ward or by beds belonging to some hospital already in existence. I should propose, and if any assistance were given by the Government, it should be at so much per bed in a civil hospital already in existence. There you have the advantage of the knowledge and professional skill of the medical gentlemen of the town, who always give their assistance voluntarily to the hospital.

470. And a separate ward at an existing hospital would be a far more economical arrangement than building a new hospital?

Yes. You cannot mix lock patients and others in a hospital, but if a ward of that

that kind were established, I think that the department, say the Home Office, if they had the management of it, should have entire control over all the regulations, not only of the police, but also of the hospital, and that no regulation of any kind should be made except under the authority of the Home Office.

Mr. William
Govett Romaine,
C.B.
29th May 1868.

471. Earl *De Grey*.] You would select the Home Office, would you not, because you regard it as a matter of police?

Yes.

472. Looking at it as a sanitary question, the Council Office would be the proper department, would it not?

Yes; but it naturally must be carried out through the police, and they have done the work hitherto so well that the greater portion of the work must be left with the police.

473. At present, I believe, the metropolitan police only have been employed?

Yes; only.

474. Do you think that the Act would work well under the ordinary constabulary?

I think that it would be well to select with great care the men who are to do it.

475. Lord *Silchester*.] Can you suggest any alteration by which the working of the present Act might be improved without waiting for the more general Act which you propose?

No; I am quite satisfied with the working of the Act.

476. There has been one complaint brought before us, that the limitation of the district is strictly to the scheduled places; are you of opinion, that to enlarge the boundaries of the districts would not be a useful addition to the present Act?

We have not found that necessary at the three places under the Admiralty. There are other places which we should wish to include within the Schedule, and if there had been an Act brought in this Session, I should have been very glad to have had several places added to the Schedule.

477. Do you see any objection to giving general power to some authority to enlarge a district?

No, none.

478. Lord *Penrhyn*.] Do you think that any further powers are required for insuring hospital accommodation in the garrison towns to which the Act is already applied?

It all depends upon the Chancellor of the Exchequer, if he will allow more money to be taken in the Estimates.

479. I mean is it desirable that additional power should be granted for enforcing more hospital accommodation?

At Sheerness I think there is sufficient; at Plymouth I think there is sufficient, and at Portsmouth we shall have a very large number of beds in operation in the course of a very short time, and I think that that ought to be enough.

480. Therefore you do not think that it is desirable to give the department any additional power in that respect?

I do not.

481. *Chairman*.] How long has there been sufficient hospital accommodation at Plymouth?

Very recently.

482. There has not been sufficient time to test the improved operation of the Act. has there?

No, certainly not.

483. You mentioned that at Sheerness the complete success rested entirely upon the hospital accommodation, as I understood you; are there no other circumstances at Sheerness which render it more easy to work the Act than in other places?

The population I think is less fluctuating at Sheerness than it is at Portsmouth

Mr. William
Govett Romaine,
C.B.

29th May 1868.

and Plymouth. It would be more difficult at a place like Liverpool to carry out the Act satisfactorily, because you have every day ships arriving from foreign places without any proper inspection of their crews.

484. Do you think that in any other places the disease could be stamped out so easily as it has been at Sheerness?

I do not think that you could absolutely get rid of it at a place like Portsmouth or Plymouth, but you could reduce it to a minimum.

485. And would you prefer what you have suggested, that an Act of Parliament should give permission to apply the Act to other towns on their applying for it to a general power to the Queen in Council to apply the Act whether on application or without?

I should be inclined at first, at all events, to leave it to those places where there was a voluntary application for it.

486. Not to give power to extend the Act to any other place?

No; I think you would have great difficulty in carrying it out where it was contrary to the wishes of the population.

487. An Order of the Privy Council would involve a rate, of course?

It might; but if any large town came to the Secretary of State and applied to have the Act brought into operation, and said, "We are prepared with voluntary subscriptions to undertake that the Act shall be properly carried out for a period of three years, we undertake to do it." I do not see why they should not be allowed to do so.

488. At Colchester, for instance, we heard the last day the Committee sat that they would not even allow the use of part of their hospital under this Act, are you aware of that?

That is under the War Office; and that was the case at Plymouth some years ago. There is a strong religious prejudice against the hospital being used for any purposes of that kind; and for two or three years the Admiralty were prevented from even having a lock ward there, but I think that that feeling is very much coming to an end.

489. Duke of Somerset.] An Order in Council involves a rate, but the mode which you propose, of power being taken by the Secretary of State to put the Act in operation upon application, might be done without a rate?

Yes; I think it is very important that anything that is done should be quite gradual. I think it would offend, and prevent the Act being carried into effect if it were forced upon any place.

490. If the Act were really resisted by any popular force, it would be impossible to enforce it?

Quite impossible.

491. Viscount Templetown.] Are there any other arrivals at Sheerness from the sea, except in Her Majesty's ships or ships under Her Majesty's control?

Only small coasting vessels coming in.

492. Then that would be quite a trifling amount?

Yes; it is quite a military port.

493. Duke of Somerset.] Are you aware whether or not in any foreign countries, in foreign ports for instance, at New York or anywhere else, precautions of a like nature have been more adopted since the Act has been in force in this country?

No; there have been several applications from the colonies for Government assistance for that purpose. At Hong Kong a similar Act has been carried, and there have been applications from Jamaica and other places for Government assistance. But to show how completely the operation of the Act may succeed, I should like to mention the case of the "Calypso;" she went to Honolulu, in the Sandwich Islands, and out of a crew of 153, 33 officers and men were sick with the disease; there there is no restriction of any kind; but she afterwards went to Tahiti, where the French have control, and have all the women looked up and regularly examined, and in the four months that they were there, with all the men nearly living on shore, there were only three cases of disease. And at Malta, I think the Committee have very likely been informed, as it is well known the

the disease completely came to an end entirely, owing to the regulations that were established.

Mr. William,
Govett Romaine,
C.B.

29th May 1868.

494. Earl *De Grey*.] Dr. Leonard stated in his evidence, in answer to Question 378, that there is a clause in the Merchant Shipping Act of 1867 which he thought might enable the Act to be applied to civil ports, and merchant seamen to be inspected, to find out whether they were diseased or not; do you think that it would be possible to do anything of that sort under that Act?

No, I think not. This clause only provides that a seaman when he engages for a voyage may be examined to see "whether such seaman is in a fit state for duty at sea;" those are the words of the clause.

495. That I conceive would give no power to inspect men upon their arrival at a port?

None.

496. And consequently, it would be quite inoperative for any of the objects of this Act?

Quite so.

497. Duke of *Somerset*.] Is there anything else which you would wish to state to the Committee, or any point which we have omitted to ask you about?

There are one or two notes which I have made, rather upon the supposition that a hospital or a ward was established in the way which I have mentioned, and I had made a note that all police regulations under the Act, and all hospital regulations before being carried out or being placed in the wards should be approved of by the Secretary of State. That the hospitals should be inspected and reported on to the Secretary of State at least every six months. That books should be kept and returns sent to the Home Office from the police and medical officers of the hospital, and that no books and no returns should be allowed to be kept by the police except those authorised by the Home Office. I think that the tendency rather in the police authorities is to deal with it is a question of prostitution, and that they would rather like to make it an affair of the police in that way as well. But I understand that this is merely a contagious diseases question, and not a question of prostitution, and the Board of Admiralty have always kept entirely clear of that; they have had nothing to do with the women in their dwellings, or anything of that kind; but merely dealt with it as a question of contagious disease. The other would be a more difficult and more delicate question, which has never been raised yet in this country.

498. Earl *De Grey*.] Would not that be an argument for placing the working of the Act under the Council Office, rather than under the Home Office, so as to make it clear that it was a question of disease, and not a question of police?

That would complicate the operation a good deal, because the Council Office must work through the police.

[The Witness is directed to withdraw.]

Mr. THOMAS WOOLLCOMBE is called in; and Examined, as follows:

499. *Chairman*.] You reside at Devonport, do you not?

Yes.

Mr. Thomas
Woolcombe.

500. You have paid a good deal of attention, I believe, to this matter of contagious disease?

Yes; I believe that in our case we were the first hospital that was established; we had a great deal of communication with the noble duke and Lord De Grey in 1861, I think it was; we then began with a very small number of beds.

501. Was the work entirely voluntary in 1861?

Yes, it was entirely voluntary. At that time there was an Act passed which was very imperfect, and we had really no control over the thing at all. We began with, I think, 16 beds, as near as I can recollect. I then ventured to press very strongly upon the Government the importance of increasing the number, and we got up to 32 beds. And then we added six more. Probably the Committee will follow me better if I give in this plan of the building

(46.)

G 4

(handing

Mr. Thomas
Woolcombe.
29th May 1868.

(*handing in a plan*). The original building was confined to this part (*pointing to the plan*); an arrangement was made under which the east end of the building was to be applied solely for the reception of lock patients, the charge for which was to fall on the Government, and the remainder of the building was to be erected and supported by private subscriptions. We raised funds in the locality for building our part, and we had a grant from the Admiralty and the War Office of, I think, somewhere about 4,600 *l*. That enabled us to complete the first block.

502. What is the name of the hospital?

The Royal Albert Hospital. It was found that we could not do a great deal with the limited accommodation that we had; and the War Office having granted an additional piece of ground, on the passing of the Act of 1866, the Duke of Somerset and Lord De Grey were down at Devonport, and I submitted to them a sketch for extending the building towards the east?

503. Duke of Somerset.] In fact you doubled the size of the hospital, did you not?

Yes, we more than doubled it.

504. And having so extended it, you have now ample accommodation for all cases?

I should hardly like to offer a positive opinion as to that subject, but this I can say, and I think the returns which I shall produce to your Lordships will show that we have produced a very sensible effect in the district.

505. Chairman.] What proportion of the building is devoted to lock patients?

More than three-fourths are now devoted to the purposes of a lock hospital. I have taken out the amounts which were successively granted for the purpose of making this establishment. The first grant that we had was 4,573 *l*. and some odd shillings, and with that we provided 36 beds, and the cost of those beds came to about 127 *l*. a bed.

506. That was the cost of providing them?

The cost of those beds that were originally devoted to the Government service, including the first outfits. We then got permission to use an artillery store which was a detached building; the expenditure of adapting that was 689 *l*., and in it have now 26 beds, at a cost per bed of about 26 *l*. Then, for the large operations which have been lately carried on and which are just now completed, the sums which have been granted hitherto amount to 15,106 *l*., and for that we shall have 105 beds, at the cost of about 143 *l*. a bed.

507. From whence do those sums come?

They have been granted by Parliament at different times since the institution of the hospital in 1861. The total number of beds available for the lock service will now be 167, and averaging the cost all round it will come to 99 *l*. a bed, or about 100 *l*. in round numbers, exclusive of fittings and furniture, which may be taken roughly at about 15 *l*. per bed. I have prepared a Table which will show the working of the Act in our hospital from the commencement.

508. Will that show the condition of things before it began?

No; the Table shows the total number of cases admitted into the Lock wards of the Royal Albert Hospital since the passing of the first Contagious Diseases Act, 1864, distinguishing the number of patients and their admissions, the number and per-centage of those reclaimed, and giving the total from the 1st of April 1865 to the 31st of March 1868. In this period there were 616 separate women admitted, but the total number of cases that were treated amount to 1,065, the difference being accounted for by admissions, a second, third, fourth, and fifth time. Of those that were admitted a second time I see there were 270; a third time 112; a fourth time 46; a fifth time 13; a sixth time 4; a seventh time 2; an eighth time 1, and a ninth time 1. Then, of those 616 patients who have passed through the hospital, I find that we have taken 218 off the town; that is to say they have been sent home to their friends, or they have been sent to reformatories, or they have left their previous practices; and those you will find are 35.38 per cent. of the whole. I do not think that it could be safely assumed that all those 218 girls

girls are absolutely reformed. I am afraid that that is going further than one's experience will justify, but there is no doubt at all about this : that by the operation of our own hospital, and the assistance that we have had, we have succeeded in reclaiming a great number of girls. It will be perhaps interesting to show the number of girls that have been reclaimed according to their several progresses through the hospital. Of those who came in the first time 157 were reclaimed out of 616 ; of those that were in a second time there were only 38 out of 270.

Mr. Thomas
Woolcombe.

29th May 1868.

509. Duke of Somerset.] Were those 157 very young girls chiefly ?

They were chiefly young girls ; generally very young girls.

510. And they were, as I understand you, reclaimed ?

That is to say, we have sent them off to reformatories, and to their homes ; we do not know exactly what they have done ; some have not turned out well, but others have.

511. At any rate, they were all given a chance of living without resorting to this wretched prostitution ?

No doubt that is so.

512. Chairman.] They all had the chance of electing to go to a reformatory, or to go home ?

Yes, they all have an opportunity of doing that ; of those that are in a second time, as I said before, there were only 38 out of 270 reclaimed ; a third time there were only 17 out of 112 ; a fourth time there were only five out of 46 ; a fifth time only one out of 13 ; and after that, we find that we can do nothing with them. I have also had prepared a statement which shows the medical effects of the Act with us, and I think it is very interesting. Of course it would be more interesting to medical men than to lay persons, but still it shows what really has been doing. Under the provisions of the Act, a girl can only be detained for three months, when there must be a second examination, made by the visiting surgeon and the house surgeon ; therefore, I have divided the cases in the table that I have in my hand into two classes ; in the quarter from the 1st of October to the 31st of December 1867, I find that there was not a single case of pure syphilis, which is a most extraordinary result. There were 3,590 days during which the girls in the first class were under treatment, and the average time that it took to complete their cure was 44·87 days ; but then a deduction ought to be made from that, because the calculation being made at intervals of 10 days on an average, something must be taken off from the time of cure, but still this is sufficient to show the general principle. Then, taking the second class, where they were detained for a second period under the joint certificate of the chief medical officer and the visiting surgeon, in the quarter ending 31st December 1867 we had 25 such cases, one only being a case of pure syphilis, and the time that it took to cure those women was 128·8 days each ; so that these severe cases have taken nearly three times as long to deal with as the others ; that is the result of the first quarter. In the second quarter ending the 31st of March 1868, we had not a single case of pure syphilis. The number of days that the girls took before they were cured in the first period was reduced from 44·87 to 40·7 days. In the second period, the severe cases took 121 days as against 128 days. Then, in the half-quarter ending the 16th of May, I find that we have reduced the number of days to 36·4 in the first class, and to 121·2 in the second class. The inference from those returns certainly is that the character of the disease is not of so severe nature as it was before, and consequently, that the women are more easily cured. One of our great difficulties is what to do with women who are not eligible to remain in the hospital, for two different reasons. The first reason is, that they cannot be detained longer than six months, and then, when they are discharged from the hospital, of course often uncured, they go back to the town, and they spread infection in all directions. In one or two cases we have sent them to the workhouse. The workhouses at first refused to admit them, but we insisted upon their being taken in, and they were taken in ; but there arises this difficulty, boards of guardians say, " We do not see why we are to keep those cases on unless we have some allowance for it ;" and the practical result is this, that if they do not

Mr. Thomas
Woolcombe.
29th May 1868.

encourage the women to go away, they take no trouble to detain them; the guardians think they have an interest in getting rid of them at the earliest possible period, and the parish doctor has an interest in getting rid of them also, because, of course, he is not paid for those girls coming in extra, and the practical result is, these imperfectly-cured girls get back upon the town again. What has occurred to me is, and I venture to state, with great diffidence, that a remedy might be found for it, in this way: there is a clause in the Poor Law Act of last year, under which guardians have the power of detaining cases of contagious disease in the infirmary when they are at all likely to create public mischief, and of course, therefore, the guardians, adopting the machinery of that Act, would have full power to detain those women if they choose, but then I fear they will not do it. It has occurred to me, therefore, whether it would not be worth while to have some arrangement under which a moderate allowance might be made for the keeping of those girls, just such a sum as is allowed for an ordinary pauper, and possibly some small sum in addition for the medical officer. In that way, I think, you will have a chance of taking those women off the town possibly, and, at all events, of getting them decently cared for. That is one difficulty that we have had to contend with. Another difficulty is this, we find that a certain proportion of the women who come up are pregnant, and of course it is impossible, in a hospital so constituted as ours is, with no appliances for midwifery, or anything of the kind, that we could take in pregnant women. The Admiralty have, therefore, sanctioned a rule which enables the medical officer to discharge a pregnant woman, and to refuse her admittance. Any Lock patient who shall be pregnant, affected with zymotic disease or lunacy, may be discharged under the direction of the physician or surgeon attending the case. The special circumstances being noted, and the medical officer countersigning the same. Of course, in that way, the hospital is relieved of this unfortunate class of women, but there is no doubt that a large amount of personal suffering is entailed by it, and those poor creatures may have no chance whatever of being cured, unless, as I said before, some means can be devised of getting assistance for them, and an allowance to the Poor Law guardians.

513. In the case of any subsequent Act, I gather from your evidence that you would suggest the omission of the 24th clause of the present Act, which provides that a woman shall not be detained longer than three months, and even with a certificate that she is diseased she may not be detained longer than six months; do you think that that clause is an objectionable one?

Of course if the 24th clause were to a certain extent extended, those long and difficult cases could be treated in the hospital.

514. But it would be an advisable thing, would it not, to expunge that clause? I think I would hardly go the length of recommending its being expunged, because it seems to me that it is a very desirable thing that you should have different stages, at each of which the patient should be subjected to a very special examination, which possibly she may not be in the first instance; and, therefore, if any alteration were made, it occurs to me that it should merely be, that the medical officer, with the sanction of the inspector, should be allowed to have those women kept beyond the six months, but then that will not meet the case of pregnant women.

515. Lord Penrhyn.] What Poor Law Act was it that you were referring to just now?

It is the General Act of last Session.

516. Chairman.] It refers to a variety of diseases, does it not?

Yes. The words are "a poor person suffering from mental disease or from bodily disease of an infectious or contagious character."

517. Earl De Grey.] Contagious disease in that Act is not used in the limited sense in which it is used in the Act into which we are inquiring?

In the way in which that Act was first drawn, no doubt there would have been a great deal of difficulty in bringing contagious diseases, as we use the term, within its limit, but I had at the beginning of last Session several interviews with Mr. Lumley, and there were three or four words introduced into the clause which

I think

I think would enable it to be extended with perfect facility to this particular class of cases.

Mr. Thomas
Woolcombe.

29th May 1868.

518. *Chairman.*] Will you tell the Committee exactly what you would suggest as to the 24th clause of the Contagious Diseases Act.

The 24th clause concludes in this way, "But so that any woman be not detained under any one certificate for a longer time in the whole than six months." That might be cured by saying, that she should not be detained longer than nine months, or 12 months, and that at every period of three months she should undergo a special examination.

519. Do you think that that would be sufficient?
I should think that it would meet the case.

520. There is no reason, is there, why she should not now be arrested the moment she leaves the hospital?

She may, no doubt; but there is some little objection to that; they might get into bad hands, and at present if they are discharged uncured and brought up again, they would probably have to be brought up under a magistrate's order, and we have been very desirous, indeed, to avoid anything of that kind.

521. *Duke of Somerset.*] Do women who have been detained six months, for instance, and who are then still diseased, object to remain longer?

They have a right by law to claim their discharge.

522. But do they in practice often claim to go out when they have been there six months and are in the process of being cured.

I think that as a general rule they all want to get away as soon as possible.

523. Even though they are diseased?

Yes, even though they are diseased; and one of our difficulties is that they have occasionally escaped because they get wearied of the confinement.

524. *Chairman.*] If a ship comes in from a foreign station is it not the fact that diseased prostitutes turn out of the workhouse, and so on?

I dare say they do. When we were working the Act, which was passed before the Act of 1866, and had no power whatever to detain the women if they chose to go out, we used to experience some inconvenience when a ship came in, or perhaps a new regiment or something of that kind; but we generally got over it by giving them some tea or amusement, and preventing them hearing much about it, and the practical result was that in a great number of cases they did not leave the hospital.

525. Still, as a general rule, is it not the fact that where they have the power they will turn out on the arrival of a ship or of a regiment?

There is no doubt that they do.

526. *Lord Penrhyn.*] How would you propose to deal with diseased women who are found to be pregnant?

That is a question which I have very great difficulty in answering, unless a separate infirmary is provided for them, or provision is made for payment to the parochial authorities.

527. *Viscount Templetown.*] Do you know what proportion of pregnant women there have been generally from this number of 616?

No, I cannot give the exact proportions, but I do not think there are a vast number.

528. *Lord Penrhyn.*] It was suggested the other day that there should be a separate ward attached to the Lock hospital for that purpose; do you think that possible to be carried out?

I do not think we could do that, because every bed that we have is occupied, and there would be a good deal of difficulty, the hospital not being planned and built with such an object.

529. Have you found many cases of that sort?

I should say not a very great number, but I could not answer the question accurately.

Mr. Thomas
Woolcombe.

29th May 1868.

530. *Chairman.*] What has been your experience as to the number of diseased soldiers and sailors in Devonport, say, a year after the Act has been brought into operation, compared with their condition before the Act came into operation at all?

The police returns, which are the only means I have of judging of the thing, show that there has been a very large reduction indeed.

531. Can you give us the figures?

I have here the last return which I received from the Admiralty, showing the number of seamen, marines, and soldiers in their respective hospitals suffering from contagious disease, and the number of men in garrison and port, with the yearly rate of per-centage of men diseased during the quarter ending March the 31st. This return applies to Woolwich, Aldershot, Chatham, Sheerness, Portsmouth, and Devonport. I think Sheerness must be altogether excluded from any comparison with other places, because it is practically isolated; but taking the figures as they stand here, the per-centage for the last quarter at Portsmouth would be about $6\frac{1}{2}$ per 1,000; Chatham about $5\frac{1}{2}$; Aldershot something less than $5\frac{1}{2}$; Woolwich $3\frac{1}{2}$, and Devonport $2\frac{1}{2}$.

532. Devonport would be the only place where the Act has been completely carried out?

Yes; we consider, therefore, that we stand best of all the five different places. The police are now endeavouring to get a return, in order to see what is done in each particular garrison, showing the per-centage of men diseased, after deducting those from secondary symptoms and those who contracted the disease in other places; there Sheerness is quite below all the rest put together. The highest is Portsmouth, and there it is $5\frac{1}{2}$ per 1,000; Aldershot is nearly 2; Woolwich is very nearly 2; and Devonport is about $1\frac{1}{2}$. Those figures are supposed to represent cases in which, as well as the police have been able to ascertain, the disease has been contracted on the spot and not brought into it. I do not, myself, think that any very great reliance can be placed upon those figures; I very much suspect them.

533. How was it before the operation of the Act; can you give us any figures as to that?

I have not them, but I think your Lordships will find them in the reports which have been submitted to Parliament on the subject.

534. We know what the reports are, but we would like to have your opinion?

I have very little doubt that it will be found that the disease in the army and navy is reduced to one-half of what it was previously.

535. *Viscount Templetown.*] It is reduced to much more than that, it is one-eighth only, by the return which I have seen.

I wish, of course, to speak with some reserve upon the matter. In Devonport a plan has been adopted by the Port Admiral there, which I think will give us very much more accurate information than we have ever had before. I understand that a daily return is to be made from every ship in the harbour, showing every man who is labouring under the effects of this contagious disease, and therefore, we shall know, without going to the hospitals at all, exactly the number of men who are diseased in the port. There is more difficulty in getting the same information from the military authorities, but still I believe that a great advance has been made in that way. I understand that very recently the Commander in Chief has authorised an examination being made of every regiment the moment it marches into the garrison, and in that way, of course, the men who are diseased are at once laid hold of and sent to the hospital, without the danger of their getting out into the town and infecting the women. When it was first tried I think there was one regiment there who were put under examination, and 12 cases were discovered of a most virulent description; they were taken at once to the hospital, and, of course, dealt with in a proper way. Other regiments have come in, and some have been very bad indeed, but by this process they are enabled to eliminate the men and send them at once to the hospital, and get them treated. I think myself that there is some little difficulty in getting very accurate returns as to the effect upon the strength of the garrison, and for this reason. I understand that the practice at

at head quarters is to make up the daily state of the military in the garrison, not as to the number of men who have been in the town in the course of 24 hours, but the average number of those who have marched in and marched out; and, therefore, if a regiment of 500 men comes in at 11 o'clock in the morning, and another regiment of 500 men marches out at four o'clock in the afternoon, the number of men returned as the strength of the garrison is only 500; but I contend that the whole thousand are liable to be infected, and that therefore they ought to be returned, and that we should have the number who are subject to infection, and not the average number in the garrison in the day. However, the statisticians at the War Office say that I am altogether wrong, and, of course, I can say nothing more about it; but certainly it does lead to a possible chance of error, because what one wants to find out is how many individual men are exposed to contagion, and not the average number of persons who may happen to be in the garrison at the time.

Mr. Thomas
Woolcombe.
29th May 1868.

536. Viscount *Templetown*.] Do you know at all the number of prostitutes in the three towns, and whether they vary in number or in persons; that is to say, whether they change about at all and go out of the place altogether and come back?

I have no accurate information at all as to the numbers; but, giving a very off hand opinion upon the subject, I should fancy that there are somewhere about 2,000 in the three towns. But this we have found, that of late there has been a considerable importation; they have come into the town from other quarters, and I have no doubt that they have come in for the purpose of getting admission into the hospital. I have known cases in which women have been sent up from the lower end of Cornwall, and from various other places; they get into the brothels; they get a sort of habitat in the town, and then the police lay hold of them and bring them up. I think it is quite certain that there is an influx going on into the town. I should think at Portsmouth and Winchester it is more likely to be of an extended character.

537. *Chairman*.] That would be remedied, would it not, by extending the Act?

It would, of course.

538. What, in your idea, is the most judicious way of extending the Act?

I have a very strong opinion upon that point. With regard to the gentlemen who are taking up the matter of extension in London, the society to which I have the honour to belong, I have no doubt that, theoretically speaking, there is a great deal to be said in favour of their views; but, looking at the subject from a practical point of view, my belief is that it would be a disastrous thing indeed if the Act were at once extended to inland towns as a rule, or even seaport towns as a rule. And the reason why I come to that conclusion is this: after a long experience of municipal bodies, of watch committees and local police, I have been satisfied that they are not the bodies who should be entrusted with the administration of an Act in which one single false step may undo the work of years. We have much to learn and much prejudice to remove, and my theory upon the matter would be this: instead of getting a legislative enactment, naming certain places in the kingdom to which this Act should be extended, I would apply the principal which is now being rather extensively adopted, of giving the Board of Trade power, on a representation and proper evidence, to make an Order in Council applying the Act to certain specified places which might be considered desirable, or of extending its operations where already applied. If that were done, I believe that there would always be a sufficient amount of inquiry before any step was taken to justify an Order in Council being made; and that Order in Council being made, and a judicious extension being made, I believe that the greatest possible benefits would result. But then, I think, it must be accompanied with another safeguard. I should be very sorry to see the Act extended into any district whatever, for some time to come, unless it were under the entire supervision of the metropolitan police; and I come to that conclusion for this reason: the working of the Act, if it is to be a success, must be uniform; you must have the same principles and the same control applied in all districts. As far as my observation has gone of the way in which the metropolitan police have worked this Act so far, I think nothing can be better. They have the means of getting their own returns all

Mr. Thomas
Woolcombe.

29th May 1868.

made upon the same system; so that, by-and-by, when you apply an examination to the statistics, you will not have one rule in one place, and another rule in another place. And, therefore, I should say that those two things ought to go together; first of all, that there should be no general legislation, but that there should be power given to some proper authority, on inquiry, to extend the provisions of the Act by an Order in Council; and next, that whenever that extension is made the services of the metropolitan police should be brought in, so that the whole thing may be worked under one head and one system.

539. Duke of Somerset.] With regard to your suggested Order in Council, which would extend the Act, that would involve a rate, would it not, on the town?

No; I am rather assuming that, whenever the Act is extended by an Order in Council, in the preliminary stages of the matter, Parliament would make a special provision for paying the expenses of the Act in that particular district.

540. Then you suppose not only an Order in Council but a Parliamentary vote for the expense?

Of course that is a difficulty, and a very serious difficulty.

541. It has been suggested to this Committee that it would be wise to have an application submitted to the Government from towns where they would be willing to construct an hospital, and on their undertaking the expense of the hospital, the Government might sanction the town being included in the Schedule of the Act; in that case no necessity for taxation would be involved, but it would be a voluntary offer on the part of the town, and it is believed that Liverpool and other wealthy towns might perhaps undertake the introduction of the Act in that manner; would not that be, in your opinion, a desirable way of extending the operation of the Act in the first instance?

I should be very sceptical myself, except in such cases as Liverpool, where I dare say the thing might be done, but I do not think you would find, generally speaking, that ordinary municipalities would ever consent to tax themselves for a purpose of this kind; what I fear is, that, under any proposal for general extension, the arguments which were set up originally against the Act, would revive in tenfold force. It was said that the Act was of a most immoral character; that you were, in fact, curing women for the supply of the army and navy. I can very well understand that the taxpayers in a municipality would say, why should we tax ourselves for the purpose of putting down a disease which some people say is a just punishment for particular offences.

542. I do not think you quite understand my question. I meant to show that the way in which it has been proposed that the Act should be extended, would be to extend it to those places, whereby a voluntary contribution or hospital could be supplied for a certain period; that would of course involve no taxation?

No.

543. Assuming, for instance, that at Liverpool a number of persons agreed to supply such a sum as would pay 20 *l.* a bed for any number of beds that they might think necessary, and the Government supplemented that voluntary contribution by a certain additional grant, making it sufficient to support those beds, would not that be a mode in which the Act could be extended without raising those objections and those feelings amongst the ratepayers to which you have adverted?

Yes; I have no doubt, assuming the facts to be as your Grace put them, that that result would necessarily follow; but my great doubt and difficulty is, whether you will find, with the single exception of Liverpool, and possibly Glasgow, a single place which will be disposed to undergo a system of voluntary taxation.

544. I did not mean taxation; I meant voluntary contribution by benevolent persons subscribing for such a hospital?

Yes, there is no doubt that if that can be done it would be an easy way of extending the Act.

545. Do you not think that what makes it hopeful is, that apparently where an hospital has been established for a few years the disease very much diminishes? Yes.

546. And with the disease the expense would diminish? That would be so.

547. Therefore

547. Therefore it would be a contribution, not as in the case of the hospitals which go on for ever, but it would be a contribution in which you would see a very great reduction in the course of a few years probably; would not that be so?

Yes, that would be so, no doubt.

548. Earl *De Grey*.] But I understand you specially to deprecate entrusting the administration of the Act to the local authorities?

Yes, for the present.

549. And also to the local police?

Yes, with this exception, that if there is a combination of circumstances such as the noble Duke mentions, there could be no objection to introduce it into the place, because people who have subscribed a large sum of money for the establishment of a hospital would feel a sufficient amount of interest in it to see that the thing was worked in a satisfactory and proper way.

550. But that would be working it not under the local authority in the sense in which I used the words, but under the local management of persons specially interested in the success of the measure?

No doubt it would be so; but there would still be this difficulty: if you have to carry out the operation of the Act satisfactorily, you must have a power which can only be exercised by the police authorities, and unless you are prepared to say that the surveillance of the metropolitan police could be extended to those places, it would necessarily fall into the hands of the local police.

551. Do you happen to know what number of men belonging to the metropolitan police are employed upon this duty at Devonport?

I do not, exactly; I do not believe there are more than six or seven, and I do not think there are enough.

552. Lord *Penrhyn*.] By whom are they paid?

They are paid as part of the metropolitan police force by the Admiralty.

553. Duke of *Somerset*.] The Board of Admiralty introduced the metropolitan police into the ports three years ago, did they not?

Yes.

554. And it is since their introduction that we have had the facility for appointing them to superintend this inspection, and to bring those women to the hospitals?

That is so.

555. *Chairman*.] If I understand you rightly, you think that the combination of circumstances to which the Duke of Somerset referred, will not occur very often?

I should not be sanguine about it, I confess; but if it did happen, I should be very glad to see it.

556. I suppose that would be the best way of beginning?

Yes; my view has always been this: up to the present time the Act has been working so well that it would be very much better to have one or two years' more experience, even if one went on with the evils that one knows to exist in the Act, rather than attempt any new legislation, unless it could be done by the simple principle that I spoke about just now. There is a district which the Duke of Somerset knows very well. Dartmouth is a place where a training ship is established, and if by any means we could get Dartmouth attached to our district, I think it would be a very desirable thing, because the women go there, and they are there out of reach; we cannot get at them at all.

557. Earl *De Grey*.] Would you propose that the Act, if it were to be extended by an Order in Council, should only be extended to places in which the Admiralty or the War Office have a direct interest, or that it should be extended to any purely civil districts?

I think that the safer plan would be, in the first instance, to extend it only where the Admiralty and the War Office have at present supervision. Hereafter as soon as more experience is acquired, and as soon as the real results of the Act become notorious, I think that you may extend it with great advantage.

(46.)

H 4

558. *Chairman*.]

Mr. Thomas
Woolcombe.

29th May 1868.

Mr. Thomas
Woollcombe.

29th May 1868.

558. *Chairman.*] Would you propose that the area should be extended into existing places?

If an Act is passed I should very much like to lay down the principle that it should only be extended upon inquiry, and that you should not say that there should be certain places in the Act which *à priori* are to have it extended to them.

559. *Viscount Templetown.*] Would you object to any community petitioning that the Act might be made applicable to their place and neighbourhood?

No, I think not; that rather assumes the position laid down by the Duke of Somerset. I should, of course, understand that any parties who were willing to petition in that way would be prepared also to find the funds.

560. They might not have any military in their district?

No; but still I should certainly say myself that the safest thing at the present moment, at all events for another year, would be to keep the operation of the Act within limits which could be controlled by the Admiralty and the War Office.

561. *Chairman.*] That might well be so for another year, because a new Act could not be passed for another year?

No Act could by possibility be passed before another year.

562. You would prefer the plan which the Duke of Somerset suggests, that the Queen in Council should grant an extension of the Act to places which have petitioned, by giving the Council power to extend it indefinitely?

Yes, I think that would be the safer plan.

563. *Earl De Grey.*] Have you found any objection taken to the Act in Devonport since it has been in full operation there?

Not the least. We have, in point of fact, had 1,016 women passed through the hospital, and not one of them has been brought up by an order of the magistrates.

564. I mean that the respectable inhabitants of the town have not objected?
No.

565. Is the operation of the Act considered a benefit to the town?

I should think so; the fact is, there is not much said about it. We have all rather felt that it was a sort of thing not to be talked about, and we have deprecated public meetings for instance.

566. *Chairman.*] Have you any knowledge of its effect upon the civil population?

No, I have not; that would not be easy to get at.

567. *Viscount Templetown.*] Do you believe that much disease is introduced by merchant seamen?

Yes, I think, very extensively; and that brings me to a matter which I am anxious to have the opportunity of bringing before the Committee. I, myself, believe that a much more important step towards getting rid of this dreadful disease than extending it to inland towns, would be if any means could be devised of extending the operation of the Act to merchant seamen. I have here an abstract from a French book which was published by a French physician the other day, and which I will take the liberty of reading. The writer says, "A sanitary visit applied to sailors on their arrival into French ports would no doubt present great difficulties, notwithstanding their practicability must be admitted, and when one reflects on the frightful mass of contagion which these men bring, one is irresistibly compelled to raise a voice in demanding legislation to impose a barrier against such disastrous importations. It is proposed, therefore, that the mercantile marine, whether national or foreign, before being permitted to land, should produce a medical certificate showing that they are free from venereal disease." The passage goes on at some length to advocate this position, and it argues that it might be made a sort of international arrangement. I am quite certain of this, that the number of mercantile seamen who are discharged in our large seaports do spread an amount of disease which is very frightful to contemplate. Probably, in Liverpool, it would be more felt than anywhere else, but I know that it must be felt very seriously with us. Up to a very recent period, I am told that the practice has been, in making an agreement with merchant seamen, to stipulate that in case of their being attacked with the venereal

Mr. Thomas
Woolcombe.
29th May 1868.

venereal disorder, they may be discharged from the ship, and the effect of the ir being so discharged, is that those men come on shore, they cannot get any employment, they are thrown into the society of the women at the brothels; and those women, after all that must be said against them, have a very strong feeling for cases of distress, and would go a long way for the purpose of helping one of their own sisterhood or a man who is suffering from disease. They get hold of those men, they maintain them for a certain time, they do not get cured, and of course during the time that they are in communication with those women they are spreading the disorder broadcast in every direction. Now, I am told, there is a new regulation under which medical inspection may be required in ships of certain dimensions, and so on, on their arriving at a port; but if it were at all possible to establish anything like a system of general hospitals where the merchant seamen could be treated for disease, I believe that that would do as much as anything to break down and stamp out the disease.

568. Earl *De Grey*.] Are you sure about that regulation which you have mentioned, that a medical examination may take place with regard to ships arriving in port?

I received a letter this morning from a gentleman at Plymouth, who has had great experience in this matter, and he says: "The deputy shipping master here informs me that it is not the practice for masters of vessels to insert in their agreements a condition allowing them to discharge a seaman suffering from venereal affliction. When a master finds one of his crew suffering to an extent which renders him incapable of performing duty on board, he has to get rid of him on the best terms that he can; generally by paying his fare home, or to the 'Dreadnought' in the Thames. You do not appear to be aware that, since January last, masters have the opportunity in all the large ports of calling in a surgeon, and having either or all of the applicants inspected before the articles of agreement are signed. The surgeon is paid by the master a small fee for each seaman examined."

569. That is not exactly what you said; you said that a ship arriving in port might be inspected, whereas the clause in the Act only permits inspection upon engaging seamen, which for our purposes is a totally different thing?

Yes.

570. *Chairman*.] Are you aware how that is managed in the French ships on the French coast?

No, I do not know at all.

571. Earl *De Grey*.] I should gather from the extract which you read from the French book just now, that there was at present no inspection in France of sailors arriving in port, because it is a thing which is recommended should be done?

Yes, I quite understand that to be the case.

572. In your hospital you have the power of detaining women there until they are cured, or until the expiration of three or six months; have you had any difficulties upon that point or any cases of refractory women?

Not any very great number; I should not think that out of 1,000 cases we have had 25 of that description. The great difficulty that we find is the situation of our hospital, and on that point we are rather unfortunate. We have got a barrack on one side, and a public park on the other, and the buildings are thoroughly commanded from all quarters. One of our greatest difficulties is that the women congregate in the windows, and so on, and make signals to the people in the park, and they get a system of assignations—they get letters thrown over the walls, and on one or two occasions we have had absolute knowledge that men have been within the walls of the hospital at night. Then they communicate with the women, and the women got out over the walls. We have had cases of that kind, and we are obliged when they escape in that way to send them to the Borough prison.

573. But those cases have been rare, have they not?

Yes.

574. I believe that some benevolent persons in Devonport have endeavoured to make arrangements for providing employment for those women with a view to

(46.)

I

their

Mr. Thomas
Woollcombe.

29th May 1868.

their reformation, or to sending them home to their families upon their leaving the hospital; do you know anything about that?

We had an allowance from the Admiralty, up to a very recent period, of 100 *l.* a year, and that allowance, with a certain sum that we have collected amongst ourselves, has been applied entirely for the purpose of sending the women away; sending them to the Magdalen or anywhere that we can get rid of them, in fact; but one of our great difficulties is to find employment for them. The Admiralty have been good enough to give us a good many books, and we have lately had a fresh selection made from the victualling yard, but still, during the day, there are an immense number of hours in which they have nothing on earth to do, and during that time of course it is very difficult to keep them in order.

575. You said that until lately you had had an allowance from the Admiralty; has that ceased?

No, it has been increased to 150 *l.*

576. Duke of Somerset.] Do you apply that in getting young women away from the hospital where they are cured, and away from the town?

Yes; we send them, for instance, to the Magdalen, and then there is an entrance fee to be paid; and, of course, we have to pay their travelling expenses and to give them some small outfit of clothes.

577. Do you mean the Magdalen in London?

Yes.

578. Is that the only place to which you can send them conveniently?

We also send them to a place which Lord Devon is well acquainted with; Bovey Tracey, where they do very well indeed, and we also send them to Exeter, and down into Cornwall, and we send some of them to the homes and refuges in the town; but we find that that is the worst arrangement that we can make for them at all, because they get into the town, and they get immediate communication with their old associates. What we wish always to do when we can is to send them into some place in the country. There is one thing which I should be very glad if the Committee could impress upon the medical witnesses that come before them. It appears to me that it is all-essential that the returns which are made from the surgeons of the different hospitals should be on the same form; that there should be a classification of the disorders agreed upon, and that those returns should be exchanged from hospital to hospital at very short periods. The great advantage of that is, that it would be sure to excite emulation among the hospitals. We rather pride ourselves upon having stood as well as any of them so far; but still we feel that there is a great deal of experience which might be obtained from other hospitals; and we want to have all those medical returns and police returns made out on one uniform system, and exchanged at very short periods between each hospital, so that every hospital may know what all the others are doing.

579. Viscount Templetown.] Are you aware whether the 31st Clause of the Act has ever become operative. I refer to the clause which renders a woman liable to be imprisoned if she is detected plying her trade without a certificate?

We have had no case of the kind.

580. You stated, did you not, that there were some women whom after six months you have had to discharge uncured?

Yes; and then we have rather lost sight of them. The fact is, that when we began our operations, under the Act of 1866, we kept all those women on, and the result was, that the average duration in the hospital was so long that we were rather hauled over the coals, and asked how it was that we could not cure the women earlier. We then fell back upon the clause respecting the three months and the six months; at the end of the six months a woman is now discharged, and we do not exactly know what becomes of her.

581. Still it would tend to reduce the amount of disease if that clause had been acted upon, that a woman without a certificate of having been discharged cured should be imprisoned if she is detected plying her trade?

Yes.

582. Can

582. Can you give the Committee any information with respect to the conduct of the women while they are in hospital?

As a general rule nothing on earth can be better; they are obedient, civil, and respectful; and, on the whole, I think we ought to say that their conduct has been quite satisfactory.

583. Do you attribute that at all to tact and the treatment, and to the kindness and to the good example, and to the interest taken by the nurses in them?

I have no doubt whatever that it results entirely from good management. Our matron is a very extraordinary person. Irrespective of the exertions of our medical staff, the great credit of our success is, in my opinion, due to her, to the great tact which she has shown and the kindness which she displays towards those women.

584. Would you think it desirable, in any other hospitals of this nature, that that point should be particularly attended to?

It is essential. I believe that if you were to treat those women roughly they would break out, and there would not be a sound window in the place in 12 hours. What we find is that they are entirely creatures of impulse. As far as my experience goes, I do not at all think that you would find any very large per-centage of those women who are what I would call radically bad; they have never had any education; they do not know really good from bad; and, as I said before, they are entirely the creatures of impulse, and the first thing that comes across them they will do without thinking exactly what the consequences are. But I have seen amongst them a great disposition to help each other, and to be kind to each other; and they certainly are amenable to kindness and careful and good treatment to an extent which is very satisfactory.

585. Earl of Devon.] As a resident in Devonport, and well acquainted with the neighbourhood, have you observed any marked change in the general aspect of the streets and the external appearance of decorum since the introduction of this Act?

I think that there is a change for the better.

586. Are the women less inclined to be troublesome than solicitous, or are there fewer about the streets?

I think that there are fewer about. I think that they confine themselves more to the brothels, and certainly I should say that we do not see now the scenes of indecency which we used formerly to do.

587. Have you any means of saying whether the number of brothels is less or about the same?

I have not.

588. Or whether the number of women who pursue this calling are fewer?

No; we find, as I stated, that there is a considerable amount of foreign importation; women come from all quarters to Devonport.

589. By foreign, you mean from other parts of the United Kingdom?

Yes, from Cornwall and Devon; we have had them down from Barnstaple.

590. What is the area within which the Act is in operation?

The places named in the schedule are Plymouth, Devonport, and Stonehouse, and a radius of half a mile on the Torpoint side, but the order subjecting a woman to periodical examination applies to a woman resident within five miles from the extreme limit of these places.

591. Do you think that limit sufficiently wide?

As far as the immediate vicinity of Plymouth and Devonport goes, it takes in all the new forts; the new forts are marked upon the map by red spots.

592. Does it go as far as the Treguntle?

Yes.

593. *Chairman.*] Is there sufficient accommodation in the lock hospital in Plymouth and Devonport for males?

There is no accommodation for males in our lock hospital.

594. Not in the hospitals generally?

(46.)

I 2

The

Mr. Thomas
Woolcombe.

29th May 1868.

Mr. Thomas
Woolcombe.
29th May 1868.

The civil side of our hospital is calculated to contain about 50 beds, but the cases admitted are not venereal, and are recommended by the governors and subscribers to the hospital.

595. But they are by no means sufficient for the general population?
No.

596. Viscount *Templetown*.] Do you happen to know how many lock hospitals there are in the kingdom?

I do not think there are any others except in the several districts comprised in the Act of 1866; there is a lock hospital in London, but I do not know of any anywhere else.

597. Earl of *Devon*.] Have they not syphilitic wards in the workhouses at Plymouth and Devonport?

They have what they call foul wards, but I do not think that they are devoted specially to syphilitic cases.

598. *Chairman*.] What is the annual cost per bed at the Royal Albert Hospital? It varies; it is about 35 *l.* or 37 *l.* per bed.

599. Does it go up so high as 40 *l.*?
Yes; our civil patients cost us quite 10 *l.*

600. Is there anything else which you can suggest to the Committee?
Nothing that I am aware of at this moment.

The Witness is directed to withdraw.

MR. FREDERIC CARPENTER SKEY, F.R.S., is called in; and Examined, as follows:

Mr. Frederic
Carpenter Skey,
F.R.S.

601. *Chairman*.] You have paid particular attention to the subject of the venereal disease, have you not?

Yes, a good deal.

602. There is a report which you have written upon the subject?
There is, emanating from the Admiralty Committee in 1866.

603. That report, I believe, has not been published for both Houses of Parliament?

It was published for the profession, but I do not think it has been very much circulated. It is the report upon which the Act of 1866 is founded.

604. Earl *De Grey*.] It is the report of a committee of which you were chairman, is it not?

Yes, it was; and appended to it is the opinion of the committee in the aggregate, upon the nature and treatment of the disease.

605. *Chairman*.] Have you any experience as to those particular places which are included in the Act of 1866?

No, not individually. I know nothing of them otherwise than that they were the subject of consideration before the committee with regard to garrison towns, which were included. We did not take cognisance of other places.

606. Can you give us the result of the Act upon those places?
Yes, I am prepared to speak to that effect in general terms.

607. Will you begin with Aldershot?

I have no returns of the number otherwise than my general conviction, which I have obtained from the reports of a very considerable diminution of the disease at Devonport, Portsmouth, Aldershot, Chatham, and Sheerness.

608. You think that there has been a very considerable diminution since this Act has been applied to those places?

I think very marked indeed.

609. What would be your idea of extending the Act still further?

I think that it would be a desideratum that every town in England where prostitutes congregate should have a lock hospital, but I do not know that the country is prepared for so large a movement. I think the association, which your Lordship may be aware exists, has in some degree a little overcharged the horrors of

of the disease, and I consider they have made the most of it; I think it has spread alarm to an unnecessary extent in the minds of the public.

610. We had a case stated to us by Mr. Hill, on the last day of our meeting, of a respectable, well-conducted woman who had had syphilis for 17 years, during which she produced nine children, five of whom had died of it; that can hardly be an exaggerated case?

I am not surprised at it; many examples may be adduced. I do not allude to individual examples; I speak rather in general. There is no doubt that cases of that kind may be obtained, and I am sure I am not disposed to dispute it, but I think there has been a little *trop de zèle*. I was very anxious that the Act should be brought into full operation for at least two years before any further step was taken, and though the diminution is very positive, yet it is not so conclusive as to induce us to jeopardise the larger question. That is the point which I feel. I am as anxious about it as anybody.

611. You think it has not been sufficiently enforced?

I think not; it is quite enough to justify persistence in it, but not to justify any large measure of expenditure.

612. You have not had an opportunity of hearing what has been stated here, but it has been stated that the main points which have contributed to the Act not being so successful as it might have been, were the deficiency of hospital accommodation and the influx from surrounding districts into the towns under the operation of the Act, where otherwise the disease would have been very much mitigated?

All that statement is in our report.

613. That has been proved by evidence after evidence here; but would not that lead us to think that, when the Act is more fully carried out and the area is more widely extended, the success of it would be very much more complete than it is at present?

I do not dispute that. My wish would be, as I said before, to have a lock hospital attached to every town in England. I have stated that in a letter which I wrote to the "Times" with regard to this matter, and it is also stated indirectly in our report, and we are all of us of that opinion. That was the sum and substance of the conjoint opinion of our committee.

614. Then you would gradually extend the operation of the Act very much further than it goes at present?

Most assuredly.

615. Will you be kind enough to tell the Committee how you would propose to do that; what are the practical steps by which you would do it?

I am hardly prepared to make any suggestion upon the subject, for the very reason that I have rather felt that the association from which this Committee has emanated indirectly is a little too ardent and too active in its career; and I feel that, in common with many other members of my profession.

616. I do not think that the Committee has emanated from the association?

But for the association, you certainly would not have had it from their report.

617. I brought the matter forward first from reading an article in the "Telegraph," not knowing at that time the existence of the association?

But that is only another link in the chain, because the "Telegraph" got it from the association. I read the article in the "Telegraph" with considerable repugnance, because I consider it largely overcharged, and the public mind is alarmed, and it has been coloured too highly. The disease is by no means so common or so universal, I may say, as is represented in that article, in my opinion, and I have had an opportunity since I had the summons to appear here to-day of communicating with several leading members in the profession at the College of Surgeons, and we are all of the same opinion, that the evil is not so large by any means as it is represented by the association. There are very active gentlemen in it, very energetic and so on, but I do not myself believe that there is that immediate necessity or that the want is so pressing; but yet I do not want to qualify the statement that I think every town in England under the conditions I have mentioned ought to have a lock hospital. As to the women refusing to enter lock hospitals, I do not believe it at all; my experience and my observation of them would enable me to say that there is no objection whatever on their part to a new rule or new regulations with regard to the establishment of lock hospitals.

Mr. Frederic
Carpenter Skey,
F.R.S.

29th May 1868.

618. I do not think that the evidence which we have had at all militates against what you say, that the women are willing enough to enter the lock hospitals, but it almost invariably goes to show that they are too ready to leave them, and we cannot prevent their leaving, except under the operation of this Act. Do you think that the Act should be extended in conjunction with lock hospitals?

Yes, but I would compel women to be under the surveillance of the authorities of the hospital, who alone shall determine when they shall leave.

619. In fact, you really go further than any witness whom we have had before us as yet upon that point?

I am sorry to hear it. I am only speaking the sentiments that are published in the report, for which we are indebted to Earl De Grey and the Duke of Somerset.

620. Earl De Grey.] The Committee are to understand that, as far as your knowledge goes, the Act has worked well in the districts to which it has been applied?

I think so.

621. That it has diminished the amount of disease in those districts?

Very materially.

622. We have also had some evidence to show that the character of the disease is becoming in those districts milder in its nature; do you think that that is the case?

I do think so, indeed.

623. That would appear, therefore, to show that the operation of the Act would be ultimately generally to diminish the virulence of the disease?

I have no doubt of it whatever.

624. Is it the more virulent forms of the disease that give rise to those very painful cases of which some evidence has been given, and which has drawn so much public attention lately to the subject?

It is not necessarily the more virulent class of cases that lead to those great domestic misfortunes with regard to the birth of syphilitic children; that is the accident of a man having syphilis marrying, but those virulent cases are not necessarily what we strictly speaking call syphilitic; they come under the general class of phagædænic disease.

625. Cases of inherited disease may spring from cases which are originally not of a most severe character?

They are absolutely syphilitic, but the syphilis itself is not a very active disease, it is a chronic and a painless rather than an active form. The cases of stillborn children result generally from the dry chronic forms which have outlived the treatment which has proved inefficient to the cure.

626. A suggestion was made by one of the witnesses that it would be desirable that when a woman had been sent to a lock hospital on two or three occasions, if she were brought up again as diseased she should be committed, not to a lock hospital, but to a reformatory; to that it was objected by one of the medical witnesses, that syphilis is a persistent disease, and that from one single case of infection a person may have the disease from time to time during a long course of years, and 17 years was mentioned in one case; is that consistent with your experience?

Quite so; and I think that you cannot infer that a woman has necessarily imbibed fresh poison, but it may be a resuscitation of the old disease.

627. But is it possible that a woman might be discharged from a hospital as cured, and that, without fresh infection, the disease might break out again, so that she would become capable of giving it to others?

There are many anomalies connected with the disease of syphilis, and there will always be, I believe; but I should say that, under the circumstances, a woman being discharged cured, and having a return of the disease, without new infection, must be very rare.

628. Lord Penrhyn.] I understood you to say just now that you thought that the case had been rather overstated by the association; did that remark apply to the extent of the number of cases of disease, or to the virulence of the disease?

I think

I think the reports are too highly drawn. I think if you took the impression of any individual on reading those reports, you would infer an extent of syphilis in society far beyond the truth, very decidedly beyond the truth; it is not so common, and it is not so severe.

Mr. Frederic
Carpenter Skey,
F.R.S.

29th May 1868.

629. Viscount *Templetown*.] You stated that the Act of 1866 was based upon your report; that Act provides for a treatment of three months, and that treatment may be still increased to six; do you consider that in that respect the present Act is a good one, and that the time would require to be extended at all beyond six months?

I thought that the Act left it to the option of the surgeon to prolong it even beyond the six months.

630. Because we have had evidence of women being discharged from the lock hospital after six months uncured.

The clause provides "so that any women be not detained under any one certificate for a longer time, on the whole, than six months." I think that is an objectionable provision.

631. Earl *Nelson*.] It was mentioned the other day that, the moment such a woman went out, she could be taken up upon another warrant?

Yes, that is so.

632. *Chairman*.] You would expunge the 24th Clause, would you?

I think that it is objectionable; there are cases which exceed that time, though they are very rare, and they will be less so as the disease gets more thoroughly under control.

633. Earl *De Grey*.] At the same time you must feel that any prolonged detention of a person in what is practically imprisonment, though a mild form of imprisonment, is open to considerable objection?

Not by the side of the evil which she may do. I can easily see that in the abstract it is very objectionable.

634. Earl *Nelson*.] There is one thing which, from reading the report of the association to which you have referred, would be conveyed to one's mind, which is, that the disease is considerably on the increase; do you think that that is an exaggeration?

I do think it is; I do not think it is on the increase. It is only reasonable that it should be supposed to be on the increase from the increased vigilance that has occurred with regard to the inquiry, particularly since the Committee of the Admiralty sat. Not only in this country, but abroad, on the continent, and in America, there has been an increased vigilance in the study and observation of all venereal diseases, and if it had done no other good than that, I think that that Committee was of essential service.

635. *Chairman*.] Has it come under your experience that many medical men have been infected by the disease in the course of their duties?

I have had 40 odd years of experience in London, and I have seen within my recollection, perhaps, a dozen decided cases of the sort; but I believe many persons have been affected slightly by poisons that were suspected syphilis, but were not syphilis, and I cannot say that in my recollection I have had more than ten or a dozen such cases.

636. Have you known any cases of death resulting from that cause?

Yes, but only a very small proportion; not more than two or three, I think.

The Witness is directed to withdraw.

MR. JAMES PAGET, F.R.S., is called in; and Examined, as follows:

637. *Chairman*.] You are Surgeon to St. Bartholomew's Hospital?

Yes.

Mr. James Paget,
F.R.S.

638. Have you turned your attention very much to the matter of this disease?

Yes.

639. It is your impression that it is diminishing, or stationary, or increasing in the number of its cases?

(46.)

I 4

I think

Mr. James Paget,
F.R.S.
29th May 1868.

I think it would be very difficult to speak of an absolute increase, because the thing has been much more accurately looked after; but it would be very safe to say that, during the last 15 years, we have detected very much wider ravages of syphilis than we were before acquainted with.

640. Do you mean different types of the disease?

Yes; especially those diseases in the offspring of syphilitic parents, which used to be referred to a variety of other causes, but which we now know to be due entirely to inherited syphilis.

641. You heard Mr. Skey's evidence, did you not?

Yes.

642. Do you agree with it?

I do not agree with him in considering that the report of the association is too strongly drawn. I rather think that it would be very difficult to overstate the amount of damage that syphilis does to the population.

643. That is as regards not only the individuals themselves, but their children.

As regards not only individuals, of whom a considerable number in the lower classes are damaged in health for life, but still more as regards the number of children born dead, and the number of children born subject to diseases which render them quite unfit for the work of life.

644. Have you any experience as to the results of this Act in the places where it is in operation?

No, I have only the reports of it: I have not seen anything of it.

645. You cannot form any opinion from your own knowledge as to the mitigation of the disease and its severity?

No; my experience is entirely in London, where one sees it unmitigated.

646. Earl De Grey.] Is it your opinion, from your knowledge of the nature of the disease, that machinery of this kind would probably be calculated to diminish the disease?

I think it might reduce the disease to what we might, by comparison, call a minimum in amount and in severity also.

647. Do you consider that the inheritability of the disease depends upon the severity of the original attack or upon constitutional circumstances of a different kind?

As far as we know at present, there is but one form of disease which can pass by inheritance, and that form may, in a person who is in the first instance infected by it, assume either a very mild or a very virulent type; but, once infected and uncured or incompletely cured, that person may infect his offspring or her offspring through the whole of many years.

648. Is that a common or an uncommon type?

By comparison with the ordinary gonorrhoeal discharge, it is rare, and indeed it is the rarest of the several forms of syphilis; but it is so common that cases are met with in hospital practice every day.

649. I would not be correct, then, to describe it as a very rare form of disease, and, in fact, insignificant in its operations?

It cannot be called rare in comparison with any form of syphilis.

650. Chairman.] That is to say, you refer to what is called syphilis?

Yes.

651. Earl De Grey.] You probably heard the question which I asked Mr. Skey, with reference to the probability that a woman discharged cured from a hospital might become diseased again without fresh infection; do you think that that is the case?

I think that might happen, but it would be a question which would require very careful investigation. A person might be discharged from a hospital cured of infectious discharge, but subsequently, on the occasion of sexual excitement, such a person might become the subject of a discharge which would not be infectious, but which it would be very hard to determine the nature of. I should think that a good many cases considered as relapses of infectious disease are cases of

of only ordinary non-infectious discharge which has occurred after the infectious discharge has been cured.

Mr. James Paget,
F.R.S.

29th May 1868.

652. Earl Nelson.] There was a statement made by one of the witnesses of a patient at Aldershot who was only 15, and who was represented as continually going back to the hospital. This was a lay witness, and he mentioned the general popular opinion that some constitutions were liable to catch the disease much more frequently than others; do you think that that is so?

There is no doubt that some persons are much more easily infected than others with what are called infectious diseases; but I could not answer positively about the recurrence of infectious disease without knowing what particular kind is referred to. With reference to discharges, they may recur and may be infectious or not; but the forms of secondary syphilis may undoubtedly recur 20 times after a person has been discharged from hospital, and be each time infectious.

653. You stated that inherited defects have been proved to be traceable, in many cases, to syphilis, although they were not supposed originally to have come from syphilis; would you mind enumerating some of them?

I think, for example, it is within the last 20 years that we have come to recognise a particular form of disease of the eye, often producing complete blindness, which is due entirely to inherited syphilis. In like manner a good many cases of deafness in very early life are undoubtedly due to inherited syphilis. A particular defect of the features, with a low nose and imperfect teeth, leading to very rapid wasting and decay of the teeth, are known now very certainly to be due to inherited syphilis. And as we study more closely the diseases which have been commonly called scrofulous in the bones and joints, we have come to be able to trace a certain number of them as clearly due to inherited syphilis.

654. Do you think that syphilis has anything to do with consumption?

That has not been proved; and I think it very unlikely to be so.

655. Chairman.] Are not scrofula and consumption intimately connected?

They are closely allied, but there are cases of scrofula which we can define exactly from cases of inherited syphilis; we can see a clear distinction between the two. It is a question which at present is not likely to be solved whether scrofula may be due to syphilis inherited from generations far back and slightly altered in its progress, but I think it is mere guess.

656. Earl Nelson.] Are you pretty clear as to the number of degrees that it would pass through, that is to say, in how many generations would it occur in a family?

We have no clear knowledge at present of syphilis being transmitted beyond the immediate offspring of the parent; we have no clear knowledge of transmission through three generations; we can safely say that the offspring of syphilitic parents, if they had inherited that disease, would procreate a very degenerate race, but whether they would bear the marks of syphilis or not, we do not yet know.

657. Lord Penrhyn.] It has been stated by some witnesses that there are frequent cases of women coming into those hospitals in a state of disease, and also in a state of pregnancy, and it is suggested that wards for those pregnant women should be added to those lock hospitals; is there any greater difficulty in treating the disease during the time of a woman's pregnancy?

It should be treated with more care than in an ordinary case.

658. But a woman could be cured and go through the process of curing when even in a state of pregnancy, without producing miscarriage or any other evil?

Yes.

659. Supposing the disease is inherited in the way you have described, is there any mode of curing it?

Treated in early life it can generally be cured, so that a child may grow up, not to the fullest measure of health, but at least to a fair measure.

660. Earl Nelson.] It was stated the other day that a child which had inherited the disease, even when it was at the breast, would be subject to a discharge which would be infectious; is that the fact?

Yes; there is no doubt of it.

661. And might propagate the disease, in fact?

(46.)

K

Yes;

Mr. James Paget,
F.R.S.

Yes; nurses are frequently infected from children the offspring of syphilitic parents.

29th May 1868.

662. What is your view as to the extension of the Act to the civil population; I suppose you would agree very much with Mr. Skey in his statement, though it is a very strong one, that in every town there should be a lock hospital?

I should have a very strong feeling in favour of extending the Act as widely as it possibly can be extended.

663. Earl *De Grey*.] That is to say, extending the compulsory power which the Act confers?

Yes.

664. *Chairman*.] In fact a lock hospital would not be of very much use without compulsory powers of keeping women there until they are cured?

Just so.

665. Earl *Nelson*.] Of course that would be attended with a great deal of expense, especially if the hospital was always a separate one; do you see any objection to wards being added to existing infirmaries?

There is no objection to that, but I think in that case the wards should be under the power of the Act in the same way as special hospitals for the treatment of venereal diseases. At St. Bartholomew's, where I have had charge of them for many years, I believe that the plan is carried out as well as it is anywhere, and yet it is not possible to exercise such complete control over the patients as to prevent their discharging themselves when they please, and still carrying infection with them; and, on the other hand, it is very difficult in such a hospital to keep a patient in, after an apparent cure, until it is quite certain that she is no longer infectious. The object of a hospital is, naturally enough, to cure fairly, and, if possible, completely, as many as possible. Therefore their object is to change their patients as frequently as they can, and unless the wards attached to general hospitals were under the compulsory powers of the Act, I believe that patients would frequently be discharged incompletely cured.

666. The evidence that we have had from Aldershot, which appears to be more completely isolated than other places, and from Sheerness, which is also very completely isolated, seems to show a very great tendency to a reduction in the number of beds that were at first required, and therefore it has struck some of us that one large hospital with a large district would be an economical way of working the Act; but when we come to small towns the expense of a separate hospital with a separate staff for this particular disease would, of course, be overwhelming; do you see any way in which we could get over that difficulty in extending it to the civil population?

I think wherever syphilitic wards are placed, whether in hospitals apart, or attached to general hospitals, they should be absolutely under the powers of this Act.

667. But if they were under the powers of this Act, you do not see any reason why they should not be in connection with existing infirmaries?

None whatever.

668. Earl *De Grey*.] Have you any knowledge of the comparative prevalence of diseases of this character in this country and in other countries?

I have no personal knowledge of it; my impression is that they are very similar diseases extending to nearly the same range, and alike in character, everywhere. As soon, for example, as the observations were made in England about inherited syphilis, and the variety of diseases of offspring that came from it, those observations were repeated and found to be accurate abroad.

669. Have you any information that leads you to think that the disease is more prevalent, or of a worse character here than elsewhere?

No.

670. Viscount *Templetown*.] Is it your opinion that the very early medical attention to this disease, which would be brought about by the operation of this Act, if general, would tend very much to stamp out the disease?

Certainly.

671. I put a question to Mr. Skey just now with regard to the duration of the treatment

treatment; do you consider that three months and three months are sufficient without the power of keeping the patients for a longer time, for the cure of certain cases?

I heard the question asked Mr. Skey, and I think that three months might be quite sufficient for the cure of any of the primary forms of syphilis, but neither three months nor six months would be sufficient for the cure of some of the secondary forms, for they are, in fact, almost incurable. They pass on year after year, and as we see them under the best possible circumstances for recovery, in private life, there are many patients whom one cannot expect to see cured finally in three months or 12 months, it sometimes takes years.

672. *Earl Nelson.*] Are the secondary forms infectious?
Some of them are infectious.

673. Would they propagate disease in the worst form?
Yes, but they are very rare; those that would continue infectious for more than six months would be very rare.

674. *Chairman.*] Would you expunge the 24th clause of the Act?
I think it is a very safe clause, and it would at least cover a very large majority of cases.

675. *Earl De Grey.*] In the Act of Parliament we are only dealing with cases that are infectious, and we are only, of course, applying the compulsory powers to the disease in an infectious condition for the protection of other persons. Am I right in understanding from you that the disease, so far as it is infectious, would probably be cured, in a vast majority of cases, in a period of six months.

Certainly, as far as it is infectious, three months would usually be sufficient, and six months would be sufficient in so large a majority of cases, that I should not think it needs another rule than that.

676. *Lord Penrhyn.*] Do you think that the existence of the hereditary effects of disease is to such an extent as to make it at all a great evil in the country?

I think it is a very great evil. I cannot tell the number, but it could be ascertained from the Registrar General's Report, of children born dead with syphilis, and the number of children dying of syphilis, but it must be a considerable deduction from the annual increase of population, to say nothing of the debility of those who survive.

677. Do you think women generally of that class would voluntarily enter the hospitals, if there were lock hospitals established in every locality?

I think they generally would, the lowest of them, certainly would; and the lowest are, on the whole, the greatest propagators of the disease.

678. *Earl De Grey.*] We have had very strong evidence that when a new regiment arrives at a station, or a ship comes into port to be paid off, there is an increase of disease on account of the soldiers or sailors who are diseased coming into the town or station and propagating disease amongst the women, among whom it may previously have been diminished; do you think it would be a good method of meeting that, if soldiers and sailors upon arriving at a station where the Act was in force, were to be submitted to inspection to ascertain whether they were diseased or not, and if diseased, then confined to their ship or barracks?

Yes, certainly.

679. Would that tend to diminish the disease, and to mitigate its evils?
Yes.

680. *Chairman.*] It has been stated repeatedly that in places where the Act is in operation not only has the number of diseased persons diminished, but the type of disease has changed very much, and has become much milder; can you account for that at all?

I think that the type of the disease depends very much upon the habits of the person infected by it; poverty and dirt, and all the miseries of the places in which these women live, add very much indeed to the severity of the disease, so that a disease which might be infected from a comparatively trivial sore would in a person of those habits of life produce a disease of a most virulent kind.

681. *Lord Penrhyn.*] Would earlier treatment also have an effect?
Yes, earlier treatment would also diminish it very much.

(46.)

Mr. James Paget,

F.R.S.

29th May 1868.

682. Earl *De Grey*.] It is possible, is it not, that those women may become more cleanly in their habits, with a view to prevent the disease and to obviate their being shut up?

Yes; I was going to mention that it may be a collateral advantage in a lock hospital, that where patients have been cured in the hospital of whatever disease, they go out wiser, and are prepared to diminish its severity if it should occur again; a woman knows how to manage herself better than she did before, and she will check the disease at the beginning, and observe cleanly habits, and so diminish its severity.

683. Lord *Penrhyn*.] I suppose they will more readily enter a hospital again in case of a second infection?

Certainly.

684. *Chairman*.] You heard Mr. Skey's evidence about going very gradually to work as to extending the Act, and almost every witness we have had has pressed the same point. Will you give us your opinion as to how we should proceed?

It sounds to me a question of policy rather than of surgery; I can only say, the sooner the better; but how much sooner, must be a matter for consideration, and also how far it would be consistent with good policy to compel persons to submit to this law. The evil seems to me so great that the law could hardly be put into operation too soon.

685. Lord *Penrhyn*.] But at the same time if the evil is so great, and the remedy so desirable, it would be very essential, would it not, not to shock public opinion in such a way as to run any risk of opposition being raised to it?

Yes; I submit that that is a question of policy.

686. Earl *De Grey*.] In your opinion it is a question how far it may be discreet to extend the Act?

Yes.

687. You would extend it as far as discretion would admit?

Yes, and as quickly.

688. *Chairman*.) Have you any knowledge of the comparative effects of the continental system, particularly in France, and our own in places where the Act has been carried out?

I have no personal knowledge of the system on the Continent. I should hesitate to say much from what one has read about the matter.

689. Lord *Penrhyn*.] I suppose that such a comparison would depend very much upon the accuracy of the statistics, so that it is difficult to form a correct opinion?

It depends very much upon that.

690. Earl *Nelson*.] With regard to the evils which you referred to from the disease, do you consider that they affect very largely the civil population quite as much as the military?

A disease passing by inheritance affects the civil population as well as the military; but it affects the poorer classes in a very much greater degree than the richer. Inherited syphilis seems to me to be comparatively rare in the middle and upper classes; and its chief effects are shown in the poorer classes.

691. *Chairman*.] Have you ever heard that it is more prevalent in Paris in the upper classes than in the lower?

That is one of the things that I had in my mind when doubting whether one could believe in the statistics. The complete supervision of the lowest class of prostitutes leaves a very large mass of prostitution above them completely uncared for, and through that prostitution, I believe it is true, although I have no knowledge of it, that syphilis is more prevalent in France in the upper classes than it is in England.

692. Viscount *Templetown*.] You have had a good deal of experience of London; what becomes, do you suppose, of a prostitute in London who gets diseased, if she cannot get a bed at a lock hospital; is she treated by private practitioners?

A large number are treated as out-patients of hospitals, and treated of necessity

sity imperfectly; they attend week after week and receive medicines, and such applications as they need for their disease, and in time they get well; but during the whole of that time they are, of course, infecting the population about them.

Mr. James Paget,
F.R.S.
29th May 1868.

693. Will all the hospitals in London treat them as out-door patients?
No, not all; all the large hospitals do, and some of the smaller ones.

694. Earl De Grey.] I suppose that there is an immense deal of quackery connected with this particular class of disease?

Yes, but I do not think that that prevails much amongst the class of hospital patients; the hospitals that give relief to out-patients are sufficiently numerous and liberal to provide for all that like to come to them for treatment. My impression is, that a vast number get no treatment at all, but let the disease take its course, and sometimes it dies out, and sometimes it causes death.

695. Lord Penrhyn.] Have you formed any opinion to express as to the report of the Association which was attended to by Mr. Skey?

Yes.

696. Do you agree with him that that report has overstated the extent of the disorder?

No, I think not; and in the Appendix to that Report there is a statement of my own upon the subject. I was asked my experience about it. The noble Chairman has referred to medical men being infected in the discharge of their duties. I mentioned in that Report that I had seen five die, within my own knowledge, of syphilis which they had incurred in their practice, and who had become infected through accidental scratches on their fingers.

697. But you think that the extent of the disorder has not been overstated?

No; my conviction rather would be that as inquiries are continued, we shall find its range wider and wider in the diseases which at present we do not consider to be syphilitic. It is only within the last 20 years or so that we have had any clear knowledge that syphilis attacks the internal organs. We now know that certain diseases of the lungs, the liver, and the spleen are all of syphilitic origin, and diseases of the brain and of the spinal marrow we now trace to syphilitic origin, and the mortality from syphilis in its later forms is every year found to be larger and larger, by its being found to be the source of a number of diseases which previously were referred to other origins or to accidents, or which were put down under various heads that they did not belong to.

The Witness is directed to withdraw.

MR. JOHN WYATT is called in; and Examined as follows:

698. Chairman.] You are Surgeon-Major, I think, of the Coldstream Guards?
Yes.

Mr. John Wyatt.

699. Can you speak to any change of circumstances as regards the Guards since this Act has been in operation?

I do not know that I can speak with especial reference to the time since the Act has been in operation, but I can speak most fully to the fact that the diseases are of a very much milder character than they used to be in former days, because I take it that some years ago there was no place where syphilis in all its protean forms could be so well seen as in the hospitals of the Foot Guards; and I may mention that I quite concur with Mr. Skey that the disease appears of late to have very much diminished in its virulence.

700. You do not refer that to the operation of this Act?

No, I think certainly not in London. At Windsor where one of my battalions at present is stationed, and where they have a hospital, the disease is very much less virulent, which probably may be associated with the fact that Windsor is under the provisions of the Act, but in London there is a marked difference. The class of syphilitic diseases which we see are of a very mild character; and, in fact, none of the ravages which used formerly to be committed on the appearance and aspect of the men are now to be seen. Of course, as regards the internal

Mr John Wyatt.

29th May 1868.

organs, as Mr. Paget has stated, we did not know perhaps till late years that many of the diseases from which death arises may be traced to the remote effect of syphilis; but I am bound to express my dissent from Mr. Paget's views with reference to consumption. Of course, it has always been known that in the Brigade of Guards one great cause for invaliding, and the expense which is entailed on the country by it, has been for many years from lung diseases, which the Report of Lord Herbert's Committee, with reference to barrack accommodation endeavoured to mitigate, but it has not done so; for in the Foot Guards men are now invalided for those affections to as great an extent as they ever were; and certainly, some of the most intractable cases have been those which upon reference to their history (because in the army we have the power of following a man's medical history from the time he enlists) demonstrate prolonged treatment for specific forms of syphilis affecting the constitution.

701. Earl Nelson.] Do you attribute the consumption among the Guards mainly to syphilitic origin?

Often as the result of syphilis and the treatment necessary to be adopted, with the prolonged confinement in hospital which it entails.

702. Chairman.] It has been stated that the number of deaths in the Guards resulting from syphilis and consumption, in consequence of the treatment for syphilis, exceeds in a year the loss in the Crimea; could you go so far as that?

I am afraid that I cannot go quite so far as that in my experience. I took the opportunity this morning, knowing that I was coming here, to look over the causes of invaliding men during the last two or three years, and certainly a vast proportion of the number of men who have been invalided has been in connection with diseases of the lungs; many of those cases have been men who suffered notoriously from the constitutional effects of syphilis, because it is only the constitutional effects of syphilis which are now considered to be one cause of the mortality and the tendency to consumption which exists in the population.

703. Lord Penrhyn.] I presume that you do not attribute the whole of the consumptive cases to syphilis?

Certainly not; but I think that many cases have occurred in men notoriously subject to syphilis in their younger days of service; because by the medical sheets which apply to every man, whether he has been 10 or 20 years in the service, we can trace his history from year to year, and the number of days that he has been in hospital for any special disease.

704. But at the same time there are concurrent causes, as you know, with regard to the Brigade of Guards, such as exposure to night duty, which would keep up a tendency to disease of the lungs concurrently with anything which arises from syphilis?

Yes.

705. Viscount Templetown.] I suppose that it is weakness of constitution which would with many induce consumption; but where consumption would arise amongst the Guards may be owing to the very great exhaustion of the system created by too great intercourse with women, and that with diseased women?

No doubt.

706. But you consider besides, as I understand you, that syphilis itself would create consumption?

I think the disease called constitutional syphilis, which is the result of an infecting sore, has a debilitating effect upon all men, whether soldiers or not; and if such men are constitutionally predisposed to struma or scrofula, a tubercle of a particular kind is developed in their lungs, and therefore, if they continue as soldiers, the vicissitudes of weather and different causes combine to develop the diseases in their lungs very rapidly, of course; and taking one man with another, the man who has had constitutional syphilis would be more liable to succumb and be unfit for service, and necessarily an invalid, if he does not die, than the man who has consumption the result of causes not connected with syphilis.

707. Earl Nelson.] I think I understood you to say that you find a marked difference

difference in the health of the Guards when they are quartered at Windsor and when they are quartered in London?

Now, I think, that the amount of venereal disease and the character of the venereal disease is very much less intense, because, as most of us know, in former days Windsor was about the worst station the men could go to except the Tower.

708. I understand you to say, that in your opinion the venereal disease has generally, independent of the Act, become more mitigated and of a milder type?

Yes; that is the experience of all surgeons, both civil and military.

709. And you do not think that that is rightly to be attributed to the operation of the Act?

I think not; I think that the whole type has changed, and that hygienic considerations are better known by people who have intercourse with those persons, and by the women themselves. It is an undoubted fact, that in this country and in France the character of the disease is very much diminished in intensity.

710. Beyond that, do you find any difference in the amount of disease among the Guards when they are quartered at Windsor, which is under the Act, and when they are quartered in London, which is not under the Act?

I think not, at present. I think that the men probably understand the necessity of early reporting themselves sick; and they adopt ablutions and other precautions. Certainly there is not a very marked difference between the two places; but between Windsor now and Windsor some years ago there is a very marked difference.

711. Lord Penrhyn.] You have not periodical inspections, have you?

Yes; I am glad to say we have in the Coldstream Guards. It is not general in the army, but with the sanction of successive commanding officers, as long as I am surgeon-major I hope always to be able to continue it.

712. You have re-established the system which existed some years ago?

Yes, entirely.

713. Do you know the reason why those periodical inspections were discontinued?

It was considered, I believe, that it was repugnant to the feelings of the men, more particularly to those who were well disposed, and also, I think, with regard to the feelings of many medical officers who disliked it.

714. How long is it since it was discontinued?

I think about five years, by Order; but I myself was very much opposed to the discontinuance, because, as the soldier pays his 10 *d.* a day for coming into the hospital, many of them object exceedingly, and are very disinclined to report themselves at the only time when you may possibly eradicate the infectious disease, viz., at the commencement.

715. Have you found any increase of disease arising from this cessation of those periodical inspections?

They never have ceased in the Coldstream Guards.

716. Have you heard whether that is the case in other regiments or brigades?

I am sorry to say that I have. I heard of a battalion of the brigade having an inspection after it had been discontinued for a considerable interval, and finding between 20 and 30 men last year who had to be sent to the hospital on one morning.

717. *Chairman.*] Taking the average of four or five years, how many men are invalided or die from syphilis or its effects in your brigade?

I think I have never known a man die except from the remote effects of syphilis. In the first place, if a man appears to have suffered from syphilis it interferes very much with his chance of getting a small pension, and if it is possible to associate it with any other kind of disease, and to state that he has suffered from that, one generally endeavours not to say much about syphilis, although syphilis may have been the remote cause. For instance, a man dying

Mr. John Wyatt. from consumption, although he may have been a bad character and suffered much from syphilis, yet one does not usually say much about syphilitic disease with him, because it is not the disease from which he is then dying.

718. How many would you suppose die or are invalided from causes connected with syphilis; how many do you lose from the battalion?

It varies considerably each year. Of course if a man is invalided and is unfit to do his duty, having been in hospital for a certain time, he is brought forward for discharge. I cannot without returns very well express an opinion as to this matter.

719. Can you give us a general idea?

The remote effects of syphilis, I should think, would be the cause of invaliding perhaps two men in twenty; but I would not like to pledge myself to that, because I have no returns as to that matter, and they would only be the remote effects.

720. Lord Penrhyn.] Without reference to the books, it would be hardly possible to eliminate all those particular cases?

It could not be done without a medical history sheet.

721. Viscount Templetown.] How often do you have personal inspections?

We have them in the Coldstream Guards once in 10 days.

722. Do you except any?

Only married men. Married men are inspected, but they are not inspected for venereal disease on their persons, except their hands.

723. No others are excepted?

None.

724. Do you inspect the corporals?

Yes, the corporals are inspected, and the officers' servants are also inspected.

725. Chairman.] Windsor being under the operation of the Act, have you found any marked effects in Windsor as to the reduction in venereal cases?

Numerically not, I think; but there is a marked difference in the character of the disease, because at Windsor the class of the disease was of a very serious nature; I mean that men were often permanently disabled, after returning from Windsor. Dublin, also, has been a very unfavourable station. On the battalion returning last year, one man was unfortunately invalided, perfectly blind from direct syphilis.

726. What would you say about Dublin being put under the Act?

From my own experience of the place, I should say that it was very important it should be so.

727. Lord Penrhyn.] As far as regards the garrison, would you consider London also to be a place which it would be desirable to put under the operation of the Act?

I think that in certain parts of London it would be very desirable. The Tower and Westminster, for instance. I must say that personally I am very much opposed to the establishment of Lock hospitals except for garrison towns.

728. Upon what ground?

I think that in a proposed legislative enactment of this kind, it is important to consider the class of prostitutes who circulate the disease. I think that the lower class of prostitutes, such as are found in the streets in garrison towns, would have no difficulty whatever in going to Lock hospitals, or any other hospitals; but according to my experience, there are a class of women who would not go to Lock hospitals, as dressmakers and milliners, who carry the disease about them for a very long time, and who do not very often know that they have the disease. It was only last year that I had occasion to see a very respectable girl in Pimlico who had infected several people, and she, except knowing that she was suffering from pain (pain being the only symptom for which they will come for advice), had the disease upon her for some weeks without being aware of it, and may have communicated it to a variety of individuals.

729. Are there many women prostitutes who carry on other trades than that of prostitution?

Yes;

Yes; many milliners and dressmakers, and others, who have occupations during the day; of course it is a matter of pecuniary consideration with them; they cannot very well abstain from their avocations in order to undergo treatment at an hospital.

Mr. John Wyatt.

29th May 1868.

730. Do you think that there is a very great amount of disease amongst that class?

Yes; my experience, and it is the same as regards the disease in France, is that, as a rule, they are the people who disseminate much disease; and another thing, I consider that in Paris, although there are venereal hospitals, you do not observe one half of syphilis in its constitutional form, or to anything like the same extent in those hospitals that you do in others. Those women would not go to Lock hospitals in this country, but they would go to general hospitals if it were known that there were wards attached to them where they could be received.

731. Do you think that the shame of going into a Lock hospital would deter women of that class going into hospitals established simply for that purpose, but that they would go to a general hospital?

Yes; my own opinion is against the establishment of Lock hospitals for those reasons. There are, I believe, other hospitals where the disease is treated.

732. *Chairman.*] Your objection would not apply to Lock wards attached to other hospitals?

No, I think they would be very useful things; I have listened to Mr. Paget's evidence and Mr. Skey's, and I had some conversation with them outside. It would be a kind of system which I should myself be very glad to see adopted.

733. *Lord Penrhyn.*] Do you think that, in the case of a general hospital, there would always be found a sufficient amount of medical talent to deal successfully with those cases of venereal disease?

Yes, I think so; many of those hospitals shut their doors to the admission of those unfortunate women, but they allow them to come as out-patients, which is worse than useless, because at the time that they are taking mercury, if they are scrofulous, which renders the combination of a very virulent nature, they walk about the town and disseminate the disease while they are under treatment. But for Lock hospitals, and other places where syphilis is now generally treated, the rising class of medical students would see nothing of the disease in its protean forms, because it is only at the special Lock hospitals, with few exceptions, that it can be seen.

734. *Viscount Templetown.*] Do you think there would be any objection on the part of the Boards of general hospitals to have Lock wards both for males and females?

I think not in the present day. Science has made such discoveries of late years with regard to the results of syphilis on the internal organs, that I should conceive not; but certainly some of the hospitals at this moment do shut their doors to the admission of such patients inside them.

735. What does the London Hospital do?

The London Hospital, which is near Ratcliffe Highway, where there is the worst class of prostitutes in London, except, perhaps, in Westminster, they have 25 beds, and even these are empty. The women are not under supervision in that district. They do not go into the hospital themselves; they go as out-patients, I daresay, but not as in-patients, and although, as I say, there are 25 beds, they are seldom occupied.

736. Do you mean that the women will not go into the hospital?

Yes. In that district they are a very low-class women, just the same as in Westminster, and they will not go to the hospital to be taken as in-patients; they will willingly go to be treated as out-patients, but of course they are all the time disseminating the disease.

737. *Lord Penrhyn.*] Your suggestion as to the addition of venereal wards in general hospitals would be merely a permissive system; it could not be carried out compulsorily amongst the class to which you have referred?

If there were a proper system of registration it might.

Mr. John Wyatt.

29th May 1868.

738. Could you see at all any way of enforcing a system of registration amongst the class of persons to whom you alluded just now, namely, milliners and people of that class who may have contracted the disease, but who are not professional prostitutes?

If to each division of the police there were a certain number of men whose special business it was to look after that kind of Public Health Department, and if people knew from whom they had contracted disease, they might probably be soon induced for the sake of the girls themselves to report the fact that a certain individual at a certain place had diseased them.

739. Your idea supposes a permissive and voluntary adoption of that system, but not a compulsory system under any Act of Parliament?

If it were known that a woman had infected a certain number of individuals, and it came to the knowledge of those whose business it was to supervise them, she might be taken compulsorily and placed in one of those wards equally as well as in the Lock Hospital. My own view is that at each of the larger hospitals there might be a certain number of beds, and there should be a compulsory power to keep women in until cured, after which they should be subjected to periodical supervision.

The Witness is directed to withdraw.

Ordered, That the Committee be adjourned to Friday, the 12th of June,
One o'clock.

Die Veneris, 12^o Junii 1868.

LORDS PRESENT:

Earl of DEVON.
 Earl NELSON.
 Earl DE GREY.
 Viscount LIFFORD.

Viscount SIDMOUTH.
 Viscount TEMPLETOWN.
 Lord CLANDEBOYE.
 Lord PENRHYN.

THE VISCOUNT LIFFORD IN THE CHAIR.

CAPTAIN WILLIAM CHARLES HARRIS, is called in; and Examined,
 as follows:

740. *Chairman.*] YOU have been employed in carrying out the Act of 1866, have you not?

Not exactly; I am one of the Assistant Commissioners of the Police of the Metropolis.

Captain
W. C. Harris.
 12th June 1868.

741. And the metropolitan police have been mainly the instruments of carrying out the Act, have they not?

The Act has been carried out in the dockyards, but more immediately under the directions of Sir Richard Mayne.

742. Can you give us any ideas as to how far it is practicable to extend the Act to London?

I consider it very feasible. Knowing the object of the Committee, I have prepared a paper upon the subject of this inquiry, which, if you will allow me, I will read: "The prevention of contagious diseases being an object of primary importance, I beg to suggest that the operation of the 'Contagious Diseases Act, 1866,' might, with advantage, be extended to the civil population of the metropolis. I would recommend that a special department of police be formed, similar to the common lodging-house branch, now in operation. That this department should consist of two divisions, administrative and active. That the administrative should be 1 chief inspector, 1 registering inspector, 1 serjeant clerk; and that the active should be 4 visiting inspectors, 20 visiting serjeants." I name a very small staff in the first instance, because it is easier to extend than to reduce the number. "That this department be entrusted, (1) With the surveillance of houses of ill-fame, to enforce cleanliness and good order; (2) To maintain decency in the streets with regard to public morality; (3) To suppress the sale of indecent prints, photographs, &c.; (4) Repress, as far as possible, clandestine prostitution; (5) Apprehend procuresses; (6) Apprehend persons who procure abortion; (7) Search for women who fail to attend medical inspections. That to this department be entrusted the registry of prostitutes within the district. That no prostitute be registered unless, (1) There be proof of former offences; (2) Public notoriety, such as attendance at places of public resort, or where prostitutes assemble, or other form of conclusive evidence. That each registered woman be required to carry a card, on which shall be entered, (1) Name; (2) Address; (3) Date of last medical inspection. The following regulations should be printed on the back of this card: (1) To show card when demanded by officers of police specially employed in this department; (2) To present themselves every fortnight for medical inspection; (3) Not

Captain
W. C. Harris.
12th June 1868.

to stop or form groups in the public thoroughfares. I recommend that there should be a compulsory periodical medical examination of all females known to be prostitutes, and of all unmarried soldiers and sailors; more particularly previous to the former going on or returning from furlough; or when the latter are on board a harbour ship. As the early treatment of the disease is indispensable, examination, when persons are supposed to be diseased only, is insufficient; besides, irregular examinations are objected to by the females themselves. The absence of regular and frequent examinations allows the disease to be communicated before discovered. It is necessary that ample hospital accommodation be provided; that the patients may be detained in hospital as often as found diseased, and as long as they continue so; and that when discharged from hospital, the discharge ticket be handed to the police to prevent its improper use. Under the present system there is a constant influx of diseased women into towns where the Act is in operation, showing the necessity of applying preventive measures to all places. Should the Act become general, it would be necessary to provide hospital accommodation in all unions of parishes." (I presume half-a-dozen beds, in country districts, would be sufficient.) "Some difficulty might be experienced at first from the want of sufficient hospital accommodation; I would recommend the establishment of hospital ships under the charge of naval surgeons; these vessels might be dispensed with as the disease lessened. I recommend that there should be a weekly medical examination of all women living in brothels; and that all drunken prostitutes charged before a magistrate should be medically examined before being discharged. It is found, where the Act has been in operation, that the more serious forms of disease are of rare occurrence; that the social condition of the prostitutes has been raised; that their homes and habits are improved, and that they are more cleanly in their persons. No objections would be raised on the part of these unfortunate women to the surveillance of the police of this special department; the common lodging-house serjeants are much respected by the lower orders, and considered in the light of friends; and I feel assured that these unfortunate women would at all times look to the police for protection."

743. You have used the phrase, to suppress "clandestine prostitution:" how would you propose to do that?

The examination that these women would be subjected to, would cause a great many to abstain from prostitution.

744. It has been proved that that has been the result of the Act, in places where the Act has been carried out?

Yes, it has.

745. Is that the only mode by which you would suppress clandestine prostitution?

The fact of women being subjected to medical examination would, in a great measure, prevent their entering into that course of life.

746. Then the simple carrying out of the extension of the Act, as it now stands, would effect that object?

I think so.

747. Then you would simply propose a special police, to carry out the Act as it now stands, with the addition, as I understood your paper, of Lord Campbell's Act, against immoral prints?

The police carry out the provisions of Lord Campbell's Act, at the present moment; but I would suggest that directions be given to this special branch of police to carry out the provision of this Act.

748. Then, as far as I can make out, you would make no change in the Act, except extending it, and supplying the police to work it?

Yes, and making the medical examination compulsory.

749. It is compulsory already, is it not?

Yes; but from a want of sufficient hospital accommodation, the provisions of the Act are not enforced. I strongly advocate the registering of women, because I think that you cannot reach the whole of them unless they are registered.

750. That

750. That is the mode by which you would get hold of them, namely, by registering?

Yes.

Captain
W. C. Harris.

12th June 1868.

751. You think that the Act, as it now stands, requiring an information before a magistrate, is insufficient for getting hold of all the common prostitutes?

Yes. I think that there might be other clauses introduced into the Act.

752. To what effect?

I think that, if the Act were properly carried out by the police, houses of ill-fame might come under the control of the police. At the present moment the police do not interfere with these houses; for instance, in Portsmouth they have no control over them.

753. But as I read the Act, if a woman has got the disease in a brothel, the brothel-keeper is liable to punishment?

Yes, if he does not give information of the existence of the disease. (*The Act is handed to the Witness.*) He is liable to a penalty, I see, for harbouring. "If any person, being the owner or occupier of any house, room, or place within the limits of any place to which this Act applies, or being a manager or assistant in the management thereof, having reasonable cause to believe any woman to be a common prostitute, and to be affected with a contagious disease, induces or suffers her to resort to or be in that house, room, or place for the purpose of prostitution, he shall be guilty of an offence."

754. Earl *De Grey*.] I think your attention has been drawn to clauses 15 and 16 of the present Act?

Yes.

755. Do you not hold that under the 16th clause there is the power in justices to order the periodical inspection of any woman who may be represented to them, upon the oath of a superintendent of police, as being a common prostitute?

Yes.

756. Whether she be diseased or not at the time when that statement is made to the magistrate?

Yes.

757. Therefore, those clauses give the power in that respect which you think it would be desirable to extend?

Yes.

758. But I understood you to say that power was not universally acted upon even in the districts to which the Act now applies, in consequence of insufficient hospital accommodation?

Yes, from the want of sufficient hospital accommodation, the provisions of the Act are not enforced.

759. Then the defect in that respect arises not from the fault of the Act, but from the want of hospital accommodation?

Yes.

760. You spoke of the keeping of a register of these women. The police at present exercise a certain control over common prostitutes; do they keep any register now of those people in London?

No, they do not.

761. But your suggestion that a register of these women should be kept, would not, I suppose, involve the granting to them of any license as prostitutes?

No; certainly not.

762. Would you approve of a licensing system?

No; I do not think that it would be desirable.

763. You think that it would be repugnant to the general feeling of the country, I suppose?

I do.

764. What distinction do you draw between a license of that kind, and the certificate which you suggested should be given?

(46.)

L 3

That

Captain
W. C. Harris.
12th June 1868.

That certificate would be simply a card to be produced to the special branch of police (provided one was established), to enable them to see where the woman resided, and whether she had undergone the periodical medical examination.

765. That card, then, would simply be to show that she had complied with the provisions of the Act?

Yes.

766. At present, I think, in all the places in which the Act is now in force, whether at dockyards or at military stations, the carrying it out is entirely entrusted to the metropolitan police?

It is.

767. If the Act were to be extended to other districts of the country, not containing naval or military establishments, it might be difficult to extend the power of the metropolitan police there, might it not?

I think that great difficulty would be found in that respect.

768. Do you think that the ordinary county constabulary could carry out the Act?

I think that the county constabulary might, but I should be sorry to entrust it to the hands of the borough police, except in such towns as Liverpool, Manchester, Bristol, &c.

769. In the larger towns, you think, where there is an efficient police, the Act might be carried out by the local constabularies?

Yes.

770. But that would be difficult in the case of smaller towns?

Yes.

771. Earl of *Devon*.] You select picked men for this purpose now, do you not?

Yes.

772. Do you select men of a certain age?

No.

773. Are they married?

Two-thirds of our men are married; so that, in all probability, married men would be selected to carry out the Act.

774. Viscount *Sidmouth*.] In places like Devonport and Portsmouth, I suppose the police are tolerably well acquainted with the women of the town?

Yes, they are well known to them.

775. Are there occasions of a great influx of fresh women?

Yes.

776. These would be immediately known to the police, I suppose?

Yes.

777. Would it not be easy for the police to have authority to see that in any case of an influx of fresh women, they should be subjected to examination, because the police would know the parties to pitch upon, would they not?

Yes, they would know the parties; but at the present moment, with the very limited hospital accommodation at our command, it is useless to have them examined, as you cannot send them into hospital, even if found to be diseased.

778. What I mean is this, that it would be possible for the police to have power to compel these women to be examined, and not to exercise their vocation until they had passed this examination, and that, in the case of their doing so, they should be liable to some penalty?

That would be quite possible; but I do not think that power exists at the present moment.

779. Will you state whether you have known many cases where penalties have been inflicted under the 36th clause, for it seems to me that there would be some difficulty in getting a conviction for a person harbouring a prostitute, and "having reasonable cause" to suspect that she has the disease?

I do not think that there has been a single conviction under that clause.

780. Or

Captain
W. C. Harris.
12th June 1868.

780. Or a conviction for keeping brothels?

No, there has been no conviction under this Act for keeping a brothel.

781. The conviction can only take place where the keeper of that house has "reasonable cause to believe any woman to be a common prostitute, and to be affected with a contagious disease"?

Yes; that is to say, for carrying on her calling, she being in a diseased state.

782. But you have not known cases of conviction at present?

No, I do not think that there has been a single conviction.

783. Earl *De Grey*.] You suggest now that any prostitute brought before a magistrate for being drunk and disorderly should be inspected before being discharged; and I suppose that you would add, should be sent to the hospital if found to be diseased?

Yes.

784. Is the number of prostitutes who appear before magistrates on charges of that kind a large number?

There must be a very large number in the course of the year.

785. Would they form a large proportion of women of that character?

Yes, of the very low prostitutes round about Wapping and Shadwell, and in that neighbourhood.

786. Lord *Penrhyn*.] You spoke of insufficiency of hospital accommodation just now; have you ever known any instances at Portsmouth or Aldershot of women being taken into the workhouse when suffering from the disease, in consequence of the deficiency of hospital accommodation?

No, I do not myself know any case of the kind.

787. You are aware that there is a clause in the Poor Law Amendment Act enabling the guardians to retain any person in the workhouse suffering under contagious diseases?

Yes.

788. You do not know whether it is acted upon or not?

No.

789. Earl of *Devon*.] Do you know cases where the guardians have refused admission into workhouses to women suffering under this disease?

No, I do not know of any such case.

790. Viscount *Templetown*.] Is the attention of the policemen selected for this particular duty strictly confined to that, or do they exercise all the other functions that belong to the police?

I think that they exercise their ordinary functions; if they saw any case of felony committed, or assault demanding their interference, they would interfere.

791. You are, I suppose, aware of what occurs among the police at Chatham and Sheerness, and Devonport and elsewhere?

Yes.

792. Have you ever heard of any violence being shown towards them on the part of these women?

No.

793. The police perform their duties with ease?

Yes; there is no difficulty whatever.

794. Lord *Penrhyn*.] Do not you think that it would be difficult to frame any Act by which a line could be drawn as to women above the class of common prostitutes?

I do not myself think that there is the slightest difficulty whatever in that.

795. In what way would you propose that it should be drawn; I am speaking of the class of women who is above solicitation in the street, who comes above the class of common prostitutes, and yet is known to carry on this intercourse with men; where would you draw the line?

Speaking of London, I should propose that any woman who goes to places of public resort, and is known to go with different men, although not a common street walker, should be served with a notice to register.

Captain
W. C. Harris.
12th June 1868.

796. Is there anything that you could take notice of beyond that fact of a woman going to public places and going with men from those public places; you could not draw the line, so as to inquire into people's character, to know whether they had connexion with men or not, could you?

It would be soon known to the police; every woman has a place of resort, and I think the police could find out any woman's history in London, if they chose.

797. Do not you think that it would be difficult to draw the line in an Act?

I do not consider that necessary; I think that every common prostitute should be registered, and a day named for medical examination. It would be desirable to classify, as far as possible, the women for this purpose, a certain day in the week being set apart upon which medical examinations would be made by payment; this would enable the better class of women to classify themselves, and would partly defray the expenses of putting the Act in operation. Great discretion, however, is necessary in carrying out an Act such as that contemplated.

798. Viscount *Templetown*.] Do you know whether the police employed in carrying out this Act obtain their information from the prostitutes themselves, or from the men?

I think they obtain information from the men; but I do not consider that you can in every case rely upon it; it is difficult for a man to say that he got the disease from any particular woman.

799. Do you think it would be difficult, from the information they possess, for policemen to find out from prostitutes whether any prostitute among them is diseased?

I think that they might readily find it out from the women; the women would tell upon one another.

800. Do you see any reason why it should not be an indictable offence when a woman, knowing herself to be diseased, gives disease to a man?

No, I see no reason why it should not be made so.

The Witness is directed to withdraw.

MR. WILLIAM STEWART TRENCH, M.D., is called in: and Examined,
as follows:

Mr. W. S. Trench.

801. *Chairman*.] You reside in Liverpool, I believe?
Yes.

802. Has your attention been called to the necessity of some changes in the statutory precautions of the Act of 1866?

It has. This question indirectly, I may say, comes under my attention as the medical officer of health to Liverpool.

803. I conclude that you have read the Act of 1866?
Yes.

804. Is it your opinion that that Act could, with tolerable ease and with advantage, be extended to Liverpool?

I think so. I think there might be, probably, some local alterations were it applied to the civil population. And I would rather look upon the Act as two-fold in its object; one object being the providing of hospitals for these people; the other the supervision of prostitution. If you cannot get a perfect supervision of prostitution, there is nevertheless a great call for public hospitals. I may mention to your Lordships that in Liverpool, and, in fact, in all the provincial towns, there is no hospital accommodation whatever for syphilis as a disease, in such a manner that anybody can go to it who suffers from the disease. There are Lock wards in the workhouse, but they do not take in, as your Lordships are aware, cases of syphilis; they take in cases of destitution, and then find that the destitution is also accompanied with syphilis; a very important distinction, because it shuts out almost the whole of the prostitute class of Liverpool.

Then,

Then, again, no syphilitic case is allowed into the general hospitals; but connected with the Royal Infirmary is a Lock hospital, the condition of entrance into which is the ticket or recommendation of a subscriber. As the condition of entering the Lock of the workhouse is destitution, so the means of getting into the Lock of the Royal Infirmary is the ticket of a private subscriber, a certain number of gentlemen subscribing for this purpose. I may mention that this arrangement also shuts out a great number of the people who do not like to go and ask for admissions.

Mr. W. S. Trench,
M.D.

12th June 1868.

805. You need not, I think, go into the necessity of the Act; the question we have immediately before us is how best to extend the Act to Liverpool; you see that the 8th clause says that "the Admiralty, or the Secretary of State for War, may from time to time" provide any buildings for this object, and there is a power, on information, to examine these prostitutes and commit them to hospital for a certain time; that necessity the Act meets. Therefore, the question I wish to put to you is, how best to extend this Act to Liverpool; and, perhaps, I had better ask how you would suggest, in the first place, that hospital accommodation should be provided, and that being done, how you would propose to extend the Act to Liverpool?

Then, I think, the next question would be, who is to build and manage the hospital? I think that that would be the great difficulty in the provinces.

806. What would you suggest?

That it should be done by the Government. I think that it should not be left to municipal bodies or parochial bodies, but that it should be taken up by the Government. I may mention that one reason for that among others would be, that already in Liverpool it is found that people from a distance take advantage of what the Liverpool people are proud of, the nursing advantages of their workhouse hospital; they come in large numbers, and there would be a natural fear on the part of the inhabitants of a town like Liverpool, that if placed under this Act they would be paying for the disease of the large inland towns as well as of the northern districts. I may mention an instance of that. In the parochial hospital they only take cases of destitution, and then they sometimes find it accompanied with syphilis. Now, I found, when I went there last week to get the facts, that there were 22 male venereal pauper patients, but of those, eight had only been one night in Liverpool; and, as the manager says, they come to the refuge, to the casual ward, for the sole purpose of being put into the Lock, because there is no provision for the treatment of syphilis in any of the towns around; therefore I say, that one of the chief difficulties will be who is to build and pay for the expenses of a Lock hospital in a place like Liverpool. It will comprise, of course, not only the resident population, but a great part of the sailors; and the number of sailors that go through the town is something prodigious, as your Lordships are aware.

807. The corporation of Liverpool are, I believe, anxious that the Act should be extended to it?

Members of the corporation are anxious that the Act should be extended to Liverpool.

808. Do you suppose that they would not come forward, and the town would not come forward too, at all events, assist in the necessary expenses?

I cannot answer for what they might do. I dare say they would give a liberal contribution; but it would be a serious matter; at the present time our parochial rates are, I fancy, the highest of any part of Great Britain.

809. How many beds do you suppose would be required?

That I can form scarcely any opinion upon. The facts that I have are these: I find that during the whole of 1867 there were in the Lock wards of the workhouse 631 patients, and in the Lock ward of the Royal Infirmary 432 patients, making a total of 1,063. They have only 26 beds for males and 26 beds for females in the Lock of the Royal Infirmary; no doubt a number of those patients leave before they are cured; the general law does not allow any power to retain them. I find that the surgeons of the dispensaries during 1867 prescribed for 1,196 patients.

810. Those are out-patients, of course?

Out-patients, all of whom would necessarily become inmates of a hospital if this Act were put in force.

Mr. W. S. Trench,
N. D.

12th June 1868.

811. Earl *De Grey*.] Are those male and female?

Yes, those are male and female.

812. The Act only applies to females, you are aware?

Yes. Then I may mention that we have 2,476 known prostitutes in the town.

813. You said that the corporation of Liverpool were desirous that the Act should be extended to the town?

I have no official knowledge of that; I know that it is the feeling among members of the Board, but it never came officially before them.

814. But you have reason, at all events, to believe that there is a considerable body in Liverpool of opinion favourable to the extension of the Act?

Yes.

815. By its extension, do you mean its extension in regard to both the portions into which you divided it; that is to say, an extension of hospital accommodation, and the conferring of the powers which the Act gives in respect to prostitutes?

Yes, both as respects the supervision and the accommodation.

816. You seem to be of opinion that, with respect to the first portion of the Act, if a Lock hospital were to be built for Liverpool, it should be done at the expense of the Government?

I do not mean simply for Liverpool. I think that to meet this question, where it is compulsory reception, and where there is no election on the part either of the subscriber or the local authority, it should be Imperial, and not local. If you put a hospital in Liverpool, and oblige Liverpool to receive every diseased patient, irrespective of the time she has dwelt there, or other conditions, you must either extend the Act all over the country, and make every municipality or vestry defray their own expenses, or if you put a Lock hospital merely in the ports, it must be done at the Imperial expense.

817. You mean that women coming from other districts besides Liverpool proper would enter the town and obtain hospital accommodation under the provisions of the Act?

Yes.

818. But at the same time you must admit that the civil population of Liverpool would obtain great advantage in the diminution of the disease, from the operation of the Act?

Yes. I am not speaking as a medical man or as a medical officer, but I am looking at it now with a municipal eye, as to how the incidence of taxation would fall.

819. You are aware that the Act, as it at present exists, applies only to military and naval stations?

Yes.

820. And that that furnishes a reason for the expenses of providing hospital accommodation being borne by the Government, which does not exist in the case of purely civil localities?

I see some force in that reason; but Liverpool is not much interested as a municipal body in the question where the ships are paid off. A number of vessels may be paid off in Liverpool, and if the examination were to take place there, you would have Liverpool, as it were, the focus or centre of the disease of a very large coasting as well as foreign trade.

821. Do you believe the disease to be very rife in Liverpool?

Yes, I believe it to be very rife there.

822. Is it of a severe kind?

No, I have reason to believe not. Some medical men speak of meeting it occasionally as *lupus*, which is almost the worst kind; but that is very rare.

823. But the disease is very prevalent, I understand you?

Yes.

824. Earl

824. Earl *Nelson*.] The difficulties which you refer to would not be so much with regard to raising money for building a hospital as with regard to the support of the hospital after it was built?

They would have regard chiefly to the support of the hospital after it was built.

825. Lord *Penrhyn*.] What sort of area do the women come from that come into Liverpool?

All the manufacturing districts, and Ireland is a great field for them.

826. It would be impossible, therefore, to fix any limited area round Liverpool which should include the districts from which they come?

Quite. Any commercial distress in the manufacturing districts must necessarily throw these people into prostitution; my own idea is, that want more than passion is at the bottom of it.

827. You think that now, at this moment, without the existence of any Act of this sort in that district, women do come for the purposes of prostitution from other districts into Liverpool?

I think so.

828. Is there not a clause in the Mercantile Marine Act which enables masters of vessels to insist upon an inspection of their men before going on a voyage?

The only law which I know on that subject is, that the sailors are liable to have their wages stopped if they are incompetent for work; that is under the late Act.

829. But is there not a power on the part of the owners of vessels to insist upon an inspection?

If it exists it is not exercised; I am not lawyer enough to know whether there is such a power.

830. Viscount *Sidmouth*.] Do you think that if the Government were ready to supplement voluntary subscriptions for the building of a hospital, as they do in the case of reformatory schools, they would be able to raise sufficient subscriptions in such a town as Liverpool to support it?

I think that the principle of voluntarism applied there would be a very bad one where there is compulsory reception. Patronage, even in hospitals, is a good thing; it is a simple thing, but it is called patronage; the subscriber can give a ticket, and that is something.

831. I mean something similar to what happens in the case of reformatory schools, where the Government pays a proportion, and the rest is paid by voluntary subscriptions?

I think that the corporate body would do anything of that kind; they would make very strong efforts to assist such an attempt.

832. Do you think that, besides the readiness of the corporation, there would be a disposition on the part of the inhabitants to join in that?

No, I think not. It works very well for schools; but if they are to give money, and have the power taken out of their hands, I should not depend upon that at all.

833. It would not be taken out of their hands by the plan I suggest; you would have plenty of subscribers still?

Then it would be the Government supplementing the contributions of the subscribers.

834. I meant a plan under which the committee would be composed of those subscribing; do you think it might be done in that case?

Yes, I think that the corporation would assist the Government in that.

835. Viscount *Templetown*.] Is there much disease among the vast labouring population of Liverpool?

There is a great deal among the sailors.

836. But is there among the carmen and those men employed in the warehouses?

No, I think not; not more than in any other town; they are most often

Mr. W. S. Trench, married men. I may mention to your Lordships that one difficulty would be to know what is meant by common prostitutes. I see the Act defines everything else but the very thing that wants defining.

N.D.

12 June 1868.

837. Earl De Grey.] You are of course aware that the term "common prostitute" has been used before in Acts of Parliament?

Yes, and it means then and there soliciting; under the Police Act it means then and there soliciting, there on the *pavé* in their *métier* doing their work, and that marks them out. The reason why I mention that is, that I see the great difficulty in Liverpool and these large places would be, with the police definition of common prostitutes, to touch any but really the common *pavé* walkers.

838. Viscount Templetown.] Can you suggest any way of preventing or diminishing the injury done from a ship entering the harbour with diseased men on board?

I think that an examination should take place before they are paid.

839. They go on shore before they are paid, do they not?

They will submit to examination before payment; if you pay their wages, they are off.

840. Then they would land before they were paid?

That can be managed easily enough, through the Sailor's Home, with all our British vessels. I do not know what the plan would be with regard to foreign vessels; that would remain, I fancy with the consuls. It will be remembered that we have an immense foreign trade which is under no absolute regulation. I could not tell you how many men were in the foreign trade without going to each consul; we have no such system as that of examining them.

841. Lord Penrhyn.] But the examination of the men of a merchant vessel before they were paid would suppose a compulsory power to make those men go into hospital afterwards, would it not?

I think, with regard to a sailor, it ought to be compulsory.

842. But could you apply it to a sailor and not to any other private individual? There would be a difficulty, no doubt, in that respect.

843. Viscount Sidmouth.] In the case of the men being infected with any other disease, the paying off would be stopped until the disease was cured, or the patient would be immediately sent to a hospital, would he not?

He would be immediately sent to a hospital: that is the usual way.

844. Would it not be possible to extend that regulation to cases of venereal disease on board vessels?

I should very much doubt whether it would be possible. A small-pox case, for example, when it comes is generally a single one, and you can manage it; but to send all the venereally diseased sailors to hospital would be a difficult thing. It is, no doubt, quite possible to do it; if the law was made I should see no difficulty in putting the law into effect.

845. In a place like Liverpool the vessels arriving there are mostly employed, are they not, on the foreign trade, not the coasting trade?

There is a great coasting trade as well.

846. I suppose the disease would mostly be found among those engaged in the coasting trade, because, in the case of those coming from foreign ports, they would be mostly cured, after a long voyage, by the time they arrived home?

Yes, except in the case of those that came straight from America, which would only take 11 or 12 days.

847. Viscount Templetown.] How many hospitals are there in Liverpool?

For general disease, three hospitals; a central hospital, and one at the north and one at the south side of the town.

848. Do they all receive venereal out-patients?

No, they take no notice of venereal disease; out-patients are attended by dispensaries; the hospital surgeons do not attend out-patients.

849. But

849. But has not each hospital a certain number of out-patients?

No, merely those that will present themselves in the morning; that is left in Liverpool to what are called the dispensaries; they are like hospitals, except that they are simply for *externe* patients.

Mr. W. S. Trench,

M.D.

12th June 1868.

850. And do you conceive that the treatment of venereal patients by the system of out-patients at these dispensaries is at all effectual?

It is effectual so far as the cure is concerned; but the women go on with their work while they are under treatment.

851. *Chairman.*] Spreading the disease the whole time?

Spreading the disease the whole time; and they even leave the hospital uncured, and return again when from want, or from want of cleanliness, the disease has become more aggravated.

852. *Earl of Devon.*] You have spoken of Liverpool especially; but I should like to know your opinion as to the extension of this Act to any other part of the United Kingdom?

My own feeling is that to be of any use it should be general.

853. Applying to all classes; to the civil population as well as the naval and military?

Yes; and that while you make it compulsory, you should have grades, and allow the women to go into different wards, if you have different wards, according to the status of the women, on a fixed payment for that accommodation. I think you must separate the better class from the commoner, otherwise you break down every feeling of self-respect; if you bring what are called the better class of prostitutes amongst the common prostitutes of the town, morally you do an incalculable harm to the former.

854. *Chairman.*] And certain precautions for secrecy for those who so paid would be also valuable, perhaps?

Yes, I think that is very necessary. I think a great number of these people who are the victims of the quacks of the profession would be very glad to get into hospital.

855. *Earl of Devon.*] As I understood you, you would extend the operation of the Act to the large towns?

Yes, giving the small towns to the counties.

856. Should you extend your recommendation of Government aid to the hospital to other cases than seaport towns, or military establishments?

If it was general, and, as the Act provides, under Government inspection, then I think that my objection with regard to local payment would cease. It is simply having a hospital in one place, and not in a circle round, that is the objection; but if every locality had its hospital, then I think there would be no objection; it would be give and take; a prostitute from Liverpool might wish to go to Manchester where she was not known, and stay till she was cured, and *vice versa*. I think that might very likely afford the secrecy which was wanted.

857. *Chairman.*] Is there anything that you wish to add to your evidence?

What I have made notes of was, simply the position of Liverpool as to the necessity for the Act. Some parts of the Act might be modified, I think. With regard to the registering, I think there would be no difficulty in compelling all keepers of brothels themselves to register their women. At present, every lodging-house keeper must mention to the local authority how many lodgers he keeps; under the Sanitary Act of 1866, I have at present upwards of 4,000 houses sub-let, which are liable to inspection, and over which nightly inspection is exercised. I never direct an inspector to go to a brothel, but I do not see why brothels should not be under a *quasi* supervision; that is, where there are two or three women kept. Another opinion which I might express, would be that with regard to the term "common prostitute," any woman not being married, living in a house where there were common prostitutes, should be thereby considered as a common prostitute.

858. *Earl of Devon.*] Do you think that public opinion would sanction that
(46.) M 3 which

Mr. W. S. Trench, M.D., which might be represented to be a recognition of the continued existence of brothels and their inmates by legislation?

12th June 1868. I think that the public opinion of the present day would. I think that that hypocrisy is all gone.

859. Lord Penrhyn.] But is it clear that a brothel does not come under the designation of a common lodging-house?

It does not.

860. It would be very easy, would it not, to say that any common brothel shall be subject to all the regulations of the Lodging-house Act?

There must be a distinct supervision, it would be so exceedingly difficult to send the inspectors of lodging-houses into brothels; it would be accompanied with moral difficulties and police difficulties, and our inspectors are not policemen.

861. Whoever the persons were performing the duty, they might be authorised under the Act to have the same power as the inspectors of lodging-houses, might they not?

The power of the lodging-house inspectors is, that they shall enter at all hours of the night, whenever they like. Every house where a foreign emigrant is received is, during the whole summer, visited nightly, both women and men's rooms; it would never do to visit the brothel in the same manner; that would be opening to the daylight what they went there for.

The Witness is directed to withdraw.

The REVEREND JOSEPH G. BAILEY, M.A., is called in; and Examined, as follows:

The Rev. J. G. Bailey, M.A.] 862. *Chairman.*] I THINK that you have been for some time Chaplain of St. Bartholomew's Hospital, Chatham?

Yes.

863. Have there come under your notice considerable numbers of women who have been sent into hospital, under the Act of 1866?

Yes.

864. What is your opinion of the moral effect that has been produced on these unfortunate women by their detention?

It has varied very much owing to the different characters of the girls admitted; but on the whole there has been a very good moral effect. It has brought them into contact with the discipline of the hospitals; they have learned habits of cleanliness and order; they have been brought into contact with the chaplain's ministrations, and a considerable number of them have been led to forsake that life.

865. Can you tell us what per-centage have been induced to forsake that kind of life?

I can only speak from my own experience of something less than a year and a-half; and during that time it has been about 23 or 24 per cent.

866. Have they generally gone to reformatories, or to their own friends?

The majority have gone to reformatories; some to their own friends. The number would be larger if I included all who promised to return to their own friends.

867. Viscount Templetown.] Are there any of 23 per cent. who have returned to their families?

I have reason to know that of those 23 per cent. the majority have gone into homes and have remained there, or have returned to their own friends, and are living with them. I have included no cases as to which I have any doubt of the permanence of the reclamation.

868. *Chairman.*] Has your attention been drawn to the Act of 1866?

Only to those portions of it which may have concerned me from time to time.

869. Is

869. Is it your experience that a certificate has been given to the women on leaving the hospital?

A certificate has been given to those who went to refuges, and I believe to all the patients who left the hospital.

The Rev.
J. G. Bailey, M.A.
12th June 1868.

870. What has been the effect of that certificate upon those women who have not returned to their friends or gone to reformatories?

I have known instances of its being used for evil purposes; that is to say, the certificate has been regarded as showing a clean bill of health, and they have immediately gone back to their old occupation again, and then had an increased number of visits from soldiers and others, in consequence of their having that certificate.

871. You think, then, that it would be inexpedient to register these persons or to give them any certificate?

Most decidedly. A certificate might perhaps be given to the police, if a certificate is absolutely necessary; but certainly not to the women themselves.

872. Viscount *Sidmouth*.] Are there any means adopted in the hospital for keeping the younger patients from the older and more hardened ones, or do they all mix freely together?

No; owing to the accidental circumstances of the construction of our hospital there are seven or eight wards, and as a rule, though there is no regulation to that effect, the chaplain and the nurses agree to put the younger girls who have been living this life for a shorter time in separate and smaller wards, to keep them apart from the others; we are most particular to do that.

873. When you have not been able to do that entirely, have you known bad results follow?

No, I think not; we are always careful to separate them.

874. Is that generally the case in the hospitals?

I have had no experience in any other hospitals than my own.

875. Lord *Nelson*.] I suppose that sometimes there are cases of married women coming into the hospital who are not to blame, but have got the disease from their husbands?

Yes, I have known several such cases.

876. And those are of course kept apart.

Yes, they are kept apart. They are often admitted with their children.

877. *Chairman*.] You think, on the whole, that the effect on the women themselves, of the operation of this Act, has been most beneficial?

Most beneficial.

878. Do you think that any other way would be so effectual, with a view to a reformation of the women, as the mode under this Act of committing them to hospital?

No, I cannot see that any other better plan could be devised. The women themselves are beginning to look upon it as an advantage rather than otherwise; the unwillingness which they showed to come to the hospital at first seems to have passed away.

879. So that, not taking any other subject into consideration but the moral and religious view, you think that this Act is one to be extended as far as possible?

I think so, because we have no other means of coming in contact with the women than by meeting them in the hospital.

880. Earl of *Devon*.] What proportion of the women, in your experience, come in voluntarily?

Very few, I believe; but we have had instances of women coming from a distance, Canterbury, Dover, and Margate, and those places, and importing a much worse kind of disease into the town, and offering themselves voluntarily. But there are very few cases of that kind; they are cases in which the disease has generally gone great lengths, and this has led them to come there to be cured.

The Rev.
J. G. Bailey, M.A.
12th June 1868.

881. The majority of cases, within your own knowledge, have been those of women brought there by the police?

Yes, of women brought there by the police.

882. Earl *De Grey*.] You do not mean by that, that in the majority of cases there, the women have been taken before a magistrate and committed by his order?

No. I think, usually, the soldier gives information; the policeman goes to the house where the soldier has slept, and takes one or two of the girls before the visiting surgeon, and by his certificate the girl is admitted to the hospital.

883. She voluntarily submits to examination, I suppose, because she is told that otherwise she will be brought before the magistrate?

She submits to the examination.

884. Have you ever known cases in which it has been necessary to resort to the magistrate's order?

I have never known one of that kind.

885. Earl *Nelson*.] Do the patients of this character received at your hospital come from Sheerness?

A large number of them do.

886. And from Aldershot?

Not from Aldershot.

887. Earl *De Grey*.] Has there been any marked diminution of late in the number of these women in hospital at Chatham?

We have 40 beds, and they are always full; and many more would be full if we had room for them.

888. *Chairman*.] Gravesend is not under the Act, is it?

It is not under the Act.

889. Do you think it necessary that it should be?

Most necessary, and many other places in the neighbourhood; because the non-existence of the Act at Gravesend and these places is the cause of our having a worse kind of disease brought in.

890. In short, comparatively little can be done by the Act until they are brought in?

Yes; the Act is partly defeating its own object.

891. Viscount *Templetown*.] Can you give us any information as to the behaviour of the women in hospital?

It depends very much upon the discipline of the particular hospital, and the character of the nurses. In our hospital the character and discipline of the patients is good; we have occasionally had an outbreak, about one in a year perhaps; have occasionally had to send some of the girls to gaol for misconduct and destroying some of the property; but for more than a year now we have had only one instance of that sort.

892. Much depends upon the character of the people that they select for nurses, and their kindness and tact?

Very much depends upon that; but the conduct of the patients, as a rule, is all that can be wished.

893. Earl *De Grey*.] Your feeling, as a clergyman, is, that the Act has worked beneficially; not merely sanitarily, but in a moral point of view?

Certainly; because it has been the means, even within my short experience, of reforming the large per-centage of girls which I have stated.

894. Earl *Nelson*.] You are obliged to keep those that come to you under the Act in the ward until they are cured, are you not?

I believe that they cannot be discharged until they are cured.

895. Are you able to keep them apart from the other patients; when they are out of bed, for instance?

No, we have no convalescent ward, if that is your meaning.

896. I wanted

896. I wanted to know whether they in any way interfere with the comfort of the other patients in the hospital?

The two parts of the hospital are quite separate; there is no communication whatever between them. It is one building, and there is one wing given to the ordinary patients and the other to the Lock patients.

897. Earl of *Devon*.] Do you think that you represent the general feeling in Chatham and the country with regard to the advantage of this Act?

We have had several meetings at Chatham, and I think, taking all the clergy in Rochester and Chatham, only two held a different opinion, and they merely declined to further the extension of the Act; they did not oppose it; but the great majority are in favour of extending it.

898. On what ground did those who opposed it do so?

It is difficult for me to give their motives, but I think that their difference of opinion is due to a fear that the sin would increase if the penalties of the sin were lessened.

899. Viscount *Sidmouth*.] Do you know whether any patients are discharged uncured, because I see that the Act seems to contemplate certain cases in which the women would not be cured?

There are certain cases of complicated disease which, having been kept a certain time (six months I think), have been discharged uncured, but very few.

900. Those are the only ones?

Those are the only ones, as I believe; and I think there are two medical certificates to be given; there have been very few, only three or four within my time.

901. Do you think that it would be beneficial to extend the period?

It would be difficult for me to give an opinion upon the medical question.

902. I mean in order to make sure that nobody is discharged uncured?

I should think the proportion of such cases so very small, that if those particular patients were not cured within six months they could not be cured at all; I should think that that would be an ample limit of time.

903. Earl *De Grey*.] Have you had many cases of women coming back again after being cured?

Yes, many cases; but their stay has generally been shorter the second time; we have had some of them two, three, four and even eight times; of course there are very few who have come so frequently as eight times. Out of 470 admissions during the last year, about 230 were admitted for the first time, and about 170 for the second time, and the rest were cases of women more frequently re-admitted.

904. *Chairman*.] Have you any suggestion to make to the Committee?

No.

The Witness is directed to withdraw.

MR. JOHN BRENDON CURGENVEN, is called in; and Examined,
as follows;

905. *Chairman*.] YOU are, I think, Secretary to the Association for Promoting the Extension of "The Contagious Diseases Act, 1866?"

Yes, Honorary Secretary.

906. You had a good deal to do, I think, in drawing up the Report?

Yes, I assisted in drawing up the Report.

907. I daresay you are aware of the nature of the evidence that Mr. Skey gave: in answer to a question from me, he said this: "I think the association, which your Lordship may be aware exists, has in some degree a little overcharged the horrors of the disease, and I think they have made the most of it; I think it has spread alarm to an unnecessary extent in the minds of the public." Now are you prepared, supposing that we called upon you to do so, to substantiate the different points of that Report?

(46.)

N

Yes,

The Rev.
J. G. Bailey, M.A.
12th June 1868.

Mr.
J. B. Cargenven.

Mr.
J. B. Curgenven.

12th June 1868.

Yes, I can substantiate all the points in the Report by documents received from the various hospitals; I have brought them with me.

908. For instance, the first point is as to the statement that one-third to one-fifth of the hospital out-patients are persons suffering under this disease?

Yes; the proportion is about one-half of the surgical out-patients. The inquiry as to the prevalence of the disease was carried out by the Harveian Medical Society. It is in their Report that most of these statistics are printed from the returns to that society; some of them have been lost. The Report was written, and 12 months ago the return from St. Bartholomew's Hospital was lost; but I now have a letter from Mr. Holmes Coote, and he says: "We calculate that about 6,000 registered surgical out-patients are seen annually at St. Bartholomew's Hospital; of these, about one-half are venereal; but a vast number of cases are seen in the casual department, also venereal; but there are many other cases of transmitted syphilis which do not come under this category." With regard to the casual department, quite one-half of the applicants there are venereal; that is with regard to St. Bartholomew's Hospital. Then with regard to University College Hospital, I have a return, and the average number of venereal patients for three days was 1 to 3.3. Then, with regard to Guy's Hospital, I have a letter from Mr. Steele, the registrar of the hospital, in which he says, after going into the matter fully, "This would give us a rough total of 25,800 cases of venereal diseases treated in the out-patient department in the course of the year, or 43 per cent. of the total number of persons entered on the books;" that is, nearly half. Then I have a return here from the Royal Free Hospital. It is taken from some notes that I made in the year 1853; therefore it has no reference whatever to the late Tables. I was then resident medical officer of the Royal Free Hospital, and I made a note of the diseases of all the patients applying there at the out-patients' department, whom I saw during two months. There were medical patients, 1,088, surgical 849, total 1,937. I have given in the Table here all the different kinds of venereal cases, and they amounted in the whole to 46 per cent. of the surgical cases, that is nearly half again, or 20 per cent. of all the cases applying at the hospital. Now that return had nothing whatever to do with this Report, so that it can be depended upon as being perfectly correct, and it shows that about half of the surgical out-patients applying to the Royal Free Hospital were venereal cases; and so on with regard to the special hospitals, the hospitals for diseases of the skin, the eye, and the throat, they all give the number of cases returned, but of course a much less number than in the general hospitals.

909. They give them as venereal cases, you mean?

As venereal cases. In a communication from the Central London Ophthalmic Hospital I am informed that, of 40 cases a week, three or four would be cases of syphilitic iitis, so that in that instance it would be about a tenth of the number of cases. At the Hospital for Diseases of the Throat, 15 per cent. of all the cases are syphilitic; of 45 females, 31 were married, and 14 single; of 48 males, 30 were married, and 18 single.

910. Then, is it your opinion that the disease is increasing, or that it is diminishing in places where the Act has not been applied?

The disease is increasing; I find that from the returns of the Registrar General. The deaths from syphilis, according to the Registrar General's Returns, were 957 in 1857, 1,245 in 1862, 1,550 in 1864, 1,662, in 1866, that is 67 per million of the inhabitants in 1861, and 94 per million of the inhabitants in 1865. That shows a large increase of deaths from syphilis, and those deaths are principally among children.

911. Earl *De Grey*.] Does that increase arise in any degree from more diseases being now traced to syphilis, and being called syphilitic, than was the case at the earlier period?

No; I think that the deaths from syphilis amongst children have been pretty well known for some years past, but there have also been more complicated forms of the disease traced within the last few years to syphilis.

912. That, of course, would cause a certain degree of increase in the numbers of the Registrar General's return?

Yes; but then against that we have this fact, that a great number of the deaths

deaths from syphilis are not returned as such. In a great number of cases the medical man hesitates to write the word "syphilis" opposite the name of a child on the certificate of death, which must go through the hands of a parent; therefore it is often put down under some other name. Then the returns from the Children's Hospital were called into question. I have here a letter written by Mr. Williams, dated the 9th of May 1867, in which he says, "I send you the number treated during the year 1866: Syphilis, males 93, females 105; surgical cases, males 591, females 416;" that shows the proportion of males suffering from syphilis, among children applying at the Sick Hospital, to be 1 to 7, and the proportion of females, 1 to 4. Then I have another communication, which is from Glasgow, and relates to infants suffering from syphilis; it is from an institution in Glasgow, where they place infants out to nurse. "In reply to your note, I have to state that we placed out the following children for the last three years, namely: in 1865, 74 cases, of syphilis 12: in 1866, 79 cases, of syphilis 7; in 1867, 98 cases of syphilis 19:" that is a total of 241 cases placed out, of which 38 were cases of children suffering from syphilis, or 15·7 per cent. "The two most serious cases are, where we gave out orphan infants to married women, who had lost their own babies, to bring up on the breast; the infants, in each case, appeared clean and healthy, but in a short time disease appeared, the nurses' breasts became affected, and, before they knew what was the matter, were seriously diseased." There are one or two points I should like to mention: first, there is the fact that we have not got to the amount of syphilis in the country by our statistics, for by my correspondence with different parts of the country, I find that most of those who have gone into the subject, in different towns, state pretty much what is stated in this letter from Manchester, written by Mr. Bradley, a surgeon at Manchester, and secretary to the Medical Society there. He says, "Our committee feel assured that the enclosed statistics give the minimum number of venereal cases existing in our city; that in all probability the evil extends to a much greater extent than can possibly be ascertained by any public inquiry; that it effects a positive injury on the national physique, and that the steps which your society are taking are urgently called for." Then I have a communication from the General Hospital of Nottingham. In a great many of the hospitals in the smaller towns throughout the kingdom, they get few or no syphilitic cases; they do not come to the hospital; and on asking how they accounted for that, I received this reply: "The number of venereal cases treated here is very small indeed; most of those that do come being cases of secondary syphilis. Primary sores and cases of gonorrhœa are very seldom seen. A certain class of practitioners, the quacks, get hold of them all. And we have the same evidence from several other towns.

Mr.
J. B. Curguen.
12th June 1868.

The Witness is directed to withdraw.

Mr. BERKELEY HILL, M.B., is again called in; and further Examined, as follows:

913. *Chairman.*] I BELIEVE you wish to supplement your evidence?

Mr. B. Hill, M.B.

I wish to hand in some documents which I have here, and which I omitted to offer to you last time. I have here an extract from the official Report, for the year 1867, of the Colonial surgeon of Hong Kong, describing the excellent effects of the preventive measures that have been in force there for 10 years (*the same is handed in, vide Appendix*). The next is a letter from Sir R. G. McDonnell, the Governor of Hong Kong, also describing the effect of those measures (*the same is handed in, vide Appendix*). The next is, "An Abstract of the Information on the working of the Ordinance for checking the Spread of certain Contagious Diseases, required by Commissioner Hill." This is from the chief military medical officer of Hong Kong; and also describes the condition of Japan in contrast with that of Hong Kong (*the same is handed in, vide Appendix*).

914. *Viscount Sidmouth.*] Favourably or unfavourably?

Favourably for Hong Kong, and very unfavourably for Japan. He says here: "When we look to Japan, where there is not any control exercised, we find

Mr. B. Hill, M.P.
12th June 1868.

the disease increasing to an alarming degree. In 1864 the admissions were 18·2; in 1865 the admissions were 35·7; in 1866 the proportion is not known, but it was considerable; in 1867, judging by the last six months, at the rate of 85·3 per cent. per annum of the average strength; that is to say that, out of 684 men, 292 have been admitted in two months. Then Mr. James Lane, the senior surgeon of the London Lock Hospital, who has the charge of the patients sent from Chatham, Aldershot, and Woolwich, has published in the "British Medical Journal" for the 15th of February, a good account of the effects of the treatment of those patients, as compared with those treated in other places where the Act is not in force: and it shows how very greatly the disease is alleviated, and also shortened in its duration, and the severe forms, that is the forms that pass from father to child, rendered less prevalent. Then here are a series of documents (*producing the same*) furnished to me by Sir Richard Mayne from the inspectors of police in the districts where the Act is in force. They give me answers to questions I sent round as to the social improvement that has resulted from the working of the Act, and as to the difficulties that may have arisen in the working of the Act. They show that there is no difficulty in bringing the women to comply with the regulations, and that these persons are much benefited and improved in their social condition since the Act has been in force. There is "A Return showing the number of Cases of Venereal Disease admitted into Melville Hospital, Chatham, between July the 1st and September the 30th, 1864," and there is a parallel Return showing "The Number of Cases of Venereal Disease admitted into Melville Hospital, Chatham, during July, August, and September, 1867." I obtained that from the Inspector General, in order to show the effect of the Act, or rather to compare the condition of the disease before and after the Act has been in operation (*the same is handed in, vide Appendix*). In the papers which I published in the "British Medical Journal," and reprinted in the Appendix to the Report of the Contagious Diseases Act Extension Association, describing the effect of the Act, I have summarised the results of the arrival of fresh troops into the various districts where it is in force. To show the rapidity with which venereal disease is re-kindled in protected districts, I may be allowed to read to your Lordships this paragraph of my paper on the subject: "Another point is extremely instructive, and worthy the consideration of those military medical men who oppose personal examination of soldiers. Troops arriving from the other stations are constantly bringing fresh disease into Plymouth. One day last summer the police inspector, on visiting the Military Hospital, found 13 men in the wards with venereal disease from a regiment recently arrived at Plymouth; 12 belonged to the depôt, sent from Chatham, one only to the main detachment of the regiment just home from foreign service. The men of the depôt had brought their disease with them. The inspector then bethought him of looking up the women in the brothels frequented by this regiment. He soon discovered that a large number of the women had suddenly become diseased, and very shortly informations against them came in with great rapidity. I have before me a return of the entry of troops into Plymouth garrison since January 1865 to November 1867, and also a chart of the fluctuations in the number of diseased soldiers per 1,000 of the garrison since April 1865 to December 1867. In April 1865 the number of diseased men stood at 18; in May and June a regiment arrived; its depôt from Colchester, and the main body from India. In these months the numbers rose steadily to 34, again falling to 23 in July, when no troops entered. On 4th August, five companies of infantry arrived from Aldershot, and the number reached 34 a second time; thence a steady fall set in through September and October down to 12 in November, in which interval one troop of the Military Train was the only increase to the garrison. On 21st December a detachment arrived from foreign service, the remainder of the regiment, its depôt, coming from Chatham, joined it in January 1866. Through February and March the entries rose to 27; through April, May, June, and July the line sank to 20, though three batteries of Artillery came in from Bristol, and Pembroke, besides one regiment from Aldershot and one from India. In August no troops, and the wave line fell to 12. On 1st September a regiment came from Aldershot; the wave rose at once to 21. After that time the line subsided to 13 in October, and kept hovering between 11 and 12 during the winter until March 1867. No fresh troops entered garrison after the 1st September till the 23rd February, when a depôt came

came from Dover. In March there was a slight rise. In April and May troops came from India, Portsmouth, and Pembroke; the line rose rapidly through May to 22 in June. In June no troops arrived, and the mark for July dropped two points. On 26th July a depôt came from Chatham, and other companies of the regiment, in August; when the wave mounted to the highest point since the operation of the Act, namely, 35 per 1,000. This new arrival was the regiment which produced the havoc among the women already narrated. Since September no troops entered garrison at Plymouth till the 11th November, and the line has continued falling to 22, its present level. The regiment which entered on the 11th would probably have created a disturbance similar to that of August and September, had not the authorities directed that the men should be examined before they were allowed to leave barracks. This was done, and nine men were found diseased, and sent to hospital before they were able to communicate with the town. This salutary provision is to be henceforth carried out with all troops entering Plymouth garrison. Soldiers are stated to return to garrison after a few days' leave with disease caught elsewhere. The rise and fall in the wave line of the soldiers' disease are accompanied by similar rise and fall in the number of women detained each month with disease. The fact that disease is so readily carried from place to place is a great argument for extending the operations of the Act to all large towns and military stations. In estimating the benefit already gained from the Act, a much more satisfactory balance can be struck for Plymouth than either for Chatham or Portsmouth, though the consequences of the defective working of the Act are of a similar kind at all the stations. The late Dr. Beith, Deputy Inspector General of the Royal Naval Hospital, Plymouth, furnished me with the following comparison of the entries of sailors into the hospital, whither only the severe cases of venereal disease are sent. Slight cases are treated aboard ship. "Proportion per cent. of admissions for venereal disease to the whole surgical entries at the Royal Naval Hospital, 1861, 65.70; 1862, 59.83; 1863, 60.29; 1864, 62.70, or three years before the Act; 1865, 62.67; 1866, 49.33; 1867, 39.69, or after three years of the Act. The entries for venereal ulcers at the Royal Marine Infirmary were, for the quarter ending June 1865, 105; September 1865, 82; December 1865, 66; March 1866, 42; June 1866, 60; September 1866, 64; December 1866, 47; March 1867, 37; June 1867, 40; September 1867, 51." Then I have a letter, dated 10 June 1868, from the Secretary of the London Lock Hospital, who says, "as to punishments, there has been, I believe, only necessity for removing temporarily two women from their usual place in the wards during the past year. As far as possible they are occupied in needlework, making their own clothing, &c. As regards the expense per patient, I find that during the year 1867, 877 were admitted, and that the general expense of maintaining the hospital for that period was 2,600 *l.*, giving per bed 28 *l.* 10 *s.*"

915. That includes everything?

That includes everything; the cost of Government patients, and the cost of charity patients.

916. Earl Nelson.] As that is an endowed hospital, I suppose it does not include the medical men?

No; they are not paid for their services. The last time I gave evidence here, I told your Lordships of a case in which syphilis had lasted for 17 years. I may exemplify the duration of the disease with the following statement. During the second half-year of 1867, 400 women attended the Lock Hospital as out-patients under my care; 207 of them had constitutional syphilis. In 41 of them, the disease had been present less than one year; in 63, it had exceeded one year; in 49, two years; in 31, three years; in 23, four years; in 19, five years; in 13, six years; in 12, seven years; in nine, eight years; in eight, nine years; in six, 10 years; in three, 11 years; and one woman had suffered, off and on, for 26 years.

917. Earl De Grey.] Do you mean from one case of infection?
Yes.

The Witness is directed to withdraw.

MR. WILLIAM ACTON, M.R.C.S., is called in ; and Examined, as follows :

Mr. W. Acton,
M.R.C.S.
12th June 1868.

918. Earl Nelson.] THE Chairman has asked me to examine you in chief in this case ; can you state the experience which you have had in the treatment of venereal disease ; your experience in it began in the hospitals at Paris, did it not ?

I was formerly attached to venereal hospitals, at Paris ; and having undergone my different examinations there, I came home here, and have written a book on prostitution ; and I think I may say that I have given special attention to this particular subject. That book dates from 1857.

919. I think you have been lately in Paris ?

I have been lately in Paris ; this time twelve months I was there.

920. Have you given any evidence before any Committee previously on this subject ?

Before the last Committee, the Indian Committee, on this subject, I gave evidence.

921. From your knowledge of venereal disease, would you agree with those who have stated that it has lately generally assumed a much milder form ?

I have alluded to that matter in my book, in which I say that the disease is mild ; but as, unfortunately, it is so contagious a disease, the milder it is the worse it is for the public ; because a girl, though she has a disease which is contagious, may have it in a form sufficiently slight to prevent her going into hospital. So that although the disease is milder than it was formerly ; yet, nevertheless, a girl suffering under it is as liable to infect soldiers and the civil population as she ever was.

922. To what cause would you attribute this mildness of the disease ?

To the care she now takes of herself, compared with what formerly occurred ; the system of drinking spirits is different now from what it was ; girls now take greater care of themselves by attending more to cleanliness, and live in better lodgings. May I ask whether you wish any opinion about the men, with regard to this question ?

923. I wanted to know to what cause you attributed it ; do you think that it is owing to the general advance in sanitary knowledge ?

Yes ; and I think, likewise, to the fact that they apply earlier ; because they are told and shown now the advantages of seeking medical advice earlier in a matter of this kind.

924. Chairman.] You say that the disease is milder ; do you mean that it is milder as to the mutilation of the human frame, or as to its general effects, including its effects upon the following generations ?

I think that it is milder in all those ways : for instance, a person may come to me with the smallest possible sore, not larger than a pin's head : such a primary sore (as we term it) may lead to worse consequences than one that will almost eat off the head of the virile organ. In the present state of advanced science, it is not the size of the sore that we chiefly dread. In the Peninsular War there was a complaint called the black lion of Portugal, resulting from the soldiers being diseased, and drinking new wine ; under these unfavourable sanitary arrangements the penis sloughed off. Such a calamity as that we do not often see now ; yet that was not attended with any secondary symptoms, whereas we now find that a small sore may be attended with most severe secondary symptoms.

925. Earl Nelson.] Do you consider, from your knowledge of the working of the laws in France and Belgium, that with the proper regulations, the extent and power of the disease may be materially diminished ?

I have not the slightest doubt of it.

926. Are you acquainted with the provisions of the Contagious Diseases Act of 1866 ?

I think I am.

927. Do you consider that under the extension and efficient administration of

of that Act, the effects of the disease would also be materially mitigated in this country ?

Very materially.

928. Now, coming to the character of the disease ; I believe that there are two kinds of venereal disease ?

Yes.

929. Are they in any way allied to one another ?

No ; but they occur often in the same person.

930. Would you state the evils which arise from the milder disease of the two ; gonorrhœa, I think it is called ; is it contagious like syphilis ?

Highly contagious.

931. Does it permanently affect the constitution ?

Not generally.

932. Have you ever known it communicated to a child by its parent in the secondary form ?

It may be communicated to the child at birth ; the eyes may become affected, and the infant lose its sight.

933. Have you known cases of that kind ?

Unfortunately they are too common.

934. Will you enumerate the constitutional effects now clearly traceable to syphilis ?

Many affections of the skin, throat, and eye, followed by hereditary disease. A person suffering under the disease may subsequently communicate it to the children.

935. How many generations have you found it traceable to ?

I think we generally say two ; then it degenerates into scrofula and leprosy. Medical men now generally consider that it is only the offspring who can suffer directly ; after that, it becomes a constitutional complaint, terminating in debility and scrofula.

936. But it would deteriorate the race of men in a second generation ?

Very much, no doubt.

937. Can you give us any idea of the extent of the disease in London ?

I think I have given one or two Tables in my book, at pages 34 and 35, bearing on that question. Nearly half the out-patients at St. Bartholomew's Hospital, it appears, were suffering under venereal diseases. "In 1849 I made an analysis of the surgical out-patients of Messrs. Lloyd and Wormald, at that time assistant surgeons to St. Bartholomew's Hospital ; they amounted to 5,327 during the year, of whom 2,513, or nearly half, suffered from venereal diseases." I go on to give the Table, which I should be happy to pass up to the Committee, and then I say, "Hence it appears that about one in every five out-patients was a woman or a child." I further state that, in 1854, 43 per cent. were venereal cases among the out-patients ; that is very nearly half ; and I have every reason to believe that the proportion still exists.

938. Have you a hospital return of the out-patients received at the different hospitals in London ?

Yes, and it gives that result ; namely, that about 50 per cent. are venereal.

939. And have you a Table in your book of the returns of the patients in hospitals, showing the out-patients received at each hospital ?

Yes, at page 142, showing that there were only 297 beds, 184 for females, 113 for males, for contagious diseases for the whole of London.

940. It is an approximation, is it not ?

Yes.

941. A large number are received at the different hospitals ?

Very large indeed.

942. You have not compiled those Tables up to a later date, have you ?

I have no longer the time ; but other men have carried out the plan I commenced.

(46.)

N 4

943. Will

Mr. W. Acton,
M.B., C.S.

12th June 1868.

Mr. W. Acton,
M.R.C.S.

12th June 1868.

943. Will you give the Committee your views as to the effect of treating such cases as out-patients?

Nothing can be worse than that system. If you treat these women as out-patients, you necessarily allow them then to carry on their avocations all night, and thereby enable them to contaminate men. Therefore the necessity, urged very strongly in my book, that women suffering from contagious diseases should be taken into hospital or some asylum, where they should be taken care of and fed during the time that they would contaminate or communicate disease; otherwise you only assist in the dissemination of the complaint. It is what hospitals have contributed to, unfortunately; but it has been done with the best motives, because we had no sufficient means of accommodating women suffering from contagious diseases in the hospitals.

944. And of course their being out-patients greatly hinders the success of the treatment?

No doubt; we can only patch them up at the time. I mention cases in my book, of having, while a student, met many of the women I attended during the day carrying on their avocations at night, and they said they had no other alternative.

945. *Chairman.*] Will you read what you say on page 138 of your book on that subject?

Certainly: "The propriety and the utility of treating primary syphilis in prostitutes while they remain out-patients seem alike questionable; one, for instance, grievously afflicted among the number catalogued above, attracted my particular notice by the superiority of her dress. She lived, she said, in her own lodgings in a street near the Strand. It is, therefore, clear that she had no home to look to but the streets, unless she paid her rent. In the course of the very same evening, I was shocked to see this woman, accompanied by another, soliciting (as the Act of Parliament has it) in the streets, and to reflect how frightfully she must contaminate any unfortunate man who might yield to her desperate entreaties. In dress and bearing she was by no means a female of the lowest class. No ordinary observer would have recognised her sanitary condition, but there she was; her rent, her food, her clothes to be earned; obliged to drink intoxicating liquor with every man who might offer it, dangerous alike to gentle and simple, the fast young man or the tipsy father of a family who might be attracted by her pleasing face, and utterly heedless how much she was protracting, perhaps aggravating, her own sufferings. How comparatively futile our morning labours! how inefficacious the eleemosynary drugs! Advocates of the 'know-nothing' system stand aghast, and ask yourselves if the toleration by society of this emissary of death, in the attitude in which I saw her, is reconcileable with society's duties (if duties it has) to God or man." I may mention another case that I have heard of within a few days of a woman whom a patient of mine saw plying her trade in the Haymarket. She is well known in London, and it is notorious to her sex that she was diseased; yet there she was, night after night, frequenting all the flash houses, the other girls knowing that she was diseased.

946. *Earl Nelson.*] Do you consider it imperative to bring the Act to bear on the civil population as soon as possible?

I should think it most highly desirable.

947. Will you give a Table of the relative hospital accommodation for the treatment of these diseases in London and in the continental cities?

Such a Table will be found at page 143 of my book. In Berlin, the population is 400,000; number of beds for females, 120. The population of Brussels is 170,000; and the number of beds for females, 30. The population of Paris is 1,500,000; the proportion of beds, 470. The population of London is 2,500,000; the number of beds we should therefore require for London, in proportion to Berlin, would be 750. There should be 441 in proportion to Brussels, 1,500 in proportion to Hamburg, and 783 in proportion to Paris, and there would be 892 if in proportion to Vienna.

948. And how many beds have we in London?

"It appears (loc. cit. p. 142), that London with her population of 2,500,000, and her 350,000 unmarried women above 15 years of age, has hospital accommodation for 184 venereal females" only, instead of 1,500, as it would be in proportion to that in Hamburg.

949. There

949. There is a great disproportion in the case of Hamburg; can you account for that fact shortly?

I believe that that is in consequence of its having a large maritime population, more especially English sailors, who foreigners believe tend to disseminate disease.

950. Would you describe shortly the system under which they deal with these diseases among the civil population in France and Belgium?

I was in Paris at the Exhibition this time twelvemonths, and I took the opportunity of again investigating the question, unpleasant duty though it was. I first went with the medical men to the registered houses where these women are kept. In these houses a room is devoted to the purpose of examination. The women are brought in one after another with the greatest degree of delicacy, are examined as we should examine them in private, certificates are given them, and they retire. As regards the women who do not live in the houses, they come to a particular locality once a week, and a medical man examines them. I think I saw that day about 150 examined. The examination is done so quickly and so readily by the medical men, that I think it did not take more than a couple of hours to examine the whole; showing that the plan can be carried out with great facility if the system is in working order.

951. And are those who have been examined given a certificate afterwards?

Yes; they have a little book, a *carte* they call it, which is signed every week after the medical examination.

952. Their examination is compulsory?

There it is compulsory.

953. Lord Penrhyn.] You are speaking of Paris, as I understand you?
And of Brussels, too.

954. Is the system identical?

It is identical.

955. Earl Nelson.] What do you consider to be the effect of this system?

The effect has been most beneficial. I have described it in a paper which I read in 1860 before the Royal Medical and Chirurgical Society. It was headed, "On the Rarity and Mildness of Syphilis amongst the Belgian Troops quartered at Brussels as compared with its Prevalence and Severity amongst the Foot Guards in London." I give Tables; but these are the results: "These stringent measures are not only ordered, but strictly and effectually carried out. The result had been found so beneficial that at the time the author visited the hospital, only 11 men out of a garrison of 3,500 soldiers were laid up; six of these affections were merely slight cases of gonorrhoea. To show that this was not an accidental immunity, a Table was given of the whole of the diseases under which the Brussels troops suffered during 1859, and the following remarkable deductions were drawn. First, the extraordinary rarity of venereal disease, one out of 10 men only suffering from the affection; and, secondly, the singular mildness of the complaint. The almost total exemption from syphilis is a no less remarkable phenomenon. Only 62 cases of chancre occurred during the 12 months in the garrison; in other words, one only in 56 men fell ill during that period. Secondary symptoms were almost unknown, as only 10 men came into hospital with this serious complaint." Then I go on to make another comparison, which may perhaps be interesting to the Committee, "From Tables given, it appeared that more than one-half of all the sick sent to hospital" (this is as regards the English) "are admitted in consequence of venereal complaints." See Report in "Lancet" for 25th February 1860.

956. That is with reference to the English army, is it not?

Yes, the English army. "And the no less remarkable deduction is drawn that, could we eradicate this disease, we should at once remove half the complaints under which our Foot Guards suffer. In London every fourth man suffers from syphilis (primary) instead of every 56th as in Brussels. Constitutional syphilis in the Guards is so common and severe, that one in eight men who suffer from chancre comes into hospital on account of secondary symptoms."

957. Lord Penrhyn.] At what date was that?

That was in the year 1860, before the Act came into operation. With regard

Mr. W. Acton,
M.R.C.S.

12th June 1868.

to the Table at page 46 of my book, I could put it better now, in consequence of some recent observations. When last in Paris I went over the hospitals where these contagious female diseases are treated, and seeing a great many women affected, I asked the medical man how it was that, with such a good system as the French possess, they still had so many diseased women; he called my attention to the class of girls; they are very young and not registered, they come from the coffee-houses, beer and wine shops. He told me it is only amongst that class that you now in Paris find contagious disease. This cannot be prevented, but the disease can at once be arrested, and prevented from extending further.

958. Viscount Sidmouth.] She would, if diseased, in that case be amenable to the law?

Yes; and if she had not been amenable to the law she would have contaminated very largely the civil population.

959. Earl Nelson.] We have been told before this Committee, that notwithstanding these precautions the disease is still prevalent; that which you have now referred to would be one of the causes; is there another cause having reference to the maritime population?

Yes; while I was in Paris the other day, they were saying that they had great cause to complain against England, because the greater number of their venereal complaints now come with the sailors who are introduced into their ports; they cannot prevent sailors coming in, and they say that the English sailors introduce at the present moment a greater quantity of venereal diseases than any others, because in all Continental states these regulations are more or less in action, whilst they are not in England; therefore, they attribute the greater quantity of that disease now to the English sailors bringing it into France.

960. I believe that you are not in favour of the introduction of the licensing and certificate system in England?

That has so many objections that I am not in favour of it.

961. Will you state some of them?

The great difficulty I have had to encounter in the elucidation and discussion of prostitution has been the religious question. One of the objections which was raised against the remedies proposed in my paper read at the Royal Medical and Chirurgical Society was the following: Mr. Solley (who is one of the council of the College of Surgeons) is reported in the "Lancet" to have said, "far from considering syphilis an evil, he regarded it, on the contrary, as a blessing, and believed that it was inflicted by the Almighty to act as a restraint upon the indulgence of evil passions. Could the disease be exterminated, which he hoped it could not, fornication would ride rampant through the land. He believed that Mr. Wells was right in saying that the best cure for the evil was the elevation of the moral character of society." Now, when evidence of a feeling of that kind is given, I am afraid we must be very careful how we run counter to the religious feeling of this country; and I must say, having seen as much of that as I have, I think that the registration of houses of that kind would be fraught with the greatest evils.

962. Chairman.] What is the date of that speech?
February 25th 1860.

963. Earl Nelson.] But nevertheless you would propose the extension of the Act that we have under our consideration to the civil population?

Upon the sanitary question, I do not think that there can be two opinions on the subject.

964. Have you any proposals to make as to the way in which you would extend it to the civil population?

I should not like to commit myself at present to any particular plan, but I think that I have written a great deal under the head of "Sanitary Regulations Abroad and at Home" (*loc. cit.*, p. 134), which, although published 11 years ago, might assist those interested in the question. I am afraid that women would not like to enter the lock or special hospitals; there is a great feeling against them, and I think if you could appoint small districts in which women who were

were diseased could apply, or to which they could be sent to be examined, as takes place abroad, it would be a great point gained.

Mr. W. Acton,
M.R.C.S.

12th June 1868.

964*. In the country, might lock wards be in connection with our county infirmaries?

They would be admirable institutions, there is no doubt.

965. You think that that would be better than having separate lock hospitals?

I think it would be well, as far as you could, to have a large central institution to which you could send the women away. There is no reason, as is proved by the working of the present law, why women should not be sent from Aldershot to London, or again from Colchester to London, and it becomes a question whether it would not be better to have a central hospital, or several central hospitals, and I say so because I am afraid that, for the first year or two, a great number of beds would be required, and by this plan present buildings might be made to answer the purpose.

966. But you think that it would be necessary for London to come up to the fair number of beds compared with Continental cities where the principle of such an Act has been for some years carried out?

Yes, and I am afraid that for the next few years more beds in proportion would be wanted in London than in any Continental town, because the disease is so much more rife at present in London than it is on the Continent.

967. How would you propose to get those temporary hospitals?

I am afraid that we must do it through Government aid; when I first took up this subject, I joined the committee of the Lock Hospital, hoping that I should be able to do some good there, but I found that the public would not contribute, or only very sparingly, to the funds of that institution, and I am afraid that that would always be the case.

968. You do not think we could depend on local rates or county rates for such support?

I am afraid not; everything seems to go counter to that.

969. Yet you do consider it a question of great national concern?

Not a doubt of it.

970. Could you give us some reasons why you so consider it?

There are social considerations which I think no one else has stated, and which are fully given in my book on prostitution, page 52, on the modern harlot's progress, which, perhaps, it would be well to repeat here. It is, or was, a very prevalent notion that these women, of whom there are some thousands in London, rot in ditches, die a miserable death in workhouses, or perish in hospitals. Now, I think that the whole tenor of this book of mine is not merely to assert, but to prove, that this class of women seldom die in any of these ways. I have shown how many die, and the proportion is very small. The consequence is, that as these women do not perish from disease (and their history can be traced back), they must all re-enter the private ranks of society again. They remain only as harlots or prostitutes for a very few years. The evidence of the fact is furnished in my book. Now, if that is true (and I think it is undeniable, and medical men now generally admit it), it is of very great importance that this large proportion of the female population, amalgamating as they do with the lower and middle classes and marrying, should be kept as healthy as possible.

971. You think, in fact, that they become the mothers of a future population?

Yes, and the helpmates of men, because many of them, as is proved, have children after they re-enter society, and I plead this as an additional reason why we should take care of them.

972. Viscount Sidmouth.] You say that that is the case with a large proportion?

A very large proportion. The fact is undeniable, and is proved in this way, that as they do not die of disease, they must re-enter the ordinary ranks of the population. They only remain a few years on the streets, and as I state in my book, they are the picked population of England. A woman often becomes a prostitute

Mr. W. Acton,
M.R.C.S.
12th June 1868.

tute because she is good looking, and has a superior frame of body ; directly she ceases to be good looking she often ceases to be a prostitute. If she died, we should trace her in the workhouse or in the hospital ; and those who have had opportunities of tracing these women know that the majority only remain prostitutes for a few years.

973. But do they necessarily marry when they cease to be good looking ?

They may live gradually with one man instead of depending on two or three ; others keep disorderly houses. But they do not die of the disease ; syphilis seldom kills. In the army and navy contagious diseases rarely kill its victims.

974. I was going to ask you whether you consider that the disease is transmitted to children through the man or through the woman ?

Both.

975. I suppose it is much more likely to be transmitted from a man who has had it, marrying, than from a woman ?

Not if a man has had it many years ago. We generally allow that a man having had a severe attack of syphilis should not marry within the first two years, but after eight or nine years he may marry with impunity, except under particular circumstances.

976. Earl Nelson.] Can you suggest any alterations in the rule adopted in our hospitals as to the admission of cases of a mild or of a more advanced character ?

I have stated in this book, on that very question, that if I had the management of a large institution, I should wish that the mildest primary cases of syphilis should be treated first, and not the severest.

977. Now they take the severest first ?

We always used to do so when I was attached to the hospital, for the sake of the pupils, and to show the advantage of medicine on these cases, and likewise from philanthropic motives, but it is bad public policy, no doubt.

978. Why ?

Because a woman who is very ill cannot carry on her trade. A woman who has only a slight sore is not, a medical man thinks, sufficiently ill, perhaps, to come into the hospital, yet is the very person to spread the contagious diseases right and left.

979. Then you think that more permanent good would be done towards checking the disease if the existing limited accommodation took in the mild cases which could be more speedily cured ?

Yes, and not only that, but, on public and hygienic grounds, some of the worst cases of secondary symptoms and constitutional disease might be allowed to be in the streets with impunity, as compared with these very small contagious sores which I was speaking of just now.

980. Do you think that the treatment of these cases in a properly classified hospital would help towards the reformation of the patients ?

It would be one of the best means, and you would the more readily and speedily withdraw girls from their present course of life, and the Church would necessarily have a much greater influence and hold over them.

981. The younger patients are those that generally suffer in the severest form ?

Just so.

982. What classification do you think ought to be observed in these lock wards or special hospitals ?

There ought to be a classification of the married woman, and the hardened prostitute, and the girl who has only recently been diseased, because we frequently find that girls who have committed only one fault have become diseased, and such patients, under a proper system, would not become further contaminated by the depravity of other women worse far than themselves ; it would never do to put them in the same ward with a hardened prostitute.

983. That remark is in favour of large and properly regulated hospitals ?

Yes, that is what I have been thinking of ; and such a separation as I have suggested you could only organise in large institutions ; I think you could not segregate the women, you could not keep them away from the civil population except

except in separate institutions; and therefore I should prefer myself that women when diseased, be sent into some separate building where they could be arranged in classes. This could be managed, I think, although they were collected from different parts of the town or country, and then let the authorities in that central institution separate them.

Mr. W. Acton,
M.R.C.S.

12th June 1868.

984. Have you considered how to reach the disease among the higher class of prostitutes, or do you think that it is necessary to do so?

I think that this is a class who have always got money. The poor people whom we have been speaking of hitherto have no means whatever, and infect men because they have no money to pay the doctor or support themselves, except by prostitution. The upper class of women have generally somebody to whom they can refer, or they can name an individual who has diseased them, and they would hold him responsible for having done so, and therefore he would pay. I do not think that sanitary reformers need at present interest themselves so much with that class as they should with the lower grades.

985. You consider that if the evil was under proper control among the lower class, it would not be materially increased from the higher class of prostitutes?

I do not believe, from my experience in that matter, that the higher class suffer so much as the lower ones do.

986. *Chairman.*] But still you stated, did you not, that in Paris the disease was kept alive from that higher class?

May you call a girl who has lived at a coffee-house or a wine-shop of a higher class? She is merely a servant, but she is what they call a *fille libre* there; she has never been registered; she may be one of the dangerous classes, but she has never been recognised as a public prostitute.

987. *Earl Nelson.*] How would you deal with merchant seamen, because some difficulty has occurred to us in reaching them?

Well, at Hamburgh and at the French ports the regulations relating to the women are such that they can rarely when diseased infect the men. A woman, if she is diseased to-day by a foreign sailor, rarely infects another man, or probably will not, because she is laid hold of by the police or examined the next day. The foreign police regulations prevent a much further dissemination of the disease.

988. Then the complaint of the French, that we send them the disease, is only limited to the maritime ports where our sailors come, because their regulations are able to check it there?

If they had not those regulations, it would get as rife as it was before.

989. You think that if our regulations were sufficient at the ports where merchant seamen came, we should be able eventually to check the disease?

I have no doubt of that, and the best evidence is what we gleam from the operation of the system in Belgium. Here is another observation which I think I did not read just now, and which strikes me as important. The author met the question, "How do you show that this immunity is a consequence of the sanitary regulations to which you ascribe it; may it not have existed before the regulations?" by giving M. Thiry's reply, "In the wards where we now have 42 cases, we formerly (*i.e.*, before the present system had been set on foot) had from 150 to 160 venereal patients." *Loc. cit. Lancet*, 25th February 1860.

990. At what place is that?

That is at Brussels.

990*. You told me that you were aware of the provisions of the Act of 1866; have you any remarks to make as to improvements in the working of the present Act or as to its amendment?

Well, it is not for me, perhaps, to criticise. I am only too thankful that the Act has been carried out at all; but no doubt it is capable of much improvement, and I hope it will be much improved, and indeed it is being modified, and therefore any criticisms that I might make upon it would perhaps hardly be fair.

(46.)

O 3

In

Mr. W. Acton,
M.R.C.S.
12th June 1868.

In the first place, I should like to know if the majority of the military medical officers who are carrying out the Act, have had experience of the plan on the Continent, or can have had experience in the examination of women, or could have studied syphilis as it affects the female; yet the success of the plan will ultimately hinge upon these points.

991. *Chairman.*] And yet, where the Act has been tried, it has been more successful than the Continental method; that has been repeatedly stated?

Can that be.

992. It has been stated here, as the evidence of almost everybody that has had any experience on the subject, that the Act of 1866 has been more successful than any measures on the Continent?

May I ask if it does not depend upon the fact that as disease was much rife in England than it was on the Continent, therefore the success has been greater in proportion; I cannot understand anything greater than the success on the Continent, nor can I believe that a few months of supervision in England can effect more than has been done during many years on the Continent.

993. The disease has been stamped out at Sheerness; I do not think any Continental town can be pointed out where that is the case, can it?

Sheerness is peculiarly placed. It is just on the point there, and it does not communicate with other places, as London does or Paris does. Fancy Paris last year, with a population coming from every part of the country, and from England more especially; how could you stamp it out there?

994. I am only mentioning that it has been so in this one particular place, and very nearly so at Devonport, I think?

We, who understand these things unfortunately too practically, would say that you could not stamp out the disease in Paris or London.

995. *Viscount Sidmouth.*] The Chairman has mentioned Sheerness. I should like to know whether it is not the fact that Sheerness is peculiarly well situated for stamping out the disease, on account of its only having communication with vessels of our own country?

Yes, and you could not place London in the same position.

996. *Earl Nelson.*] In the Act there is a clause which limits the power of detention to six months; do you think that that is long enough, or that there should be an extension of that period?

When I was attached to the foreign hospitals, we should have been sorry not to have cured our cases in six months; we generally effected a cure in less than that time.

997. We have also heard of some cases as incurable; do you think that there are many such?

If a woman had been mutilated much by the disease before she was brought in, perhaps her complaint would be incurable, but such a calamity would occur only in very aggravated forms. I think that after an Act of this kind had been brought in, the cases would cease to be incurable; we rarely used to see them in Paris.

998. Never in Paris, do you mean?

Nor in London. There may be such instances, but they are very rare indeed. The treatment of these affections is so well known, and may be so well carried out, that the disease is quite controllable.

999. It was stated that at Aldershot, at present, they do not deal with the case of women who are pregnant, or of women who have children at the breast, from want of hospital accommodation, for women in that state; do you consider that the disease could be effectually stamped out, unless those cases were treated in hospital?

No single case should be excluded from hospital, for one instance, such as you describe, might undo all the good you had done by curing the others.

1000. I think you consider that the working of the Act might be helped by some simple sanitary directions being given to those patients that were dismissed?

Yes; when I brought forward this subject some years ago, and particularly in

in that paper from which I have read extracts, I recommended under the head of "remedies," what has been subsequently carried out, namely, "ablution." Now in making those investigations, I found that the soldiers were diseased much more than it was necessary for them to be, because they had no means of ablution at their different depôts and at the barracks, and I believe now it is the case that at nearly all the barracks the men have lavatories in which they can wash themselves—accommodation they had not in those days; and I believe one of the consequences of that improved means of cleanliness has been that the disease is much less rife. So with the women, if the authorities who took charge of these women told them that cleanliness, ablution, and injections would be very desirable, you could by that means to a great extent remedy the evil effects of their course of life.

1001. Earl Nelson.] Do you not consider it almost a sin against society that patients should be discharged uncured from any place where they are found to be diseased?

No doubt.

1002. Whether in workhouse infirmaries or in hospitals?

It would certainly militate against the success of the Act if it were sanctioned.

1003. You were, I believe, very urgent in favour of the Act for our naval and military stations; are you equally urgent for its extension to the civil population?

Equally so.

1004. Chairman.] You mentioned the relative disease of the different classes in Paris; is it the fact that at this moment the disease is more severe in Paris in the upper class than it is in the lower, owing to the women with whom the men have connexion in the upper class not being registered?

The severest forms that I saw in Paris this time twelvemonths were among the lower classes of women.

1005. Lower or lowest?

I should perhaps say the lower; they are the *insoumises*, as the French term the girls who have hitherto been under no police regulations, and that term applies both to the lower and to the upper; they are both the *insoumises*. Clandestine prostitution is what we find the difficulty in checking.

1006. Under the Act of 1866, if applied to the civil population, those girls would be inspected by the police in this country?

Only voluntarily, I hope.

1007. I think not; if any one informed against them as prostitutes, they would be immediately liable to arrest and inspection, as I read the Act?

Yes; if they were informed against.

1008. And in that respect the Act of 1866 is superior to the Continental system, I take it?

Well, it is in this way; I think in this country it is all voluntary; there it is not voluntary, but obligatory.

1009. Is it not voluntary here when any one is informed against as a prostitute?

But I have seen one or two persons to-day who are diseased, and I do not think that they know at all who diseased them. They were drunk perhaps at the time, or they had been out and had seen several persons; so that there are certain difficulties attached to this. And I see a great many foreigners too, and I have got to learn that disease among the upper classes in the French capital is more severe than among the lower. I do not see why it should be so, either. You see that among the upper classes a woman, if she has any means, can always get advice though she is not registered.

1009*. I think it is possible that a wrong opinion might be deduced from your answer to almost the first question that you were asked as to the mitigation of the type of the disease; am I right in supposing that you consider that though the disease is mitigated in the type, it is not by any means mitigated as regards its hereditary transmission, but that on the contrary the danger of that is increased?

I think so, for the reason I have stated.

Mr. W. Acton,
M.R.C.S.
12th June 1868.

1010. In your book you mention, I think, that a greater proportion of men die of the disease than of women?

Yes; I think that more men die of the disease than women.

1011. Can you give any reason for that?

Men, as cab drivers and soldiers, are more exposed to night work; women, on the contrary, are not exposed in that way, except voluntarily for a few years, and then they get so disgusted with their course of life that they retire from it as soon as they can.

1012. Have you considered how it would be most possible to extend the Act of 1866 to the civil population?

Yes, I think I have; and I think that the town should be divided into districts, and that the women should be sent into those little districts to be examined either by the local medical men, or by officers appointed by Government.

1013. You mention, on page 149 of your book, the officer of health?

Yes.

1014. In the Act, there is no such person mentioned, I think?

No, I think not.

1015. You would suggest that as an improvement upon the Act?

Yes; but that book was published 11 years ago, and some improvement has taken place since then. The Poor Law Board have now superintending medical officers and others; so that what applied then would not apply now, perhaps.

1016. But the Poor Law has in no way met this disease?

Unfortunately, it has not.

1017. Rather the contrary?

Rather the contrary.

1018. Then, from your experience of the effects of the Act of 1866, would you be content with simply extending it, whether by an Act of Parliament applying to different towns, or by a general power to the Queen in Council to extend it; or would you make this alteration, of introducing the officer of health?

I think that the indisposition of women is so great to go to anything like a workhouse or poorhouse, that I am afraid we should never get them to go there under any circumstances; and as the system of the working of this law is voluntary altogether, and as the more we see of making it voluntary the more likely we are to carry it out, I should like it to be quite disconnected with the Poor Law system.

1019. The Act of 1866 provides that the woman on being arrested must be periodically examined, may be sent to the hospital, and may be detained there for a certain time. I think you can hardly call that voluntary. Perhaps you have made an error in this way; the working of the Act has been voluntary with a very few exceptions, and that is the great advantage that the Act has over the Continental system; but the Act itself, if you look at it, is very far from being voluntary?

I would offer facilities for making the works of the Act more voluntary than it is at present.

1020. Earl De Grey.] With respect to that last point, I think from your evidence that you appear to suppose that it is necessary under the Act of 1866 that some person should declare that the woman is diseased before she could be examined: is that your impression of the Act?

I really hardly know how to answer that; I myself have little knowledge of the practical working of this Act; living in London, as I do, and being concerned more in private practice than in any of these things, I can hardly say how it would be; but I thought, myself, that women voluntarily came forward and went into hospital when they were diseased, and that it was not necessary for them to be found diseased, but that they often presented themselves, and that the object of the Act was, that when they did present themselves they should be taken into hospital; and my wish would be to make it so, that they should have every inducement to come forward.

1021. That

1021. That is exactly what I thought your impression was; I will merely ask you this on that point; are you aware that although you are quite correct in believing that the general operation of the Act has been such as you have described, there is in the Act power to order a periodical examination of any person who may be declared upon oath by a superintendent of police to come within the designation of a common prostitute?

I have found it so difficult to get the public to give up the liberty of the subject, that I have been chary of recommending anything of that kind myself; but now that others have brought forward these measures, I shall be too happy to try to carry them out; but hitherto we have not dared to interfere in that way.

1022. Earl Nelson.] Lord De Grey is merely asking you whether that is in the Act; it is in the Act, is it not?

No doubt it is.

1023. Chairman.] But that being in the Act, would it not meet the case mentioned just now of the French law so much wanted in the case of the *insoumises*?

That again supposes that the man would know who had diseased him.

1024. No, it is not the man who is to put the law into operation?

No; I am mistaken, I find.

1025. Earl Nelson.] But are those *insoumises* common prostitutes?

They never have been; they have only taken the first step towards prostitution, and they are not, properly speaking, prostitutes; they have not been making a livelihood by prostituting themselves.

1026. But it is possible that the class is recruited to a certain extent by such people as that?

Those are the very class that ultimately become the *filles à carte* of Paris.

1027. Lord Penrhyn.] You are aware that there is a class well known to the law already as common prostitutes independently of this Act, a class amenable to justice and certain police regulations. How would you bring into that class those women who you say do spread the disease, but who are above that class, not common prostitutes, but occasionally having intercourse with men who become diseased. In what shape would you propose to bring those women under the authority of the Act, so as to render them liable to inspection?

I do not see how you can; the continental police even have not succeeded.

1028. Can you suggest any mode or any regulation by which those women can become subject to inspection?

I think, at present, we shall have more than enough to do with what are known as common prostitutes.

1029. Is it desirable to extend the inspection in any way to a class above those known as common prostitutes?

No, I do not think so; the attempt might imperil the success of the working of the Act.

1030. Not under any compulsory Act?

No.

1031. Then your next step would be, to induce, by all means in your power, women who did become diseased, although above that class of common prostitutes, to come into some hospital established for the cure of the disease?

The first step would be the preventive one; to teach the women the mode of preventing themselves from being diseased.

1032. But how would you propose by an Act of Parliament to teach those women above the class of common prostitutes the mode of prevention?

There is no probability of that being done. Neither in Paris, nor in Vienna, nor in Belgium, can the police do it, and, therefore, if they, with all their system, cannot effect it, surely in this country it cannot be carried out.

1033. Therefore, you think that that inspection cannot be carried out by Act of Parliament for that class of common prostitutes?

I do not think it could.

(46.)

P

1034. But

Mr. W. Acton,
M.R.C.S.

12th June 1868.

Mr. W. Acton,
M.R.C.S.
12th June 1868.

1034. But I understand you to make the proposition that they should be induced, if possible, when diseased, to come voluntarily into these hospitals. You said that that class of women of a better description had an objection to going into the lock hospitals as established?

Yes; or another objection which I have mentioned in that book of mine is raised to the term "foul" wards. Every hospital in London that does take in these women confines them to a part that they call "Foul Ward." It is one of those words, very well in old days, but it is like being called a mad doctor; they do not like the name.

1035. In short, the women would not like to go into a hospital stamped for that particular purpose?

No; and I think the object of the Government should be to induce women to go voluntarily, and call the institution by the street, not by the class of diseases there treated.

1036. You recommended, I think, central hospitals to be established. In what way, after a short period of time, when it was known that those hospitals were devoted to the treatment of a particular disease, would they differ from the lock hospitals as they exist at this moment?

These wards might be attached to the general institution, and not be called by any of the above names; girls, moreover, under an improved system would not apply, they would be forwarded from the district depôts to the central one.

1037. I understand you now to mean, that wards for the treatment of this disease should be attached to the existing hospitals?

Perhaps in the country. But for the metropolis I would have central institutions, so that if a woman was sent up to London from the country, it would not be known what hospital she went to. The Lock Hospital means nothing at present; it is an old term, the origin of which is not known. It would not convey a bad meaning.

1038. Your scheme would be to attach to existing hospitals an institution to cure these diseases?

At present a woman wishing to enter the hospitals must go there and ask advice. Under a better organised system she would apply to a local district establishment, and then, from that, be drafted off to one of a larger kind; I do not think that a woman would dislike to apply voluntarily to one of these known institutions, where they know that these complaints were efficiently treated.

1039. And therefore you think it better to attach wards to existing hospitals? Yes.

1040. Then, as to infection; I understand you to say that a man, although he had suffered the worst stages of this disorder, would be perfectly safe from transmitting the hereditary disease to his children, if he had been thoroughly cured for nine years?

One year, or two years, might be enough, but still there are cases where long periods are required to establish a permanent cure.

1041. Do you think that it would require that time also for a woman who had suffered the worst form of the disease, because the Act confines the detention to six months?

It requires a long time for the elimination of all chances of conveying the hereditary disease, but I do not think that the Act would ever contemplate detention in the hospital for that purpose.

1042. But do you still think that a woman, on going out of the hospital after six months' stay, might transmit to her children the hereditary disease?

No doubt of it; but I do not see how legislation can interfere there.

1043. Viscount Templetown.] You said that you did not suppose that the disease had proved fatal in many instances among women; do you, with regard to that remark, think that the disease would wear itself out in an individual, if not treated?

Hardly ever.

1044. Then,

1044. Then, during the whole time that any persons were not treated, they would be liable to communicate infection during the whole of their lives?

I can hardly say the whole of their lives, because one or two things would happen. If a woman was diseased she would either get well in a short time or the disease would get very much worse, so that she could not carry on her mode of life; and in that case she would seek assistance from some institution.

1045. With regard to the questions that were put to you just now, do you see any objection to a lock ward being attached to all the hospitals in London, calling them by no special name if you please?

None, except the difficulty of segregating the females, and not allowing them to leave the wards till cured.

1046. So that the doors of the hospital would be open to the reception of all diseases, and then the venereal diseases would go to this particular ward?

I see no other objection, and it is being done now. When my book was written I called public attention to the fact, that the London Hospital at that time had no beds for those cases; now, I think, there are 25 attached to that institution, and I am glad to acknowledge that public opinion is altering on these matters. But what are 25 beds to one institution, particularly at that end of the town? We want an institution with 300 beds at least in London, as I think I show by the statements in my book.

1047. There would be no objection on the part of the profession to every hospital being made a recipient of these cases?

I think no objection; the medical officers would, I think, be only too glad to teach their pupils the treatment of contagious diseases.

1048. Viscount *Sidmouth*.] What precautions are taken in the hospitals to prevent younger women being morally injured by contact with older ones?

They have none, unfortunately; they have no means of classifying them; that is what, I think, Lord Nelson called attention to.

1049. So that it would be, morally, very dangerous for a young person who had the disease for the first time to go into a hospital of this kind, where there were a great many hardened prostitutes?

Classification is as necessary with prostitutes as with criminals; the improved system now is, I believe, that they should be more separated, into classes.

1050. There is that danger still existing in the case of the younger girls?

It is still existing; there is no other way of doing it now.

1051. *Chairman*.] It would be easy to remedy that, would it not?

The number of beds are few in the different institutions. I do not think they could separate them well.

1052. Viscount *Sidmouth*.] You have paid attention to the working of the system in Paris and elsewhere abroad; have you any knowledge whether prostitution has increased or otherwise since those laws have been in force, so that prostitution can be permitted with comparative safety?

It is a question of demand and supply, even for the article of woman. I think that if there is a demand you get a supply, for there is a price for that as for other things; and when a woman can earn the price that she can as a prostitute, it is not a thing to be surprised at altogether that she should follow that life till she is diseased; because you must bear in mind that as long as a woman can have, in London, her brougham and servant, and everything else, she is the envy of her sister, who is a seamstress, perhaps; and then she gets idle. As long as a prostitute is a first-class prostitute, it is an enviable position in the eyes of many others.

1053. There is little disease among persons of that class?

Very little; but when they contract disease their position is gone, and they may sink to the lowest.

1053*. You mentioned certain foreign ports, just now; do you know the facts that there is a great deal of disease in the Levant; and I think there are no laws on the subject obtaining in Turkey?

But England, being nearer to France, furnishes a great number of complaints.

Mr. W. Acton,
M.R.C.S.

12th June 1868.

The great complaint I have heard of Englishmen has been from that country. I do not say that there may not be other complaints made, but still great complaints have been made against us from France.

1054. Are any quarantine measures adopted in France?

They cannot adopt them, except for such diseases as yellow fever, cholera, &c.

1055. There is nothing to prevent seamen landing who have this disease about them?

Nothing.

1056. Earl *De Grey*.] You are decidedly of opinion, I understand you to say, that the disease is more rife in London than in Paris?

I should say it is at its maximum in London, at its minimum in Paris.

1057. I think you said that you would recommend central hospitals to be established if the Act were generally extended throughout the country; do you intend to suggest one central hospital in London, or a number of hospitals in different parts of the country?

Well, I think that your Lordships, who live in the country, are the best judges of what is adapted for the country; but I should propose one central institution, one embracing two or three counties.

1058. Of course the fewer hospitals you have, the greater necessarily is the expense of putting the Act into operation?

And, I think, the fewer will be left afterwards unoccupied, because I anticipate that in a few years you will only want a few.

1059. Viscount *Sidmouth*.] You surprised me by one remark, and I wanted then to ask you a question on it, about the habits of those women on the town; you said that a large proportion of them married, and led respectable lives afterwards; is that often the case?

Yes.

1060. I thought that when a woman on the town lost her good looks, she ended by becoming a keeper of brothels?

They do not remain long in that calling; they make a certain sum of money, and then marry men of their class, or even above it.

1061. Do they have children?

Many of them.

1062. Has a woman a healthy family after having been diseased?

There is no reason that she should not. They do not have large families; and in a work written by Parent *Duchâtelet*, in Paris, he gives you the proportion among that class of women that have families.

1063. A few years ago, I think, there was a large amount of lung disease amongst the troops stationed in London?

Yes.

1064. Do you attribute that, in great measure, to the venereal disease?

Syphilis was one of the causes; and the necessity of giving mercury, and the exposure to cold and night duty have been, as well as stated to be, the causes.

1065. I think you said that it was very rarely that women died of this disease, but that it was the cause of other diseases which produce death among men?

No doubt.

The Witness is directed to withdraw.

Ordered, That the Committee be adjourned to Tuesday next, half-past Two o'clock.

Accordingly adjourned.

Die Martis, 16^o Junii, 1868.

LORDS PRESENT:

Earl of DEVON.
Viscount LIFFORD.
Viscount SIDMOUTH.

Viscount TEMPLETOWN.
Lord CLANDEBOYE.
Lord PENRHYN.

THE VISCOUNT LIFFORD IN THE CHAIR.

MR. WILLIAM TOWNLEY MITFORD, M.P., is called in; and Examined, as follows:

1066. *Chairman.*] You are connected with the Association for Promoting the Extension of the Contagious Diseases Act, 1866, are you not?

Yes. Since the formation of the Association I have been one of the executive committee, and have had a good deal to do with the management of its affairs.

Mr. W. T.
Mitford, M.P.

16th June 1868.

1067. What number of members have you?

We have now about 400 members; those members consisting of nearly all the eminent men in the medical profession, of a few members of your Lordship's House, of some 30 members of the House of Commons, of a small number of gentlemen eminent in the Church, including two bishops, and of many distinguished officers of the Army and Navy.

1068. Have you any members connected with the Universities?

The Vice-Chancellors of Cambridge and of Oxford are both Vice-Presidents of the Association; in addition to them, we have the Rev. Dr. Barry, who, at the time that he joined us, was the Principal of the College of Cheltenham, but is now the Principal of King's College, in London. Also, connected with the educational authorities, we have Dr. Lee, the Warden of Winchester. I should like to say, with regard to the Vice-Chancellor of Oxford, that he joined the Association with the approbation (having laid the matter specially before them) of the Council of the University of Oxford. I have his letter here. Having no permission to put it in, I will not do so; but I will shortly state the purport of it. He says that he could not properly sign the petition without consulting the Council. "They met, for the first time, this afternoon, and I am glad to say that they approve of my doing so." I may say, that at Cambridge, in addition to the Vice-Chancellor, we have the Principal of Jesus College, and Dr. Selwyn, the Professor of Divinity.

1069. How do you propose to carry out the views of the Association?

I should say, first, that all the officers of the Association work gratuitously; that none of our funds are spent in paying secretaries, or in any similar way. The funds are expended in the collection of facts and statistics connected with the subject, and in disseminating them by means of our publications; also in assisting the formation of branch associations in any part of the country. We hope by so doing to stir up public opinion upon the subject, and to show the necessity of further legislation. When this has been done, we hope that the Government will take up the subject. If the Government do not do so, we must see what we can do by the assistance of our friends in your Lordship's House, and in the Lower House to work it ourselves in Parliament.

Mr. W. T.
Mitford, M.P.
16th June 1868.

1070. Lord Penrhyn.] The Government has already taken it up, has it not, so far as to carry through an Act, making provisions with regard to certain sea-ports by name in that Act?

Yes, and our object is to get that extended gradually throughout the kingdom. They approved of it so far as to carry that Act through Parliament; we want them to ask Parliament to extend that Act.

1071. And your wish to induce Government to extend the provisions of the Act, or rather the area of the operation of the Act, arises, I suppose, from statistical returns which you have collected, which impress you with a conviction of the great necessity of doing so from the prevalence of the disease to which it relates?

We think that the Act has worked extremely well. We think that there is a frightful mass of disease throughout the country which can be controlled. We are convinced of that, and we want by the evidence which we are collecting, as regards the working of the Act and the state of the disease, to convince others of what we feel convinced of ourselves, and then we think that Government will take the matter up.

1072. Viscount Templetown.] Have you at all considered by what machinery you would apply it to, say any town or locality where there are no military, who are supposed to be more favourable to the action of the law as it stands, and who are supposed to assist very much in disseminating the disease unless they are controlled. Have you considered at all by what addition to the present Act you would take in civil communities?

We have thought a great deal about it, but in the present state of inquiry we have scarcely come to a decision as to what would be the best manner of working it. At present, as I said, we have been collecting the statistics and the facts by way of stirring up the Government to undertake the matter, because the Government, and probably the Government only, could deal with a great question of that kind successfully. It could, probably, be best carried out by means of the police, but we are not prepared with a detailed plan at present.

1073. Have you ascertained, or is it your purpose to endeavour to ascertain, what the feeling of the community at large would be?

We have branch associations in, I cannot tell you how many, towns, but in many of the great towns of England; only this morning I received notice that there has been a very important meeting (I think it was yesterday) in Birmingham, at which members of many religious communities had been present, Church of England men, Dissenters, and Jews; showing that there was a very strong feeling in that great place on the subject.

The Witness is directed to withdraw.

SIR WILLIAM JENNER, BART., F.R.S., is called in; and Examined,
as follows:

Sir W. Jenner,
Bart., F.R.S.

1074. Chairman.] You have a great deal of experience in the diseases of children, I think?

I was 10 years physician to the Hospital for Sick Children. An enormous number of children attend there; not merely for admission, but also as out-patients; and at University College Hospital I have been physician for 20 years.

1075. What is your experience with reference to the prevalence of constitutional syphilis among children at those 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 diseases. For example, a child suffers from bronchitis; it is registered to die from bronchitis; but the child might neither 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 such a constitutional disorder. The subject of constitutional syphilis dies from disease of the spleen; it dies from disease of the liver; it dies from inflammation

inflammation of the bowels; it dies from infantile cholera, and is registered as having died from these diseases, and not from syphilis. I mention these as common things for which the child is brought to the hospital, and found to be a subject of constitutional syphilis, and that it is 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; I 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, this 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 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 a 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 honourable 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 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 a syphilitic disease of the liver. His body was examined, and there is no question of the nature of the disease. About thirty 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 speaking now of theories, but of that which is beyond doubt.

Sir W. Jenner,
Bart., F.R.S.

16th June 1868.

1076. And now you think that the profession has arrived at the conclusion that all these things are syphilitic?

Yes; it is ordinary current professional knowledge.

1077. Lord Penrhyn.] You have enumerated several descriptions of disease, such as disease of the liver, and the spleen, and the lungs, and the eye, in regard to each of which, in a certain degree, you find traceable evidence and positive signs of the origin of that form of disease having been syphilitic?

Yes.

1078. You are now speaking of hereditary cases, are you not?

Not all hereditary, either hereditary or constitutional; that is to say, of the results of this, as I think it, terrible disease.

1079. When you speak of it in that way, do you refer to the effect of that disease weakening the human frame, and therefore making it subject to these diseases, or do you mean a distinct form of the disease itself?

A distinct form of the disease itself.

1080. Bearing traces in itself of a syphilitic origin?

Yes; and a doctor who came into the room would know now that it was a

Sir W. Jenner,
Bart., F.R.S.
16th June 1868.

syphilitic liver for instance, though he had never seen the patient before in his life. In fact, in the case of the gentleman whom I saw in the hotel, it was not known during his life, but only after his death, what the nature of the disease was.

1081. Lord *Clandeboyne*.] Can syphilis be communicated otherwise than in a normal manner, and could it be communicated under the following circumstances which were given to me by a physician, within whose cognisance the case occurred. A young maid servant in his household consulted him as to her health; he came to the conclusion that she was suffering from syphilitic symptoms; he communicated that opinion to her. She denied the possibility of having contracted the disease; he prosecuted his investigations, and he came to the conclusion that the disease had been communicated to her from another servant resident in his house, who was suffering acutely from the disease, simply by the fact of her using the same spoons and forks?

I should doubt that very much indeed; but if a person in the same house had it, there must be many other modes of communicating it, for example, by the watercloset and towels. If a man goes to his room and washes the seat of the sore, and comes out of the room without washing his hands, he may put some of the matter on to his spoon, and in that way I can understand that it might be given by a spoon; but as to its being given merely by saliva, if the person is clean in all the parts, that I doubt very much. I do not think that we have any evidence of that. But there are so many modes in which it might be communicated from a person in the house to another person in the house, that it seems to me, that to suppose it went by the spoon would be gratuitous and without any ground at all. It is much more likely that it was conveyed by the matter itself.

1082. Lord *Penrhyn*.] Have you known many cases in which children have infected nurses?

I was just about to mention a case where a child was brought to me by the father and mother; it was their first child. The gentleman had been married before and was not long a widower, and his wife was a very respectable lady. The child was wasting, and in fact very near to death; it could not have lived very long, it was a miserable looking object. On the child beginning to cry, one saw at once the nature of the disease. Their medical attendant was also an attendant at the Children's Hospital, but they were friends of his, and he never suspected syphilis. The question was, how did the child get it? It was not from the father or the mother, but the nurse, who had sore nipples.

1083. Viscount *Sidmouth*.] Is it the fact that the disease can be communicated from the nurse to a perfectly healthy child, the nurse herself being free from sores, but having the disease in her constitution?

I do not think that there is any evidence of that.

1084. *Chairman*.] To how many generations do you suppose syphilis would be transmitted?

I have no proof of its being transmitted beyond the one generation, but I should not like to give a positive opinion on that point. The father or mother may transmit it to the children.

1085. Can you explain generally to the Committee the conclusions on the subject that you have arrived at?

I have arrived at the conclusion that it is one of the most fatal diseases that we have in this country; at least it stands very high among them; and every day's advance in our medical knowledge, I think, raises its position in that respect. Again, I think that it is a disease entirely preventible. I think that children and other persons suffer largely from it without any sin of their own, and therefore I think it ought to be prevented.

1086. Lord *Penrhyn*.] But without being actually fatal, do you think that it has a still more extended action upon the human race, as diminishing the vigour and energy of the bodily frame?

Decidedly so.

1087. To a great extent?

To a great extent.

1088. That

1088. That is to say, you think that it is widely spread ?
I believe that it is very widely spread.

Sir W. Jenner,
Bart., F.R.S.

16th June 1868.

1089. Viscount *Templeton*.] If there were no general symptoms of syphilis in a constitution, would you be able to discover, supposing the individual was affected by liver complaint, or by lung complaint, that the disease of the liver or the disease of the lung was syphilitic ?

In some cases ; but then we have generally other conditions present ; it would be difficult to explain to a non-medical person the whole of them ; we rarely arrive at what we call a diagnosis from a single condition. For example, take a case where a man has cancer of the liver ; in the first place, he has a big liver, and from a number of facts, all pointing to the same result, we arrive at the conclusion that it must be a cancerous liver, though by touching the liver itself we might not know it was cancerous.

1090. Lord *Penrhyn*.] With the opinion that you have of the prevalence of the disease, and of the fatal effects of it, is it at all your belief that the effects are increasing ?

I think so.

1091. *Chairman*.] You do not agree with Mr. Skey, then, in thinking that there is unnecessary alarm about it ?

Not at all, but quite the contrary ; I have a very strong opinion upon the subject.

1092. Viscount *Sidmouth*.] Is it your idea that when the disease is imported into this country from foreign climates, and hotter climates, for instance, from negroes who have very dirty habits, it is of an intenser form ?

I think I may say this : that a man having the constitutional syphilis of a mild kind here, and going out to a very hot climate, frequently comes back with a very grave form of it, as if the heat had intensified it ; so that I always recommend persons to avoid going to hot climates whilst the subjects of constitutional syphilis.

1093. Do you know whether it is bad among the negroes ?

I do not.

1094. Or whether, as imported by our sailors from them, it is of a worse character ?

No, I have no means of knowing that ; I have nothing to do with sailors.

1095. Lord *Penrhyn*.] Do you know anything at all of the operation of the present Act referring to this disease ?

Only generally.

1096. Have you had in your mind at all the question of the propriety of extending the Act with regard to any arrangements that might be carried out for the purpose ?

Not enough to enable me to give an opinion upon that question. There is one point which I will mention, which I have long had a strong opinion upon. I have had a great deal to do with young men, and I have a strong opinion that great evil results from allowing the prostitutes to ply their trade in the public streets. I think that that is a thing that tends largely in this country to spread the disease.

1097. You think that solicitation is one cause of the evil ?

Yes ; I have known a great many cases of young men who would never have yielded but for the facility with which they are assailed in the streets.

1098. Viscount *Templeton*.] You said that you considered the disease to be spreading ; do you conceive it to be increasing in intensity or diminishing in intensity ?

I do not think, as far as my experience over 30 years goes, that it is either more intense or less intense ; but I think that we know much more of the constitutional syphilis than we did.

1099. Lord *Penrhyn*.] Have you ever known any cases of the disease being communicated in the hereditary form a long period of time after, direct with the disease ; I mean, for instance, a case of the disease being communicated

Sir W. Jenner,
Bart., F.R.S.

16th June 1868.

to a child in the hereditary form by a person who had himself been the subject of the malady a number of years previous?

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 syphilis. He got well, and five years after he married, and his first child died of constitutional syphilis. He was in Dublin when he was a student, and he was a physician of considerable reputation at the time, and he was intensely interested in the disease, partly from this cause, and he came to London to make some inquiries with reference to something which he was publishing, and he called on me and told me this of himself.

1100. Having gone through the usual course of treatment for it?

Having gone through the usual course, and considering himself perfectly well.

1101. *Chairman.*] Then nobody can consider himself perfectly safe who has had constitutional syphilis?

I cannot fix the date, but I know that the effects of it may appear after a very considerable time.

1102. *Lord Penrhyn.*] Should you give the same answer with reference to the female sex: how long after a woman had had syphilis would she be liable if she bore a child to give that hereditary form of the disease to the child; would it be a longer period in her case than in the man's?

It is very difficult to say; I will state a case which came under my observation: I was asked by a medical friend of mine to see a child in Regent's Park. (I mention the place to show that it was the child of persons living in a good house.) The child was the subject, when I saw it, of a most unmistakably syphilitic disease. I took the father aside and inquired of him some particulars as to his health, and so on. He assured me that he had never had the disease. The mother at this time looked remarkably well: she was a very comely person, plump, and looking in perfect health. I returned to the gentleman whose patient the child was, and said to him, "I saw that little child; it is syphilitic; the father says he has never had anything; I cannot quite understand it; he pledges his word to me that he never had syphilis." The mother had been married, as I understood, about a year to a year and a half, and my medical friend said, "Well, I think it is not at all unlikely that the mother has had it, for I know that before she married that gentleman she was in keeping with some one, therefore it is very probable that the child has syphilis." Now that mother had probably been quite well for a year and the half.

1103. *Chairman.*] And she gave it to the child and not to the husband?

Yes; it is quite admitted now, that a woman may have constitutional syphilis and transmit it to her children without giving it to her husband; and the husband may have constitutional syphilis and transmit it to his children, child after child, without giving it to the woman; there is not the least question about that. And a woman may have five or six miscarriages, one after the other, in consequence of the child being killed by syphilis, and yet she herself may not have suffered from any affection. Where a woman miscarries time after time, it is one of the inquiries one makes as to the condition of the infant, or rather of the foetus, at the time it was thrown into the world; whether it showed any signs of being syphilitic.

1104. You do not mean that a woman, having inherited syphilis, may have miscarriages in consequence?

No; I mean a case where she has contracted syphilis.

1105. And where the syphilis had shown itself in her own person?

Yes; but it must be remembered that women are much more likely to have syphilis, without knowing it, in consequence of the structure of their parts.

1106. *Lord Penrhyn.*] You have told us the extent to which you consider the disease exists, and the number of the diseases that have taken their origin from it; but can you give us any information at all as to the number of cases of abortion that have arisen from it, or of children born dead?

No; I should think it considerable; but I could not give you any number, because

because that is not my department of the profession, and therefore it is only incidentally that it comes before me.

Sir W. Jenner,
Bart., F.R.S.

16th June 1868.

1107. Have you heard, from professional men, that that is the case to any extent?

I could not tell you the extent; certainly they come before one every now and then.

1108. Viscount *Templetown*.] Is it the case that the secretions from a child who is syphilitic will cause syphilis?

Yes; if the secretion be from a secondary syphilitic sore. I do not believe that, if you cut the child and some matter formed, that matter would convey syphilis.

1109. Earl of *Devon*.] Have you formed any opinion as to the expediency of extending the provisions of this Act, not merely to any military stations, but to the civil population?

I think it is most desirable.

1110. Are you prepared to make any suggestions to the Committee, as to the mode in which you would extend it, or the conditions under which it should be done?

No; I should hardly like to venture upon that.

1111. Speaking generally, however, you think it most desirable to extend it?

Most desirable.

1112. And do you think that public opinion would support its extension?

I do, as far as I know anything of public opinion.

1113. Viscount *Sidmouth*.] Can you say which are the great hotbeds of syphilis in this country; are they in London, or the seaport towns?

The cases are exceedingly common in London, and no doubt the seaport towns are great sources of it; but it is so widely spread now, that you cannot limit it to a few places; wherever promiscuous intercourse is most frequent, there, of course, syphilis will be most prevalent. In the country it is not so prevalent as in London; but then the number of illegitimate children in all rural districts is much greater.

1114. You think that it is to be found in all the large inland towns?

Everywhere.

1115. Lord *Penrhyn*.] Wherever there is professional profligacy?

Wherever there is professional profligacy; and where there is not, there illegitimate children abound. Referring to another point which I mentioned to the public some time since, I may observe that where professional profligacy is not permitted, where it is restrained, I mean actually physically restrained, there, I think, we find among boys self-abuse much more prevalent, and therefore evil results follow in that way.

1116. *Chairman*.] That was found to be so much the practice at Berlin, was it not, that they were obliged to repeal some laws which they made there?

I am not aware of that; very likely it was so. I only speak from my own experience among families; where boys are very strictly restrained, you frequently find it so.

The Witness is directed to withdraw.

Mr. PRESCOTT HEWETT, F.R.C.S., is called in; and Examined,
as follows:

1117. Lord *Penrhyn*.] You are, as we all know, in extensive practice in London; you have been for a considerable length of time connected, in a variety of situations, at St. George's Hospital, have you not?

Yes.

Mr. P. Hewett,
F.R.C.S.

Mr. P. Hewett,
F.R.C.S.

16th June 1868.

1118. And you filled some of the higher posts in that hospital?

Yes.

1119. What are you at this moment there?

The senior surgeon.

1120. In your early professional practice, I think you studied at Paris, did you not?

I was four years in Paris.

1121. And during that time you were attending the hospitals there, I suppose?

Yes.

1122. You have heard, probably, the evidence just given by Sir William Jenner, and you are aware that the object of this Committee in examining you, is to learn from you, your opinion as to the extent to which the syphilitic disorder exists, and as to the extent of its consequences both in the hereditary and in the actual form at this moment, in this country, as far as your information goes?

I may say that my information goes thus far, that for 13 years I was assistant surgeon at Saint George's Hospital, and the most part of our syphilitic patients came there as out-patients, so that for 13 years I saw great part of the syphilitic cases that came to our hospital; and during that time, on an average, saw twice a week, about 120 patients; that would make 240 patients in the week; and I recollect some time ago making a calculation of the number of patients, taking the total number at 240 in the week, who were affected with syphilis, either primarily, or secondary; and the conclusion that I came to was, that 25 per cent. of the patients that I saw at the hospital during the week were affected with syphilis either in the primary form, or the secondary form; that was 25 per cent. out of 240 patients; and that went on for 13 years.

1123. Then it comes to this, that during 13 years of your practice among the out-patients of St. George's Hospital, one quarter of the total number of cases of diseases which came for treatment at the hospital were cases in which the disease arose from syphilitic complaints?

Yes, of one kind or another connected with the venereal disease. I believe that to be pretty much about the result that the greater number of surgeons who have paid much attention to the subject would come to if they had a large experience.

1124. Viscount Sidmouth.] Did you find that one particular class had it more than another?

No; all pretty much about the same.

1125. Lord Penrhyn.] We have just been told by Sir William Jenner that there are several descriptions of the disorder; disorders of the liver, disorders of the eye, disorders of the spleen, and I think some others, which some years ago were all considered separate disorders, but which medical science has lately discovered to be in very many cases owing to a previous contraction of syphilis. Do you concur in that view?

There is no doubt of it; and I do not know a single organ in the body that may not be affected in that way. It was only last year that a man was taken to the hospital in a perfect state of mania, and the house surgeon finding great difficulty in managing him sent for me early in the morning, about half-past seven, and I found the man perfectly maniacal and uncontrollable, in the out-patients' room. When I saw the man I recollected that I had had to treat him for syphilis some time before, and I treated him accordingly, and the mania passed off in a few days. Syphilitic disease of the bones of the skull had spread to the membranes of the brain, and produced mania. About a year ago a gentleman was brought up to town who was paralysed; it was clear that the paralysis was syphilitic; we treated him for that, and he is quite well.

1126. Chairman.] How long before that had he had the disease?

Twelve years, and it produced paralysis after that interval. I had a gentleman at my house about six months ago who had never had any complaint whatsoever intervening between his first attack and what I saw him for, and that was a period of 28 years. So much was I struck with what I saw, that I said to him, "Have

you

you ever had syphilitic disease?" and he said, "Why do you ask that question?" I said, "Because this looks to me like the result of syphilitic disease;" and he said, "Yes; 28 years ago I had it, and I have never had anything intervening." Further investigation proved that the disease was of a syphilitic nature; I treated him for it, and he is quite well now, at least quite well of what I attended him for. Another gentleman has been under my care within the last six months who was suffering, as the result of syphilis, from a sore tongue, who had not had any syphilitic symptoms for 24 years.

1127. These gentlemen were not capable of infecting others, I suppose, during that time?

This gentleman that I first referred to had had a large family, and they are all healthy, and his children are out in the world; and gentlemen whom I know intimately have had secondary syphilis, and I have seen their children constantly, and they have never been affected. On the other hand, one now and then comes across a number of children that are affected as the result of the parent having had it.

1128. Lord Penrhyn.] You believe in the main in the effect of that disease in a hereditary form upon the children?

Yes, this is well known to us now; not more than a fortnight or three weeks ago, I was going round one of our wards, where there were a number of females, and a woman was lying in the ward with a sore on her leg, and I said to the house surgeon, "That looks to me as if it were syphilitic; have you made out any history of that woman?" He said, "No." I said to her, "Are you married?" And her answer was, "Yes." I said, "Have you had any children born?" And she said, "No." "Have you had any miscarriages?" "Yes, five miscarriages." It was syphilitic disease. I treated her, and in a month or six weeks she left the hospital, and her leg was healed.

1129. Have you ever known a case of children infecting nurses from hereditary syphilis?

Yes; but this is a very difficult subject; indeed, I do not know any subject more difficult of investigation than that, because as a matter of course, the nurse herself may be affected with syphilis, and it would not then be fair to put it down to the child; but one has means every now and then of clearly ascertaining the truth of the case. For instance, in the case of a secondary sore being upon the nipple, and then the glands being enlarged at the arm-pit of the nurse, and no enlargement in the glands where they usually are enlarged, that is to say, about the groin, that clearly shows that the sore was first upon the nipple of the nurse.

1130. What is your opinion as to the general effect of the disease?

That it is a terrible disease for children, it stunts their growth; and we have now what we know as syphilitic teeth, and syphilitic eyes; children born with syphilitic teeth or syphilitic eyes. We know that the condition of the eye is dependent upon hereditary syphilis; and we know that the conformation of the teeth is dependent upon hereditary syphilis; and all these things have only become known within the last few years.

1131. But do you find them to any extent?

To a great extent.

1132. Can you say whether it is an evil existing to such a degree as to require, if possible, legislative remedy?

Certainly, if possible. I do not know any disease that is more terrible to my mind than this.

1133. Viscount Templetown.] Is it general throughout all classes?

Throughout all classes; and surgeons and accoucheurs are especially liable to it in their professional avocations. Two years ago, I saw two surgeons in full practice in London, who were both affected with syphilis through accouchments, and one of them died under my care. I may quote another case, I will not mention his name, but I will merely state that one of the very leading surgeons, whose name is perfectly well known to your Lordships, and who only died a few years ago, was affected with syphilis from a cut which he got in his finger in opening an abscess in the hospital. It is not more than six

Mr. P. Hewitt,
F.R.C.S.
16th June 1868.

years ago that one of the best surgeons in one of our largest hospitals was obliged to give up practice for six months because he had poisoned his hand from a similar cause. I have known a student come to the hospital, and, with a mere chap in the finger from cold weather, contract syphilis, and all but die of it. He was attending a syphilitic sore, and he got the discharge into his hand. At any moment I myself may get the disease. The only wonder to me is, that ever any of us escapes it.

1134. Lord Penrhyn.] As I understand it, it is your opinion that the disease exists in some form or another to such a degree, as to require, if possible, some remedial measures on the part of the Legislature?

Certainly; and as far as possible restrain it. Really with what we are learning now, there is no end to the secondary diseases that are coming out now that are clearly syphilitic, that we did not know before. I have known a young man affected with what is called Bright's disease, but it was syphilitic disease of the kidney, and he has been cured. It was mistaken for Bright's disease. He fell under my care accidentally, and the gentleman himself never knew that he had had syphilis. It might have been some very slight excoriation that occurred when he was at College, and had healed in a day or two; and the way that I found it out was by a number of depressions on his skull. When I found that out I examined his groins, and found enlarged glands about the size of almonds, which were of a syphilitic nature.

1135. Chairman.] Yet he never knew that he had it, as I understand you?

He never knew it. I have known such cases occur several times. The excoriation may heal in 24 hours or less, and yet the poison may be sent into the system through that excoriation.

1136. Lord Penrhyn.] When you were in Paris, were the sanitary regulations with regard to this disease in force at that time?

They were just beginning to be in force.

1137. You cannot, then, give us any information as to the effect of those regulations?

No, I hardly could; it was pretty well known there that the great difficulty arose from the number of persons not registered having the disease. There are many such persons who may have venereal disease, and there is a great difficulty in dealing with them.

1138. But when you were in Paris, the law had not been in force long enough to enable you to judge whether there had been any diminution of the disease in the class below that?

No, not when I was in Paris.

1139. Viscount Templetown.] Do you admit cases of simple syphilis into Saint George's?

We do when they are married women, but as we have no proper venereal ward we do not think it right to take prostitutes, and to place them in the same ward with the young girls who are sent to us, as it were, to be under our charge, from the country; but married women who may happen to have syphilis, we do take in.

1140. Have you ever considered whether it would be advisable or proper to have a syphilitic ward in Saint George's Hospital?

It would be to the interest of every hospital that there should be a syphilitic ward in it, and I have no doubt in my own mind that the thing must come to that by and by. It is to the interest of all our hospitals to teach in our schools, and we must teach everything, and as a matter of teaching, unless we have the patients to teach from, we cannot teach; and I have no doubt that in the course of time if there were a little pressure put upon the hospitals, every hospital would be too glad to do it.

1141. Lord Penrhyn.] Independently of its being desirable to spread the knowledge of how to treat this disorder by establishing lock wards in the different hospitals, do you think that the establishment of wards for this disorder in the different hospitals, instead of having one separate hospital for the disorder itself, would be more calculated to carry out the operations of the Sanitary Act harmoniously, if I may so say?

Certainly;

Certainly; because there is no doubt whatever that a poor young woman may be unfortunate, and if you send her to a lock hospital she is stamped: but if you send her to any one of the public hospitals, no one knows what she has been there for; she has been merely in Saint George's Hospital, or in Guy's Hospital, or in Saint Bartholomew's Hospital; she is not stamped as a prostitute.

1142. Even if you were to stamp the disease out with regard to the lower class of prostitute, you would only be effecting half of what was necessary unless you could get at the class above it, would you not?

Yes.

1143. Therefore it would be an object to give facilities for those women to go into these hospitals as quietly as possible?

Yes, and to put as much veil as possible over the thing. If you have a lock hospital, you get only the worst. When I used to be at the Oursine, which is the hospital for those women in Paris, they were the very worst class; they were so abandoned that a guard of soldiers was always at hand, and occasionally there were such rows that the soldiers were obliged to be marched up into the wards where the women were to preserve order.

1144. But is there sufficient knowledge of the disease to make it possible to establish wards in the hospitals generally throughout the country?

Yes; in every one of our large hospitals the surgeons attached to the hospital see a good deal of syphilis, and know enough of it.

1145. Viscount *Sidmouth*.] Do you think that there is any danger of evil arising from persons treating it who have not had experience of the right treatment of the disease?

Yes; but then every year we are becoming more and more acquainted with the disease, and we can lay down our rules so precisely that, with an average intellect, the man can hardly go wrong.

1146. Earl of *Devon*.] Are you able to tell us how far in the ordinary country hospitals there are syphilitic wards attached; take York and Exeter, for example?

No; I am not acquainted with those hospitals.

1147. Your desire would be that there should be one in each hospital, if it is not so at present?

Yes.

1148. That would be with a view of making the Act apply to large communities in the country?

All over the country, if possible; if it could be done quietly. The more extended the Act the better it would be.

1149. Would you consider that an application from the locality itself was the proper preliminary condition to introducing the Act, or would you place the origination of it in any Government department?

I should place it in a Government department.

1150. Would you consider it expedient that that department should act without any application from the local authority of the place in regard to introducing the provisions of the Act into any town, for instance?

That is a difficult subject for me to give an opinion upon.

1151. Lord *Clandeboyne*.] Your opinion is rather in favour of the establishment of wards in hospitals?

Yes; and under the veil of a general hospital, and not being lock hospitals.

1152. *Chairman*.] You think that there will be no great difficulty in establishing wards wherever there is a large hospital?

I think not. A hospital like ours is all managed by governors, and if the governors of a hospital only knew to what extent the disease does exist, they would only be too glad to receive venereal patients in the hospital; and I have no doubt that in every one of these hospitals they would only be too glad to establish such wards.

Mr. P. Hewitt,
F.R.C.S.

16th June 1868.

1153. Viscount Templetown.] Among the out-patients whom you have treated at Saint George's for syphilis, are there not many that would very much have benefited by being treated inside the hospital?

Clearly; most of them would have benefited by that, for in many cases we do not know how the medicines are taken, or whether they are taken at all; we have not them under control in any shape or way. I recollect hearing this many years ago at our own hospital. When sarsaparilla came into vogue, and was a very high price, we used to give a pint of sarsaparilla to every out-patient of the hospital affected with the disease, and they used to sell that sarsaparilla to all the chemists round about, and never take it themselves. And a similar thing has lately taken place in the Westminster Hospital within the last two or three years; so that if the patients could be in the hospital it would be very much better that they should be. I may say that a great many married women come to us as out-patients for the venereal disease, having contracted it from their husbands. It is a very common thing to find women in the lower class of life who have the disease, and have contracted it from their husbands; they say to us when they come, "My husband has given me the disease;" and the husband comes, and he has the disease too: and that class of patients you cannot send to the lock hospital; it is quite out of the question.

1154. Earl of Devon.] Those are women of the labouring class?
Of the labouring class and artizans' wives.

1155. Viscount Templetown.] Have you admitted males as well as females suffering from this disease?

We admit males much more freely than females. There is not the same reason why we should not admit a male into the male ward as there is why we should not admit a prostitute into a ward where there are young girls. We get a great number of young women sent up to be under our charge from the country, and our chaplain looks after them, and sees as much as he can that there is no contamination going on in the hospital, and that we send the young women back to their homes as good as they came.

1156. Chairman.] Is it the fact that in Paris, owing to the sanitary laws, the disease is more severe in the middle and higher classes than it is in the lower class?

That I could not say. I think myself that syphilis may perhaps not be severe from the origin of the disease so much as from the constitution of the patient; I mean that a man very slightly affected may have a very bad attack of syphilis from a bad constitution. I may state that for four years, off and on, I was at the Naval Hospital at Woolwich, and nearly all the cases in the Naval Hospital there were cases of syphilis. There were very few cases indeed where it was not syphilis.

1157. That state of things is improved now, is it not?
It is, as far as I know.

The Witness is directed to withdraw.

Ordered, That the Committee be adjourned to Tuesday next, Two o'clock.

LIST OF APPENDIX

Appendix A.

Papers handed in by Mr. H. K. Stokes:
 Letter from Lieutenant General Sir Henry D'Almeida, G.C.B., to Mr. Stuy, Chairman of the Committee, dated 22 October 1907. p. 101
 Letter from Mr. Jackson, Commander of the 1st Cavalry Division at Malta, to Mr. Stuy, dated 2 November 1907. p. 102
 Ordinance, No. 17, of 1907, relating to the Provision of the Spending of Various Disbursements, promulgated by the Government, dated 12 June 1907. p. 103
 Letter from Mr. Jackson to Mr. Stuy, dated 22 November 1907. p. 104

A P P E N D I X.

(C)—Return of the 1st and 2nd Divisions of the 1st Cavalry Division, dated 12 June 1907. p. 105
 (D)—Return of the 1st and 2nd Divisions of the 1st Cavalry Division, dated 12 June 1907. p. 106

Return showing the number of cases of Venereal Disease admitted into the 1st Cavalry Division, dated 12 June 1907. p. 107
 Return showing the number of cases of Venereal Disease admitted into the 1st Cavalry Division, dated 12 June 1907. p. 108
 Return showing the number of cases of Venereal Disease admitted into the 1st Cavalry Division, dated 12 June 1907. p. 109

Papers handed in by Mr. H. K. Stokes:
 Return showing the number of cases of Venereal Disease admitted into the 1st Cavalry Division, dated 12 June 1907. p. 110
 Return showing the number of cases of Venereal Disease admitted into the 1st Cavalry Division, dated 12 June 1907. p. 111
 Return showing the number of cases of Venereal Disease admitted into the 1st Cavalry Division, dated 12 June 1907. p. 112

Appendix B.
 Return showing the number of cases of Venereal Disease admitted into the 1st Cavalry Division, dated 12 June 1907. p. 113
 Return showing the number of cases of Venereal Disease admitted into the 1st Cavalry Division, dated 12 June 1907. p. 114
 Return showing the number of cases of Venereal Disease admitted into the 1st Cavalry Division, dated 12 June 1907. p. 115

LIST OF APPENDIX.

Appendix A.

Papers handed in by Sir H. K. Storks :

- Letter from Lieutenant General Sir Henry Storks, K. C. B., to Mr. Skey, Chairman of the Committee, dated 22 October 1865 - - - - - p. 131
- Letter from Mr. Inglott, Comptroller of Charitable Institutions at Malta, to Mr. Skey, dated 6 November 1865 - - - - - p. 132
- Ordinance, No. IV. of 1861, intituled "For the Prevention of the Spreading of Venereal Diseases," promulgated by Proclamation, dated 14 June 1861 - - - p. 133
- Letter from Mr. Inglott to Mr. Skey, dated 30 November 1865 - - - p. 134

Appendix B.

Papers handed in by Mr. Berkeley Hill, dated 12 June 1868 :

- (A.)—Extract from the Annual Report of the Colonial Surgeon of Hong Kong for 1867 - - - - - p. 135
- Letter from Sir R. G. MacDonnell, Governor of Hong Kong, dated 13 March 1868 - - - - - p. 135
- Abstract of the Information on the Working of the Ordinance for Checking the Spread of certain Contagious Diseases, required by Commissioner Hill, p. 136
- (B.)—Metropolitan Police.—Returns showing the Operation of Contagious Diseases Act, 1866, from its Commencement, 1 October 1866 to 31 March 1868, p. 137
- (C.)—Return showing the Number of Cases of Venereal Disease admitted into Melville Hospital, Chatham, during July, August, and September 1867, each Month shown separately - - - - - p. 147
- Return showing the Number of Cases of Venereal Disease admitted into Melville Hospital, Chatham, between 1 July and 30 September 1864 - p. 148
- Return showing the Number of Cases of Venereal Disease admitted into Melville Hospital, Chatham, between 1 July and 30 September 1867 - p. 148

Appendix C.

Paper handed in by Mr. William Acton, 12 June 1868 :

- Return showing the Accommodation appropriated to Venereal In-Patients at the various Hospitals of London; of the Number of Cases treated in 1856; and, as well as this can be procured, of the Extent of Out-Patient Relief - - - p. 149

Appendix D.

Supplementary Facts and Opinions, desired by Surgeon Major Wyatt to be appended to his Evidence, more particularly with reference to Queries 701, 703, 705, 706, 719, 735, and 738 - - - - - p. 150

APPENDIX.

APPENDIX A.

PAPERS handed in by Sir *Henry Storks*.

Lieutenant General Sir *Henry Storks*, K. C. B., to Mr. *Skey*, Chairman of the Committee.

Appendix A.

Sir,

Palace, Malta, 22 October 1865.

I HAVE the honour to acknowledge the receipt of your letter of the 6th instant requesting me to communicate to the Committee now sitting at the Admiralty, for the purpose of investigating the subject of the venereal disease, some of the results of my experience on this important question. I respond with great pleasure to your invitation, and shall be happy to give you all the information I possess on the subject.

I must premise that my observations, as the result of experience, will only extend as far as Her Majesty's troops are concerned on the different stations where I have served.

Every one must admit the prevalence of the venereal disease, particularly at home stations; and any one who is in the habit of looking at soldiers, must be struck with the number of men to be seen in the ranks who are tainted with this fearful malady. The question is, can this disease be checked? Can it be controlled? Can the health of the troops and of the seamen of the fleet be guaranteed against contracting this direful malady? I believe that all this can be done.

I proceed to indicate the places where I have seen the venereal disease checked and controlled, and to state the means by which this great result has been achieved.

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.

To give an example of the actual state of Malta as compared with stations where the women of the town are not inspected, I would refer to the condition of the garrison with reference to the venereal disease during last spring and summer.

On the 12th of April the 84th Regiment disembarked at Malta. On that day the cases under treatment in the hospitals, including the garrison of this fortress, amounting to 6,192 men, were five.

The 84th Regiment reported 19 cases on arrival, and a week after their disembarkation there were 38 cases in the regimental hospital, the increase arising from undetected cases during the voyage.

The 29th Regiment disembarked on the 1st of July, and reported 16 cases of venereal. The day previous there were only 23 men under treatment for this disease in the garrison, and the majority of these cases were in the 84th Regiment.

After the 29th Regiment had been a week in the command, 23 cases were under treatment in the regimental hospital.

Both regiments came from Dublin to Malta. Yesterday, the 21st October, there were only eight cases of venereal disease reported in the garrison. This statement will, I think, sufficiently prove the superior sanitary condition of a place, as regards the venereal disease, where the women of the town are registered and inspected.

But if it be important to inspect closely and periodically the women of the town and to have them under police control, as regards registration and inspection, it is equally of consequence to have the troops under observation and discipline.

In the first place, every man in a regiment or a ship should be inspected once a week, and if found with the venereal disease, a soldier should be punished by being obliged to bring up all the duties he misses whilst in hospital during his cure.

Appendix A.

A man found to be diseased should be required to give the name and address of the woman by whom he was infected, and she should be at once inspected by the police physician, and if found diseased, sent to hospital. It has been found sometimes both at Malta and in the Ionian Islands that the woman indicated by a soldier has proved on inspection to be free from the disease. This arises from a wish on the part of the soldier to screen the woman who really diseased him, or from his not knowing or remembering the woman with whom he had connection. Men should be encouraged by expostulation to give the name of the women who diseased them.

I consider it very important that the married soldiers should be closely inspected, because I am satisfied that in many instances the disease is propagated by the wives of soldiers; and it is natural to suppose that if a married soldier is found to be diseased his wife is in the same condition. It is to be regretted that the women of regiments cannot be inspected as well as the men, as much suffering would be averted from the poor creatures themselves and from their offspring.

In conclusion, I am of opinion that very little benefit will result from the best devised means of prevention until prostitution is recognised as a necessity, and until hospitals are provided for the women of the town to resort to.

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.

I have, &c.
(signed) *H. Storks.*

Mr. *Inglott*, Comptroller of Charitable Institutions at *Malta*, to Mr. *Skey*.

Office of Charitable Institutions, Malta,
6 November 1865.

Sir,

I HAVE the honour to acknowledge the receipt of your letter of the 10th ultimo, informing me that a committee of medical men has for some time been sitting in London to investigate and report to Government on venereal disease, its treatment and prevention, and requesting me to furnish you, as the Chairman of that Committee, with any "statistics" or other "details" of "our management" which may be useful to you in your future report, having for their object the mitigation of the terrible evils of prostitution in London, and the arrest of the progress and extension of syphilitic disease.

As regards "statistics," I regret I am unable to furnish you with any information, as public prostitution in this small island has never assumed that "alarming magnitude" and that "brazen effrontery" as to induce authority to conceive or enact any special measures for its "regulation" or "suppression," and the evils arising therefrom have never made their appearance in those terrible forms which are common in many other parts of Europe, notwithstanding our position as a "centre passing point," the "permanent residence of a large garrison" and the "occasional presence of a numerous fleet."

This "apparently necessary evil of social profligacy" has always been in Malta below its normal proportion with reference to the density of our population, and the local circumstances above stated.

Assertions are thoughtlessly made by travellers and others which tend to create unfavourable impressions, and to give rise to exaggerated conceptions on the subject in question, but patient enquiry, careful observation, and judicious discrimination in establishing facts of so much importance, will at once convince anybody that the island has been given a name which it does not deserve.

All the indices of public morality in Malta point out to a minimum average, and periodical results are given which, in the eye of a political economist, would be set down as insignificant items, especially as regards that of public prostitution.

Previous to the restriction, which I shall hereafter mention, the number of public prostitutes has never exceeded 200, including foreigners, a fact which, when considered with reference to a population circumstanced as that of Malta, will justify me in stating that public prostitution in this island is so limited in number that it cannot form the subject of instructive social statistics.

Yet syphilitic affections, it is generally asserted, are by no means uncommon. This fact is easily explained.

The unfortunate women who take to prostitution being few in number, in the midst of a large permanent and moving population, must have more than ordinary employment, and it naturally follows that if one alone be tainted with the horrid evil (in the majority of cases inoculated from imported infections) the propagation of the disease soon becomes one of the clamours of the town, and in a day obtains by exaggeration the character of an epidemic, and the subject of prostitution is for a short time the set topic of discussion among the sensual portion of the population.

Judging from the Lock Hospital under my control, the disease invariably abounds among the class of low prostitutes who are almost exclusively frequented by "soldiers and seamen," which explains the fact why the consequences of the infection have been more frequent among these individuals than among the native population.

The disease very seldom if ever exists among the few respectable prostitutes (if I may so designate them), almost all foreigners, scattered in the towns of the island.

"Our

"Our management" consists in the enforcement of a very simple measure.

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 a 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 annihilating almost the disease.

Prostitutes averse to the medical police inspection have since emigrated to Alexandria and to other eastern cities; and females inclined to lead a profligate life have been deterred from taking to the streets by the revival of the "old police measure."

The registers contain at present hardly 120 prostitutes, generally of the very lowest class of the population, without the least personal attraction, and half idiotic.

In fact, public prostitution can be hardly said to exist in Malta, and the absence of this "apparently necessary evil" is beginning to inspire apprehensions as regards the safety of "private virtue and morality."

This abnormal state of things has lately become known in other parts of the Mediterranean, and an emigration of foreign prostitutes has been the immediate consequence.

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" (see enclosure, Article 4), 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 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.

In proof of the above circumstances I have only to state the fact which is to be observed, at this very moment, in the wards of the central hospital of this island, where no less than 15 patients (seamen of a Russian man-of-war) are under treatment for syphilitic affections of various forms, contracted in the town of Brest. These men, I am informed, have been "on shore" before their admission into the hospital.

Considering the successful working of the "simple management" our law prescribes, I may conclude by observing that, if the important question upon which your Committee is called upon to report be so agitated by the public as to persuade Parliament to deviate slightly from their strict adherence to "constitutional principles," and to adopt a "special law," similar in its general provision to ours, the terrible evils of prostitution in London will be greatly mitigated, and the progress and extension of syphilitic disease considerably arrested.

I have, &c.

(signed) *J. V. Inglott,*

Comptroller of Charitable Institutions, Malta.

ORDINANCE No. IV. of 1861, intituled "For the Prevention of the Spreading of Venereal Diseases," promulgated by Proclamation, dated 14 June 1861.

Ordinanza statuita dal Governatore di Malta, col parere a consenso del Consiglio di Governo della medesima, per prevenire la Propagazione di Malattie Veneree.

(Translation.)

An Ordinance enacted by the Governor of Malta, with the advice and consent of the Council of Government thereof, for the Prevention of the Spreading of Venereal Diseases.

WHEREAS it is expedient to prevent the spreading of venereal diseases, it is hereby enacted and ordained by his Excellency the Governor, with the advice and consent of the Council of Government, as follows:—

Article 1. Any person, being notoriously a prostitute, shall be liable to be visited, three times in each month, by one of the police physicians, for the purpose of its being ascertained whether such person is affected with venereal disease.

Prostitutes liable to be visited by police physician.

The visit shall be made in a place to be for that purpose appointed by the superintendent of police.

How to be summoned.

2. The person referred to in the preceding article shall be summoned to appear for the purpose of being visited as aforesaid, by means of an order in writing, signed by the superintendent of police, and stating the time and place in which the visit shall be made.

Punishment for refusal.

If such person shall refuse to appear at the time and place aforesaid, or, if on her appearance she shall refuse to be visited, such person shall be punished with imprisonment for a term not exceeding three months.

When punishment remitted.

3. The punishment provided in the preceding article, shall be remitted as soon as the person sentenced shall consent to be visited.

Proceedings if a prostitute is reported to be affected with disease.

4. If the aforesaid physician shall declare the person visited to be affected with venereal disease, such person shall be kept in custody, and shall, on the same day, be brought before the Court of Judicial Police; which court, on the aforesaid declaration being confirmed by the physician, upon oath, shall order such person to be taken to a public hospital, or to any other place which may for that purpose be appointed by the head of the Government, to be therein kept under medical treatment until she is cured.

Other physicians may be appointed.

5. It shall be lawful for the court, at the request of the said person, before giving the order referred to in the preceding article, to appoint two or more other physicians, for the purpose of ascertaining the existence of the disease.

Costs.

If such other physicians shall confirm the opinion given by the police physician who shall have made the visit contemplated in the preceding article, the aforesaid person shall be sentenced to pay a sum equal to the amount of the fee to which such other physicians are by law entitled.

When proceedings may be omitted.

6. The proceedings indicated in Article 4 shall not take place in cases where the aforesaid person shall, upon the declaration of the police physician that she is affected with venereal disease, consent to go to, and remain in, the hospital or other place mentioned in the said article, for the purpose therein contemplated.

Passed the Council of Government at sitting, No. 24, 20th May 1861.

(signed) *G. B. Trapani*,
Clerk to the Council.

Assented to this 13th day of June 1861.

(L. S.) (signed) *J. Gaspard Le Marchant*,
Governor.

By Command.

(signed) *Victor Houlton*,
Chief Secretary of Government

Mr. Inglott to Mr. Skey.

Office of Charitable Institutions, Malta, Valletta,
30 November 1865.

Sir,

WITH reference to my letter of the 6th instant on the subject of public prostitution and syphilitic disease in the Island of Malta, I beg to trouble you with one or two particulars on the same subject as regards the sister Island of Gozo, which I consider will corroborate the statements I made on the state of Malta.

The Island of Gozo is exclusively inhabited by a rural population, whose habits and social virtue are very remarkable.

As travellers, soldiers, and seamen hardly ever visit this Island, contamination, or rather inoculation, has never taken place.

The total population exceeds 16,000 souls, and yet there are no public prostitutes, and syphilitic disease is positively unknown.

Amorous strife is, however, by no means uncommon, as the men are healthy and the women good looking; but any mischief arising therefrom is generally remedied by a hasty marriage, which circumstance explains why illegitimate births and foundlings are rare occurrences in Gozo.

I have, &c.

(signed) *J. V. Inglott*, Comptroller,
&c. &c.

APPENDIX B.

PAPERS handed in by Mr. *Berkeley Hill*, 12 June 1868.

(A.)

EXTRACT from the ANNUAL REPORT of the Colonial Surgeon of *Hong Kong* for 1867.

Appendix B.

It is my intention to devote a much larger portion than usual of my report to this institution, and the working of the present ordinance for the check of infectious disease. That ordinance has been on trial for nearly ten years, and has done singular service, and it is only justice to its framers to record its working, before the more perfected legislation of last year becomes the law of the Colony. This is rendered the more incumbent on me in consequence of the apparent ignorance of those even who should be better acquainted with its details, as was shown in the evidence given before the Committee appointed to inquire into the means of reducing Venereal Disease in the Army and Navy, the report of which was only published last year. The ignorance therein displayed by medical officers who had served in China is most remarkable: *e.g.*, one gentleman expresses it as his opinion that the prostitutes in China are dirtier than in England, whereas the reverse is notoriously the case. Another medical officer, who, in 1863, more than endorsed the under-mentioned opinions, is doubtful about the success of the Hong Kong system when he comes to be examined before the Committee. In opposition to the evidence obtained by the Committee, I shall now record a few deliberate expressions of opinion on the part of officers fully qualified to express themselves on the subject.

Deputy Inspector General Dr. Home, formerly Principal Military Medical Officer here, and who had experience of the Colony before the introduction of the ordinance, as well as after, writes to me in February 1868:—"On behalf of the army medical officers stationed here, I have pleasure in expressing to you the great advantages we have derived from the excellent sanitary arrangements in force in regard to prostitution. Venereal disease, from being but a few years ago one of the most common causes of unfitness for duty here, has now become of comparatively rare occurrence."

The evidence of Dr. Bernard, Deputy Inspector General of Hospitals and Fleets, conveyed to me in a letter dated 27th January last, is even more satisfactory. He writes:—"I am enabled to say that true syphilis is now rarely contracted by our men in Hong Kong."

J. I. Murray, M.D., Colonial Surgeon.

LETTER from Sir R. G. MacDonnell, Governor of *Hong Kong*.Government House, Hong Kong,
13 March 1868.

Sir,

I HAVE learned from Chief Justice Smale that you are anxious for information relative to the means adopted by this Government for preventing the spread of venereal disease amongst Her Majesty's naval and land forces on the station. I have therefore much pleasure in forwarding you a copy of an ordinance recently passed for giving the executive more complete control over the inmates of all brothels in the Colony, and over all the class of unfortunate women likely to propagate disease.

It is unnecessary to observe that in dealing with that class of females at Hong Kong, the whole character of the measures suitable for attaining the object in view, change in form and practice most essentially from those which it would be prudent or desirable to enforce in England. At the same time I am not aware that there is any difference in the principle applicable to both countries. That principle is that it is unwise to allow an evil which we know exists, and which there is no reason to expect will ever cease to exist, to cause a great amount of injury and suffering which it is in the power of Government to prevent. The more stringent the surveillance exercised over the unfortunate class of females in question, the greater would be the diminution of disease and suffering, but the amount of strictness and surveillance attainable must vary with the civilisation and social circumstances of the country to which it is intended to apply the principle.

I also enclose some observations of the military principal medical officer, Dr. Heffernan, obligingly furnished for your information. They show a very marked decrease on the percentage of admissions to hospital of European soldiers since 1862. This is the result of increased efforts of the Government to cause the very imperfect ordinance then in force to be carried out more stringently than previously, and you will perceive that a still more energetic attention to the working of the ordinance in 1867, the year following my arrival in Hong Kong, reduced even that diminished per-centage further by more than 60 per cent.

Appendix B.

Under the enclosed new ordinance, which will soon be proclaimed, it is hoped that, with the aid of Her Majesty's naval and military authorities here, the health of the sailors and soldiers will be still further improved, a consideration of far greater moment here than in England, as syphilitic disease, by undermining the constitution, renders those affected by it more easy victims to the diseases inseparable from a tropical climate.

I have, &c.
(signed) *Richard Graves MacDonnell.*

M. Berkeley Hill, Esq.,
Hon. Secretary to the Association for
Promoting the Extension of the "Contagious
Diseases Act, 1866," &c. &c.,
14, Weymouth-street, Portland-place, W.,
London.

ABSTRACT of the Information on the Working of the Ordinance for Checking the
Spread of certain Contagious Diseases required by Commissioner Hill.

1st. Some statistical information respecting the condition of the troops before the passing of the Ordinance (1857).

The following are the per-centages of the admissions of venereal diseases for five years previous, taken from the records of the Principal Medical Officer's Office :

Year 1851-2, Europeans 19.7, Natives 28.9 per cent. of the average strength.

" 1852-3	"	18.4	"	17.5	"	"	"
" 1853-4	"	23.8	"	24.6	"	"	"
" 1854-5	"	18.4	"	51.3	}	•	" " "
" 1855-6	"	27.4	"	42.7			

* During the two last years the native force was very small in number, being only one company of gun lascars, and deductions from small numbers are not reliable.

In the general remarks of the medical officers it is stated that these diseases were of a very intractable nature.

2nd. Comparison of the above with the amount of these diseases in the first six or 12 months of the operation of the ordinance.

I am unable to give these returns for six or even 12 months exactly from this date, but will give them for the 10 following years, as this information may be interesting :

Year 1857-8, Europeans 29.6, Natives not known.

" 1859†	"	34.7	"	7.4	per cent. of average strength.		
" 1860	"	49.3	"	13.9	"	"	"
" 1861	"	51.0	"	6.8	"	"	"
" 1862	"	47.7	"	8.7	"	"	"
" 1863	"	22.9	"	9.0	"	"	"
" 1864	"	23.6	"	12.2	"	"	"
" 1865	"	24.5	"	11.6	"	"	"
" 1866	"	26.1	"	18.1	"	"	"
" 1867	"	10.7	"	11.5	"	"	"

† Note.—In 1859 the annual returns were made up from 1st January instead of 1st April.

In drawing conclusions from the above Table, it must be taken into consideration that, were there no check, the spread of the disease most probably would have increased, as it did in Japan, and also that the ordinance has been very imperfectly worked, the staff allowed for that purpose being insufficient, and the provisions of the ordinance not strictly enforced.

When we look to Japan, where there is not any control exercised, we find the disease increasing to an alarming degree.

In 1864 the admissions were 18.2.

In 1865 " " 35.7.

In 1866 the proportion not known, but numerous.

In 1867, judging by the last six months, at the rate of 85.3 per cent. per annum of the average strength.

There is a break in the Japan returns, but every year the disease has been steadily increasing, and during the last six months of 1867 there were 292 admissions out of an average strength of 684.

3rd. Opinion as to the value of these measures, and which part of them are most important.

As stated above, I believe the ordinance has been worked very imperfectly, so that it is scarcely fair to judge of it by these results; but still I consider the beneficial results to the soldier to have been considerable, and that the admissions have been fewer and the character of the disease less severe.

The

The points of most importance are, the inspection of the public women, and the taking into hospital those that are diseased, for the purpose of curing them. These are the two essentials of the whole plan; and without the latter, the former will be perfectly useless.

4th. The effect in improving or deteriorating the moral tone of the women and the men frequenting their society.

I can give no information on this subject.

Hong Kong,
18 February 1868.

(signed) *N. Heffernan*, M.B.,
Deputy Inspector General, P.M.O.

(True copy.)

(signed) *C. C. Smith*,
Acting Colonial Secretary.

(B.)

METROPOLITAN POLICE.

RETURNS showing the Operation of CONTAGIOUS DISEASES ACT, 1866, from its Commencement 1st October 1866 to 31st March 1868.

INDEX.

	PAGE
Dates when Operations commenced - - - - -	137
Women brought under Provisions, &c. (Abstract) - - - - -	138
Ditto - - ditto - - (Woolwich) - - - - -	138
Ditto - - ditto - - (Aldershot) - - - - -	139
Ditto - - ditto - - (Chatham) - - - - -	139
Ditto - - ditto - - (Sheerness) - - - - -	140
Ditto - - ditto - - (Portsmouth) - - - - -	140
Ditto - - ditto - - (Devonport) - - - - -	141
Women treated more than once - - - - -	141
Ages of Women, &c. - - - - -	142
Comparative Return of Prostitutes - - - - -	142
Soldiers, &c. Suffering from, &c. (Abstract) - - - - -	143
Ditto - - ditto - - (Woolwich) - - - - -	144
Ditto - - ditto - - (Aldershot) - - - - -	145
Ditto - - ditto - - (Chatham) - - - - -	145
Ditto - - ditto - - (Sheerness) - - - - -	146
Ditto - - ditto - - (Portsmouth) - - - - -	146
Ditto - - ditto - - (Devonport) - - - - -	147

DATES on which the CONTAGIOUS DISEASES ACT, 1866, was put into Operation.

DISTRICT.	Date Operations Commenced.
PORTSMOUTH - - - - -	8th October 1866.
DEVONPORT - - - - -	10th October 1866.
SHEERNESS - - - - -	20th October 1866.
WOOLWICH - - - - -	14th November 1866.
CHATHAM - - - - -	19th November 1866.
ALDERSHOT - - - - -	12th April 1867.

ABSTRACT RETURN.

RETURN of the Total Number of PROSTITUTES brought under Provisions of the CONTAGIOUS DISEASES ACT, 1866, from its Commencement on 1st October 1866 to 31st March 1868.

MONTH.	Number of Beds in Lock Wards of Hospital.	Number of Women Admitted on Certificates of Visiting Surgeon.	Number Submitted, but not Examined.	Number Certified, but not Admitted, for want of room.	Number Examined and found Diseased, but not Admitted, being Pregnant.	Number against whom it was necessary to proceed by Informations before the Magistrates.	Total Number brought under Provisions of the Act.	REMARKS.
1866 :								
October -	152	72	-	-	-	-	129	The general results would have been much more decisive had hospital accommodation been sufficient. Women being pregnant, and found diseased, are sent to the union.
November -	182	127	-	-	-	-	342	
December -	192	122	-	-	-	-	260	
1867 :								
January -	202	118	-	-	-	-	178	
February -	202	108	-	-	-	-	135	
March -	210	132	-	-	-	1	215	
April -	227	142	7	19	-	-	212	
May -	257	136	-	10	-	-	180	
June -	297	132	-	-	-	-	234	
July -	297	157	1	7	-	-	300	
August -	312	223	1	28	-	-	442	
September -	312	207	15	9	-	-	417	
October -	312	246	18	3	2	-	457	
November -	312	214	11	10	1	1	365	
December -	312	200	22	12	-	-	413	
1868 :								
January -	336	291	26	4	4	-	444	
February -	346	254	33	3	3	4	406	
March -	362	265	53	-	4	-	587	
TOTAL -	362	3,146	187	105	14	6	5,716	

RETURN of the Number of PROSTITUTES brought under Provisions of the CONTAGIOUS DISEASES ACT, 1866, for each Month from its Introduction in November 1866 to 31st March 1868.

WOOLWICH DISTRICT,

Comprising the Parishes of Charlton, Woolwich, and Plumstead, Kent.

MONTH.	Number of Beds in Lock Wards of Hospital.	Number of Women Admitted on Certificates of Visiting Surgeon.	Number Submitted, but not Examined.	Number Certified, but not Admitted, for want of room.	Number Examined and found Diseased, but not Admitted, being Pregnant.	Number against whom it was necessary to proceed by Informations before the Magistrates.	Total Number brought under Provisions of the Act.	REMARKS.
1866 :								
October -	-	-	-	-	-	-	-	
November -	30	21	-	-	-	-	53	
December -	40	25	-	-	-	-	71	
1867 :								
January -	40	32	-	-	-	-	52	
February -	40	28	-	-	-	-	35	
March -	40	20	-	-	-	1	50	
April -	40	15	-	-	-	-	23	
May -	40	10	-	4	-	-	20	
June -	40	15	-	-	-	-	25	
July -	40	23	-	-	-	-	44	
August -	40	37	-	-	-	-	61	
September -	40	33	-	-	-	-	77	
October -	40	48	-	-	-	-	101	
November -	40	38	-	-	-	1	81	
December -	40	32	-	-	-	-	77	
1868 :								
January -	40	47	-	-	-	-	79	
February -	40	36	-	1	-	-	65	
March -	40	28	-	-	-	-	79	
TOTAL -	40	488	-	5	-	2	1,002	

RETURN of the Number of Prostitutes brought under Provisions of the Contagious Diseases Act, 1866, &c.—continued.

ALDERSHOT DISTRICT,

Comprising the Parishes of Purbright, Ash, Compton, Pepper-Harrow, Frimley, Puttenham, Seal, and Tongham, Elstead, Farnham, and Bisley, Surrey; Aldershot, Yateley, Crondall, Dogmersfield, Winchfield, Hartley-Wintney, Cove, Eversley, Farnborough, Binstead, and Bentley, Hampshire; Sandhurst, Berkshire.

MONTH.	Number of Beds in Lock Wards of Hospital.	Number of Women Admitted on Certificates of Visiting Surgeon.	Number Submitted, but not Examined.	Number Certified, but not Admitted for want of room.	Number Examined and found Diseased, but not Admitted, being Pregnant.	Number against whom it was necessary to proceed by Informations before the Magistrates.	Total Number brought under Provisions of the Act.	REMARKS.
1866:								
October -	—	—	—	—	—	—	—	
November -	—	—	—	—	—	—	—	
December -	—	—	—	—	—	—	—	
1867:								
January -	—	—	—	—	—	—	—	
February -	—	—	—	—	—	—	—	
March -	—	—	—	—	—	—	—	
April -	—	27	7	19	-	-	53	
May -	30	17	-	6	-	-	23	
June -	30	25	-	-	-	-	43	
July -	30	16	1	5	-	-	27	
August -	70	37	1	28	-	-	86	
September -	70	57	15	9	-	-	94	
October -	70	62	18	3	-	-	92	
November -	70	44	11	8	-	-	72	
December -	70	54	22	12	-	-	108	
1868:								
January -	70	68	26	4	-	-	119	
February -	70	71	33	2	-	4	127	
March -	70	82	53	-	-	-	221	
TOTAL -	70	560	187	96	-	4	1,065	

CHATHAM DISTRICT,

Comprising the Parishes of Chatham, Gillingham (St. Nicholas, St. Margaret's, and the Precincts), Rochester, Brompton, New Brompton, Strood, Frindsbury, and the Hamlet of Grange, Kent.

1866:								
October -	—	—	—	—	—	—	—	
November -	10	32	-	-	-	-	81	
December -	10	36	-	-	-	-	72	
1867:								
January -	10	12	-	-	-	-	12	
February -	10	12	-	-	-	-	12	
March -	18	28	-	-	-	-	29	
April -	35	34	-	-	-	-	39	
May -	35	35	-	-	-	-	35	
June -	75	22	-	-	-	-	32	
July -	75	31	-	-	-	-	64	
August -	75	64	-	-	-	-	109	
September -	75	53	-	-	-	-	101	
October -	75	69	-	-	-	-	118	
November -	75	56	-	-	-	-	94	
December -	75	54	-	-	-	-	89	
1868:								
January -	75	69	-	-	-	-	109	
February -	75	61	-	-	-	-	100	
March -	75	60	-	-	-	-	118	
TOTAL -	75	728	-	-	-	-	1,214	

RETURN of the Number of Prostitutes brought under Provisions of the Contagious Diseases Act, 1866, &c.—*continued.*

SHEERNESS DISTRICT,

Comprising the Parish of Minster and Township of Queenborough, Kent.

MONTH.	Number of Beds in Lock Wards of Hospital.	Number of Women Admitted on Certificates of Visiting Surgeon.	Number Submitted, but not Examined.	Number Certified, but not Admitted for want of room.	Number Examined and found Diseased, but not Admitted, being Pregnant.	Number against whom it was necessary to proceed by Informations before the Magistrates.	Total Number brought under Provisions of the Act.	REMARKS.
1866 :								
October -	40	3	- -	- -	- -	- -	39	
November -	30	4	- -	- -	- -	- -	90	
December -	30	3	- -	- -	- -	- -	26	
1867 :								
January -	30	2	- -	- -	- -	- -	31	
February -	30	8	- -	- -	- -	- -	19	
March -	30	9	- -	- -	- -	- -	20	
April -	30	4	- -	- -	- -	- -	16	
May -	20	5	- -	- -	- -	- -	18	
June -	30	7	- -	- -	- -	- -	57	
July -	20	1	- -	- -	- -	- -	18	
August -	5	6	- -	- -	- -	- -	15	
September -	5	9	- -	- -	- -	- -	60	
October -	5	2	- -	- -	- -	- -	13	
November -	5	2	- -	- -	- -	- -	12	
December -	5	2	- -	- -	- -	- -	55	
1868 :								
January -	5	5	- -	- -	- -	- -	8	
February -	5	5	- -	- -	- -	- -	13	
March -	5	4	- -	- -	- -	- -	53	
TOTAL -	5	81	- -	- -	- -	- -	563	

PORTSMOUTH DISTRICT,

Comprising the Municipal Borough of Portsmouth, and the Residue of the Island of Portsea, the Parish of Alverstoke, and Township of Landport, Hampshire.

1866 :								
October -	50	40	- -	- -	- -	- -	58	
November -	50	49	- -	- -	- -	- -	97	
December -	50	41	- -	- -	- -	- -	62	
1867 :								
January -	60	45	- -	- -	- -	- -	56	
February -	60	36	- -	- -	- -	- -	42	
March -	60	49	- -	- -	- -	- -	78	
April -	60	39	- -	- -	- -	- -	57	
May -	60	45	- -	- -	- -	- -	60	
June -	60	31	- -	- -	- -	- -	42	
July -	60	51	- -	2	- -	- -	109	
August -	60	55	- -	- -	- -	- -	145	
September -	60	26	- -	- -	- -	- -	54	
October -	60	30	- -	- -	- -	- -	91	
November -	60	35	- -	2	- -	- -	62	
December -	60	25	- -	- -	- -	- -	49	
1868 :								
January -	60	30	- -	- -	- -	- -	47	
February -	60	29	- -	- -	- -	- -	41	
March -	*60	32	- -	- -	- -	- -	41	* Since increased to 120.
TOTAL -	60	688	- -	4	- -	- -	1,191	

RETURN of the Number of Prostitutes brought under Provisions of the Contagious Diseases Act, 1866, &c.—*continued.*

DEVONPORT DISTRICT,

Comprising the Municipal Borough of Plymouth, the Parliamentary Borough of Devonport, the Parish of Laira, the Tithings of Pennycross, and Compton-Gifford, Devonshire; Torpoint, within the distance of Half a Mile from the Ferry Gate, Cornwall.

MONTH.	Number of Beds in Lock Waris of Hospital.	Number of Women Admitted on Certificates of Visiting Surgeon.	Number Submitted, but not Examined.	Number Certified, but not Admitted for want of room.	Number Examined and found Diseased, but not Admitted, being Pregnant.	Number against whom it was necessary to proceed by Informations before the Magistrates.	Total Number brought under Provisions of the Act.	REMARKS.
1866 :								
October -	62	29	-	-	-	-	32	
November -	62	21	-	-	-	-	21	
December -	62	27	-	-	-	-	29	
1867 :								
January -	62	27	-	-	-	-	27	
February -	62	24	-	-	-	-	27	
March -	62	26	-	-	-	-	29	
April -	62	23	-	-	-	-	24	* Since increased to 154
May -	62	24	-	-	-	-	24	
June -	62	32	-	-	-	-	35	
July -	62	35	-	-	-	-	38	
August -	62	24	-	-	-	-	26	
September -	62	29	-	-	-	-	31	
October -	62	35	-	-	2	-	42	
November -	62	39	-	-	1	-	44	† Sent to the Unions.
December -	62	33	-	-	-	-	35	
1868 :								
January -	86	72	-	-	4	-	82	
February -	96	52	-	-	3	-	60	
March -	112*	59	-	-	4	-	75	
TOTAL - -	112	611	-	-	14†	-	681	

1 July 1868.

F. M. Mallalieu.

Richard Mayne.

"CONTAGIOUS DISEASES ACT, 1866."

RETURN showing the Number of COMMON WOMEN who have been under Treatment more than Once from the commencement of Act, 1st October 1866 to 31st March 1868.

DISTRICT.	Twice.	Three times.	Four times.	Five times.	Six times.	More than Six times.	TOTAL.	REMARKS.
Woolwich - - -	70	23	20	2	1	-	121	
Aldershot - - -	145	83	27	2	1	-	259	
Chatham - - -	57	41	43	15	9	-	165	
Sheerness - - -	11	4	-	1	-	-	16	
Portsmouth - - -	71	26	10	6	3	-	116	
Devonport - - -	84	18	3	-	-	-	105	
TOTAL - - -	438	200	103	26	14	-	781	

1 July 1868.

F. M. Mallalieu.

Richard Mayne.

RETURN showing the Ages of the WOMEN brought under the Operations of the CONTAGIOUS DISEASES ACT, 1866, from its commencement in October 1866, to 31st March 1868.

DISTRICT.	Under 15.	Above 15 and under 20.	Above 20 and under 25.	Above 25 and under 30.	Above 30 and under 35.	Above 35 and under 40.	Above 40 and under 45.	Above 45.	TOTAL.	REMARKS.
Woolwich - - -	3	116	156	53	9	2	2	-	341	
Aldershot - - -	-	75	157	58	8	1	1	-	300	
Chatham - - -	-	74	79	56	14	5	4	1	233	
Sheerness - - -	-	24	48	26	9	8	5	3	123	
Portsmouth - - -	1	218	319	94	14	1	1	-	648	
Devonport - - -	5	111	322	84	27	2	1	-	552	
TOTAL - - -	9	618	1,081	371	81	19	14	4	2,197	

1 July 1868.

F. M. Mallalieu.

Richard Mayne.

COMPARATIVE RETURN showing the Number of PROSTITUTES in each District, when the CONTAGIOUS DISEASES ACT, 1866, first came into Operation, and the Number at the present time.

DISTRICT.	Number when Act first came into Operation.	Number at the Present time.	Increase.	Decrease.	REMARKS.
Woolwich - - -	220	245	25	-	
Aldershot - - -	226	248	-	18	
Chatham - - -	317	250	-	67	
Sheerness - - -	63	52	-	11	
Portsmouth - - -	493	463	-	30	
Devonport - - -	1,123	800	-	323*	
TOTAL - - -	2,482	2,058	25	449†	

* COMPARATIVE RETURN of the Number of BROTHELS and COMMON WOMEN in the District when the Contagious Diseases Prevention Act, 1864, and Contagious Diseases Act, 1866, came into Operation, with the Number at the Present Time.

D A T E.	Brothels.	Common Women.	Women who Practise Clandestine Prostitution.
April 1865 - - -	356	1,770	400
October 1866 - - -	216	1,123	150
June 1868 - - -	146	800	150

† Making a Decrease on the whole of 424.

1 July 1868.

F. M. Mallalieu.

Richard Mayne.

RETURN of the Total Number of SOLDIERS, SEAMEN, and MARINES Admitted to their respective HOSPITALS suffering from CONTAGIOUS DISEASES; also, the Number of MEN in the different GARRISONS and PORTS where the CONTAGIOUS DISEASES ACT, 1866, is in operation; with the Per-Centage of Men Diseased, for each Month, from its Commencement, 1st October 1866, to 31st March 1868.

ABSTRACT RETURN.

MONTH.	Number Admitted to Hospitals.				Strength of Army and Navy in Garrisons and Ports.				Per-Centage of Disease.		REMARKS.
	Military.	Naval.	Marine Infirmaries.	TOTAL.	Soldiers.	Seamen and Marines Afloat.	Marines in Barracks.	TOTAL.	Number Diseased.	Annual Ratio.	
1866 :											
October -	300	135	112	547	16,483	11,882	8,852	37,217	547	17.639	The cases treated on board the ships have not been included, but in future they will be.
November -	270	146	118	534	15,773	13,872	8,794	38,439	534	16.671	
December -	216	114	102	432	14,577	15,155	8,576	38,308	432	13.533	
1867 :											
January -	248	180	91	519	14,815	16,027	10,718	41,560	519	14.987	The hospital accommodation for the women is only now getting equal to the demand, or the results shown would have been still more favourable.
February -	230	99	96	425	16,328	14,363	8,854	39,545	425	12.898	
March -	247	126	90	463	15,642	12,735	7,627	36,004	463	15.433	
April -	364	133	114	611	23,459	13,884	8,142	45,485	611	16.121	Towns and places contiguous to present districts, but not those within them, hinder the successful operation of Act.
May -	546	127	97	770	29,667	12,910	8,076	50,653	770	18.242	
June -	505	156	94	755	25,421	12,643	8,673	46,737	755	19.388	
July -	514	177	127	818	27,235	19,776	8,864	55,875	818	17.568	The last line in 1st, 2nd, 3rd, 4th, and 9th Columns of this and following Returns gives Total for 18 months; but in remaining Columns the last line gives the Monthly Average.
August -	745	137	132	1,014	26,701	13,223	9,809	49,743	1,014	24.463	
September -	598	147	134	879	26,905	13,972	10,039	50,916	879	20.716	
October -	531	161	100	792	26,330	12,204	8,670	47,204	792	20.137	
November -	462	131	104	697	25,344	12,507	8,665	46,516	697	17.982	
December -	378	127	74	579	24,672	14,099	8,305	47,076	579	14.759	
1868 :											
January -	560	130	97	787	24,085	14,903	8,017	47,005	787	20.091	
February -	400	131	131	662	23,958	16,511	8,049	48,518	662	16.373	
March -	383	142	117	642	24,358	17,709	7,350	49,417	642	15.590	
	7,497	2,499	1,930	11,926	22,319	14,354	8,671	45,344	11,926	17.522	

RETURN of the Number of SOLDIERS, SEAMEN, and MARINES Admitted to their respective HOSPITALS suffering from CONTAGIOUS DISEASES; also, the Number of MEN in GARRISON and PORT, with the Per-Centage of Men Diseased, for each Month, from the Time the CONTAGIOUS DISEASES ACT, 1866, first came into operation, to 31st March 1868.

WOOLWICH DISTRICT,

Comprising the Parishes of Charlton, Woolwich, and Plumstead, in the County of Kent.

MONTH.	Number Admitted to Hospital.				Strength of Army and Navy in Garrison and Port.				Per-Centage of Disease.		REMARKS.	
	Military.	Naval.	Marine Infirmary.	TOTAL.	Soldiers.	Seamen and Marines Afloat.	Marines in Barracks.	TOTAL.	Number Diseased.	Annual Ratio.		
1866:												
October -	92	-	27	119	4,249	823	1,488	6,560	119	21.781	If the statements of the patients can be relied on, more than one-half of those diseased contracted the same in London and other places where the Act is not in operation.	
November -	71	-	21	92	4,139	783	1,289	6,211	92	17.794		
December -	66	-	11	77	4,093	782	1,270	6,145	77	15.039		
1867:												
January -	57	-	12	69	4,182	872	1,670	6,724	69	12.321		
February -	43	-	8	51	5,494	700	1,407	7,601	51	8.056		
March -	31	-	12	43	4,619	502	880	6,001	43	8.600		
April -	68	-	31	99	4,987	704	1,322	7,013	99	16.952		
May -	80	-	21	101	6,014	650	1,100	7,764	101	15.610		
June -	75	-	25	100	4,268	691	1,048	6,007	100	20.000		
July -	104	-	43	147	5,156	434	1,329	6,919	147	25.520		
August -	109	-	47	156	5,514	492	1,377	7,383	156	25.365		
September -	107	-	56	163	5,397	667	1,450	7,514	163	26.038		
October -	113	-	29	142	5,395	701	1,232	7,328	142	23.278		
November -	108	-	23	131	4,895	559	1,233	6,687	131	23.518		
December -	53	-	28	81	4,444	625	1,136	6,205	81	15.667		
1868:												
January -	58	-	25	83	4,768	656	1,303	6,727	83	14.821		
February -	50	-	33	83	4,768	953	1,303	7,024	83	14.188		
March -	59	-	42	101	4,768	770	1,303	6,841	101	17.719		
	1,344	-	494	1,838	4,841	686	1,285	6,812	1,838	17.989		

RETURN of the Number of Soldiers, Seamen, and Marines Admitted to their respective Hospitals, &c.—continued.

ALDERSHOT DISTRICT.

Comprising the Parishes of Purbright, Ash, Compton, Pepper-Harrow, Frimley, Puttenham, Seal and Tongham, Elstead, Farnham, and Bisley, in the County of Surrey; Aldershot, Yateley, Crondall, Dogmersfield, Winchfield, Hartley-Wintney, Cove, Eversley, Farnborough, Binstead, and Bentley, in the County of Hants; Sandhurst, in the County of Berks.

MONTH.	Number admitted to Hospital.				Strength of Army and Navy in Garrison and Port.				Per-Centage of Disease.		REMARKS.
	Military.	Naval.	Marine Infirmary.	TOTAL.	Soldiers.	Seamen and Marines Afloat.	Marines in Barracks.	TOTAL.	Number Diseased.	Annual Ratio.	
1866:											
October -	—	—	—	—	—	—	—	—	—	—	
November -	—	—	—	—	—	—	—	—	—	—	
December -	—	—	—	—	—	—	—	—	—	—	
1867:											
January -	—	—	—	—	—	—	—	—	—	—	
February -	—	—	—	—	—	—	—	—	—	—	
March -	—	—	—	—	—	—	—	—	—	—	
April -	122	—	—	122	8,433	—	—	8,433	122	17·378	
May -	246	—	—	246	13,454	—	—	13,454	246	21·944	
June -	216	—	—	216	11,264	—	—	11,264	216	23·027	
July -	194	—	—	194	12,169	—	—	12,169	194	19·132	
August -	315	—	—	315	10,690	—	—	10,690	315	35·393	
September -	142	—	—	142	9,435	—	—	9,435	142	18·066	
October -	116	—	—	116	8,392	—	—	8,392	116	16·595	
November -	97	—	—	97	8,752	—	—	8,752	97	13·305	
December -	78	—	—	78	8,749	—	—	8,749	78	10·691	
1868:											
January -	151	—	—	151	8,865	—	—	8,865	151	20·460	
February -	80	—	—	80	8,080	—	—	8,080	80	11·887	
March -	82	—	—	82	9,205	—	—	9,205	82	10·691	
	1,839	—	—	1,839	9,790	—	—	9,790	1,839	18·773	

CHATHAM DISTRICT.

Comprising the Parishes of Chatham, Gillingham (St. Nicholas, St. Margaret's, and the Precincts), Rochester, Brompton, New Brompton, Strood, Frindsbury, and the Hamlet of Grange, in the County of Kent.

1866:											
October -	44	—	24	68	3,334	1,122	1,734	6,190	68	13·203	Adjacent populous districts prevent the returns being more favourable.
November -	55	—	29	84	3,292	100	1,759	5,151	84	19·580	
December -	46	—	17	63	3,334	150	1,759	5,243	63	14·449	
1867:											
January -	57	—	29	86	3,456	144	1,704	5,304	86	19·457	A large proportion of recruits are comprised in the military forces at this station.
February -	75	—	27	102	3,501	144	1,666	5,311	102	23·076	
March -	74	—	38	112	3,586	160	1,653	5,399	112	24·944	
April -	65	—	25	90	3,360	169	1,590	5,119	90	21·126	
May -	95	—	20	115	3,551	166	1,563	5,280	115	26·136	
June -	80	—	19	99	3,229	165	1,611	5,005	99	23·741	
July -	75	—	21	96	3,031	151	1,607	4,789	96	24·303	
August -	96	—	22	118	3,307	168	1,681	5,156	118	27·505	
September -	82	—	25	107	3,659	160	1,677	5,496	107	23·362	
October -	68	—	18	86	3,790	109	1,650	5,549	86	18·614	
November -	66	—	23	89	3,688	160	1,569	5,417	89	19·733	
December -	75	1	15	91	3,439	137	1,500	5,076	91	21·513	
1868:											
January -	126	2	11	139	2,848	157	1,457	4,462	139	37·466	
February -	86	9	36	131	3,703	153	1,485	5,341	131	29·438	
March -	73	5	20	98	3,085	161	1,424	4,670	98	25·192	
	1,338	17	419	1,174	3,399	204	1,616	5,219	1,174	22·580	

RETURN of the Number of Soldiers, Seamen, and Marines Admitted to their respective Hospitals, &c.—continued.

SHEERNESS DISTRICT.

Comprising the Parish of Minster and Township of Queenborough, in the County of Kent.

MONTH.	Number admitted to Hospital.				Strength of Army and Navy in Garrison and Port.				Per-Centage of Disease.		REMARKS.
	Military.	Naval.	Marine Infirmary.	TOTAL.	Soldiers.	Seamen and Marines Afloat.	Marines in Barracks.	TOTAL.	Number Diseased.	Annual Ratio.	
1866:											
October -	3	8	6	17	500	1,000	233	1,733	17	11·710	
November -	5	8	5	18	450	667	233	1,350	18	16·071	
December -	-	8	-	8	420	1,197	222	1,839	8	5·228	
1867:											
January -	1	13	2	16	360	861	222	1,443	16	13·333	
February -	4	1	12	17	345	1,125	282	1,852	17	11·038	
March -	2	6	7	15	350	1,033	282	1,771	15	10·204	
April -	2	10	-	12	400	1,100	222	1,722	12	8·391	
May -	2	11	-	13	430	1,153	238	1,821	13	8·609	
June -	3	3	1	7	429	1,042	328	1,799	7	4·697	
July -	2	1	-	3	438	609	243	1,290	3	2·803	
August -	23	9	4	36	666	865	243	1,774	36	24·489	
September -	12	6	-	18	725	1,026	243	1,994	18	10·843	
October -	13	28	1	42	816	1,053	243	2,112	42	23·863	
November -	13	22	4	39	800	1,296	346	2,442	39	19·211	
December -	22	17	-	39	767	1,266	306	2,339	39	20·103	
1868:											
January -	7	12	-	19	650	1,661	389	2,700	19	8·444	
February -	9	13	-	22	650	1,589	327	2,566	22	10·328	
March -	7	16	-	23	592	1,664	389	2,645	23	10·454	
	130	192	42	364	544	1,122	288	1,954	364	12·345	

PORTSMOUTH DISTRICT.

Comprising the Municipal Borough of Portsmouth, and the Residue of the Island of Portsea, the Parish of Alverstoke, and Township of Landport, in the County of Hants.

1866:											
October -	112	100	35	247	4,810	4,096	3,516	12,422	247	23·864	
November -	103	108	36	247	4,644	4,948	3,708	13,300	247	22·292	
December -	72	80	52	204	4,101	4,612	3,536	12,249	204	20·000	
1867:											
January -	104	133	27	264	4,183	6,842	5,249	16,274	264	19·469	
February -	76	74	30	180	4,301	5,661	3,674	13,636	180	15·845	
March -	103	103	18	224	4,402	5,529	3,417	13,348	224	20·143	
April -	79	108	32	219	3,993	5,019	3,657	12,669	219	20·758	
May -	80	99	41	220	3,806	4,880	3,620	12,306	220	21·463	
June -	79	137	29	245	3,880	4,569	4,098	12,555	245	23·422	
July -	85	169	40	294	3,824	13,766	3,865	21,455	294	16·452	
August -	122	113	37	272	3,879	5,720	4,581	14,180	272	23·031	
September -	147	113	22	282	4,620	6,360	4,775	15,755	282	21·493	
October -	144	112	19	275	4,927	5,800	3,645	14,372	275	22·974	
November -	112	100	18	230	4,275	5,612	3,637	13,524	230	20·408	
December -	97	84	15	196	4,433	6,095	3,694	14,222	196	16·540	
1868:											
January -	165	95	45	305	4,301	5,918	3,534	13,753	305	26·614	
February -	133	94	31	258	4,183	7,009	3,666	14,858	258	20·840	
March -	122	104	37	263	4,210	8,152	3,144	15,506	263	21·904	
	1,935	1,926	564	4,425	4,265	6,143	3,834	14,242	4,425	20·657	

RETURN of the Number of Soldiers, Seamen, and Marines Admitted to their respective Hospitals, &c.—continued.

DEVONPORT DISTRICT.

Comprising the Municipal Borough of Plymouth, the Parliamentary Borough of Devonport, the Parish of Laira, the Tithings of Pennycross and Compton-Gifford, in the County of Devon; Torpoint within the Distance of Half-a-Mile from the Ferry Gate, in the County of Cornwall.

MONTH.	Number admitted to Hospital.				Strength of Army and Navy in Garrison and Port.				Per-Centage of Disease.		REMARKS.
	Military.	Naval.	Marine Infirmary.	TOTAL.	Soldiers.	Seamen and Marines Afloat.	Marines in Barracks.	TOTAL.	Number Diseased.	Annual Ratio.	
1866:											
October -	49	27	20	96	3,590	4,841	1,881	10,312	96	11·175	
November -	36	30	27	93	3,248	7,374	1,805	12,427	93	8·985	
December -	32	26	22	80	2,629	8,414	1,789	12,832	80	7·483	
1867:											
January -	29	34	21	84	2,634	7,308	1,873	11,815	84	8·536	
February -	32	24	19	75	2,687	6,733	1,725	11,145	75	8·081	
March -	37	17	15	69	2,679	5,511	1,295	9,485	69	8·734	
April -	28	15	26	69	2,286	6,892	1,351	10,529	69	7·867	
May -	43	17	15	75	2,412	6,061	1,555	10,028	75	8·982	
June -	52	16	20	88	2,343	6,176	1,588	10,107	88	10·451	
July -	54	7	23	84	2,617	4,816	1,820	9,253	84	10·894	
August -	80	15	22	117	2,645	5,988	1,927	10,560	117	13·295	
September -	108	28	31	167	3,069	5,759	1,894	10,722	167	18·701	
October -	77	21	33	131	3,010	4,541	1,900	9,451	131	16·645	
November -	66	9	36	111	2,934	4,880	1,880	9,694	111	13·754	
December -	53	25	16	94	2,840	5,976	1,669	10,485	94	10·767	
1868:											
January -	53	21	16	90	2,653	6,511	1,334	10,498	90	10·297	
February -	42	15	31	88	2,574	6,807	1,268	10,649	88	9·921	
March -	40	17	18	75	2,498	6,962	1,090	10,550	75	8·532	
	911	364	411	1,686	2,741	6,197	1,646	10,584	1,686	10·544	

1 July 1868.

F. M. Mallalieu.

Richard Mayne.

(C.)

RETURN showing the Number of Cases of VENEREAL DISEASE Admitted into Melville Hospital, Chatham, during July, August, and September 1867, each Month shown separately.

Appendix B.

		Seamen from Ships at Chatham and Sheerness.				Royal Marines, from Head Quarters.			
July	- 1867	Gonorrhœa	-	Nil	-	Gonorrhœa	-	-	11
		Syphilis	-	Nil	-	Syphilis	-	-	12
August	- "	Gonorrhœa	-	Nil	-	Gonorrhœa	-	-	11
		Syphilis	-	4	-	Syphilis	-	-	11
September	- "	Gonorrhœa	-	Nil	-	Gonorrhœa	-	-	12
		Syphilis	-	1	-	Syphilis	-	-	12
October	- "	Gonorrhœa	-	Nil	-	Gonorrhœa	-	-	8
		Syphilis	-	1	-	Syphilis	-	-	10
November	- "	Gonorrhœa	-	1	-	Gonorrhœa	-	-	9
		Syphilis	-	3	-	Syphilis	-	-	10

Appendix B.

RETURN showing the Number of Cases of VENEREAL DISEASE Admitted into Melville Hospital, Chatham, between 1st July and 30th September 1864.

Seamen.		Marines.
27	Syphilis - - - - -	122
2	Gonorrhœa - - - - -	23
		21=116

RETURN showing the Number of Cases of VENEREAL DISEASE Admitted into Melville Hospital, Chatham, between 1st July and 30th September 1867.

Seamen.		Marines.
9	Primary Syphilis - - - - -	44
	Secondary Syphilis - - - - -	10
1	Gonorrhœa - - - - -	34
		33=76

Severe cases only sent from ships to hospital.

Most of the sailors of guardships are married.

Melville Hospital acts as an infirmary to the Marines stationed there.

Jno. F. Morrison,
Deputy Inspector General.

APPENDIX C.

PAPER put in by Mr. William Acton, 12 June 1868.

Appendix C.

RETURN showing the Accommodation appropriated to Venereal In-Patients at the various Hospitals of London; of the Number of Cases treated in 1856; and, as well as this can be procured, of the Extent of Out-Patient Relief.

HOSPITALS.	Total of Venereal Beds.	Beds devoted to Females.	Females treated.	Beds devoted to Males.	Males treated.	Total treated.	Venereal Out-Patients.
Lock (special) -	53	33	235	20	210	445	2,170
St. Mary's -	None -	-	None -	-	None -	None.	—
University -	None -	-	None -	-	A few -	A few.	—
King's College -	6	6	No return kept.	-	No return kept.	No return kept.	6,000 (an approximation.)
Charing Cross -	None -	-	- ditto -	-	- ditto -	- ditto.	—
St. George's -	None -	-	- ditto -	-	- ditto -	- ditto.	—
Royal Free -	26	26	-	None.	-	-	—
Middlesex -	16	8	65	8	74	-	465
London -	None -	-	No return kept.	-	No return kept.	No return kept.	Not reported.
Guy's -	54	30	285	24	241	526	12,500 (an approximation.)
St. Thomas's -	61	25	165	36	245	410	Not reported, but 1 in 2 of all surgical out-patients.
St. Bartholomew's	81	56	416	25	240	656	12,600 (an approximation.)
TOTAL -	297	187		113			

Appendix D.

APPENDIX D.

SUPPLEMENTARY FACTS and OPINIONS, desired by Surgeon Major *Wyatt* to be appended to his Evidence, more particularly with reference to Queries 701, 703, 705, 706, 719, 735, and 738.

I CONSIDER that the prevalence of consumption in the Guards may be attributed to several pre-disposing and exciting causes; the chief of these being associated,—

1st. With the too early age at which young growing lads are allowed to enlist, and become exposed to the temptations and vicissitudes of the London climate before their constitutional powers are sufficiently developed.

2nd. The prolonged confinement in hospital from the debilitating effects and necessary treatment of venereal diseases.

3rd. The effects of sentry duty in bleak and exposed situations at night, during the winter season.

4th. The prevalence of early marriages, which being "without leave," too often deprives the soldier of sufficient daily sustenance, the wife and family obtaining none of the indulgencies granted to those who have acquired the regular official sanction.

5th. The want of a country sanatorium as part of the brigade establishment to which the convalescents might be sent for change of air, and thus obtain a chance of thoroughly acquiring a restoration to health and efficiency.

I believe that when syphilis may be considered in special cases to have been a remote cause of consumption, a deranged state of the blood has been produced by which nutrition is impaired, and the system deprived of the power to control disease. I am decidedly of opinion that the official abolishment of the system of weekly health inspection in the army must be an indirect cause for increasing the disease called consumption, both in the Guards and throughout the army generally, but more particularly when regiments are quartered in large towns.

Since my examination, I have carefully inspected the official "records" of the medical department of the regiment, and I find that during the past two years 87 men have been invalided, 30 being for diseases of the chest, of whom six were associated with prolonged treatment for syphilis; but five others were invalided for the manifest results of syphilitic contamination. Twenty men have died during the same period, 11 of whom succumbed from diseases of the chest, and of this number one was much under treatment for syphilitic disease.

The scheme which I have ventured to allude to, as possible of application for the detection and prevention of the extension of venereal diseases amongst the civil population of London especially, would assume that the divisional surgeons of the police force be constituted also the sanatory officers of their districts; and that in each division also, two steady experienced men should be employed for the purposes of carrying out the necessary surveillance of the suspected individuals; also that each of the larger general hospitals should receive venereal patients from certain police districts only, the cost for whose maintenance should be borne by the public. I consider that at least 500 beds would be required for the treatment of such patients in London.

I desire to append a notification which has lately been issued by the Committee of the London Hospital to the medical practitioners of that district.

(signed) *J. Wyatt.*

London Hospital, E.,
December 1867.

Sir,

THE Committee of the London Hospital having allotted some additional beds for the reception of women affected with primary syphilitic disease, are desirous of making known that such patients may apply for admission into the hospital *without the form of a governor's letter*, and that they will be admitted, *as vacancies occur*, by the surgeons of the day, and in their absence by the house surgeons.

Yours, &c.

(signed) *Wm. J. Nixon,*
House Governor and Secretary.