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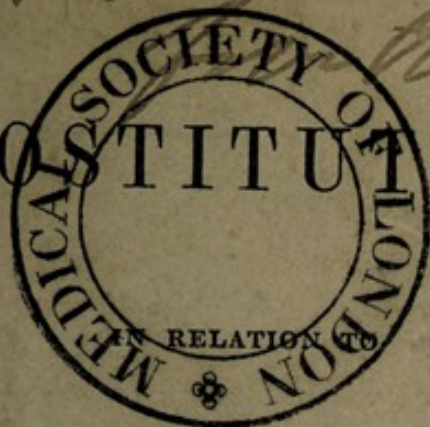
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To the Medical Society
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PUBLIC HEALTH;

FORMING THE INTRODUCTORY CHAPTER TO THE SECOND EDITION OF
THE TREATISE ON SYPHILIS.

BY

WILLIAM ACTON,

LATE SURGEON TO THE ISLINGTON DISPENSARY, AND FORMERLY EXTERNE
TO THE LOCK HOSPITALS OF PARIS.

Reprinted for Private Circulation.

LONDON :
JOHN CHURCHILL, PRINCES STREET, SOHO.

MDCCCLI.

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PROSTITUTION, &c.

"It is time to burst through the veil of that artificial bashfulness which has injured the growth, while it has affected the features, of genuine purity. Society has suffered enough from that spurious modesty which lets fearful forms of vice swell to a rank luxuriance, rather than point at their existence,—which coyly turns away its head from the 'wounds and putrifying sores' that are eating into our system, because it would have to blush at the exposure."—*Quarterly Review*, 1846. *Article on Prostitution*.

THE origin and history of Venereal Diseases has probably given rise to greater difference of opinion than any other subject in the whole range of medical literature ; instead, however, of swelling my work by numerous quotations from the treatises of those who have entered fully into the consideration of this subject, I shall, in the present introductory remarks, merely give my own opinions, referring those who may be anxious to obtain further information to the classic work of Astruc, and the modern treatise of Dr. Weatherhead.

A very superficial consideration of the laws which regulate the animal economy in a state of health and disease, with the various operations of these laws on the different structures of the human frame, are sufficient, I think, in warranting the pathologist of the present day to infer, that many of the various affections, both organic and functional, now recognised as following sexual intercourse, and which I have here included under the collective term "Venereal Diseases," * must have

* By the term venereal diseases, I mean all those affections which are, more or less, directly or indirectly, the consequence of sexual intercourse. They were first so called by T. M. Bethencourt of Rouen, in 1527.

existed in all ages, and in every climate. In the present day we find that a large proportion of the complaints described in the first part of this work, and which we shall call *non-specific** affections, may be developed spontaneously, and that we can produce them at will; hence I imagine it more than probable that they existed long before they were described, because the same agents were then in action to produce them as at present. I admit the spontaneous origin of non-specific diseases, which when once developed may be propagated by contact, under circumstances to which I shall hereafter allude.

In respect to the *second order of venereal diseases, or specific affections*,† I can only now assert, (and must refer for proof to the subsequent chapters,) that we have insufficient evidence to prove that syphilis, properly so called, can arise spontaneously; all the experiments made to produce it *de novo* have completely failed; and a careful investigation of the disease shows, on the contrary, that it has been contracted from a person who has himself contracted it from another individual, and it is in this way only that the disease is now propagated. I hesitate in admitting the *spontaneous* origin of this form, or of *syphilis*, properly so called.

Cases every now and then occur which have a great tendency to shake the opinions of those whose faith is not founded on a comprehensive knowledge of the nature of ulcerations of the genital organs. I will cite one instance, which might be quoted as a strong corroboration of the belief that syphilis may arise *de novo* even in this, the nineteenth century. During the month of January, 1849, a little girl was brought into Queen's Ward, St. Bartholomew's Hospital, under the care of Mr. Lawrence; the little patient's genital organs, buttocks, and thighs were covered with unhealthy-looking ulcers, varying in size from a split-pea to a sixpence; in some places distinct, in others confluent. No violence had been offered the little girl, nor was there any reason to suspect that she had been infected. The child was pale, haggard, and had been subject to much privation; she was then in a filthy state, the commonest attention to cleanliness not having been employed by her parents. To the unpracticed eye this was a case of syphilis, originating in dirt and filth, and would to the novice in no respect differ from the disease in those unfortunate creatures who gain their

* By the term non-specific affections I mean diseases, the consequence of sexual intercourse, depending upon common causes, and not on any special one; as, for example, gonorrhœa, &c.

† By this term are meant those affections which depend on a special principle, distinct from all the ordinary morbid causes, such as chancre.

livelihood in the streets ; the ulcerations were as numerous, their aspect similar, and their character as well defined as in the ordinary cases of syphilis which we meet with in prostitutes. Mr. Lawrence, however, ordered the child a warm-bath, applied a poultice to the affected parts, prescribed good food and quinine, and in a few days the sores became quite clean, the sloughs having disappeared ; we then remarked about twenty healthy-looking granulating sores, which no longer had the slightest analogy with syphilis, and the little girl rapidly got well ; but the case bore a striking analogy with that of a prostitute brought into the hospital at the same time, suffering from gonorrhœa and large ulcerations around the vagina. Cleanliness in this case was enjoined, and here likewise the ulcers, depending only on a simple affection, in a few days presented the same clean healthy surface, showing what discharge and filth will do.

I would ask the reader to consider what might have happened if suspicion had attached itself to any man seen in company with this little girl ? Syphilis, the disease might have been called as correctly as similar affections have been often designated, and supposing mercury instead of quinine had been used, we should then have seen one of those dreadful instances which too often occur, of error of diagnosis complicated with error of treatment, instances which are occasionally advanced to prove the origin of syphilis in the present day.

In common with many previous writers, I admit my ignorance when this disease, syphilis, began. It can be traced as far back as the year 1494, and on this point there is little difference of opinion ; previously to that year, authors are not agreed : for my own part, I believe that a disease* similar to syphilis was known previously to

* Little doubt can exist that the leprosy so common formerly in Europe, and which has almost disappeared, consisted of what we now call secondary symptoms. I might mention many authors to support this assertion, but one perhaps will suffice. John of Gaddesden, who wrote in 1305, and who was a fellow of Merton College, Oxford, thus alludes to the possibility of contracting the disease from leprosy women. "Ille qui concubuit cum muliere cum qua coivit leprosus puncturas intra carnem et corium sentit, et aliquando calefactiones in toto corpore."—*Rosa Anglica*. Pavia, 1492. Car. 61. In the Library of the College of Surgeons.

In Henry the Eighth's time there were six leprosy or lazaret-houses near London—at Knightsbridge, Hammersmith, Highgate, Kingsland, the Lock outside St. George's Gate, and at Mile End. Subsequently Lock Hospitals became the receptacles for syphilitic patients.

In 1452, Ralph Holland, merchant tailor, in a will registered in the Prerogative Court, bequeathed twenty shillings to the Lock Lazaret House. "Item lego leprosis de Loker extra Barram Sti Georgii, 20 s."—*Weatherhead*, p. 12.

the year 1494, but the exact date of its outbreak is unknown, and that we are in ignorance of those circumstances which first gave it birth, or in what country it first made its appearance. In this respect the same lack of information reigns as in a vast number of other diseases, the origin of which we are equally unable at the present day to ascertain.

In the second part of this work I shall have occasion to refer to two or three cases tending to show, that animal poisons which have been introduced into the human system, probably from the horse, have a close analogy with syphilis. Van Helmont attributed syphilis to farcy transmitted from the horse to the human being; his view of the question may not perhaps be so destitute of truth as some persons have imagined; for, in a recent conversation with M. Ricord, I found that he had likewise met with several cases tending to the same conclusion. Whatever may be the origin of syphilis, little doubt can exist that about the years 1493 and 94, both the physicians and historians of the time, described severe forms of venereal diseases, which they stated to be new and unknown, and which they admit themselves unable to cure. From this period to the present day we have progressed and receded in our knowledge of these complaints; but it is only within a very few years that demonstrative proof, by means of inoculation, has enabled us to arrive at an exact knowledge of what is and what is not primary syphilis, and of the means of distinguishing the specific from the non-specific diseases.

If, however, we are ignorant of the origin of syphilis, neither the surgeon nor philanthropist can close his eyes to the frequency of the disease at the present day, nor to the severity which it occasionally assumes in this the nineteenth century. And this brings me to make a few observations on the present condition of the disease in the metropolis. If London Hospitals preserved a list of all affections occurring among the in and out-door patients, it would be an easy task to tabulate them, and I should have been enabled to show the exact proportion of the complaint which venereal disease produces. In the absence of any such statistics, the reader must be content with the few facts I have been at some trouble in collecting; enough, however, to show that not even the profession itself, much less the public, is aware of the frequency of venereal diseases. Let us first look at the

ARMY RETURNS.

The army reports extend over a period of seven years and a quarter, and enter into the detail of the various venereal affections (8072 in number) of the soldiers, amounting to the aggregate strength of 44,611, quartered in the United Kingdom.

CASES ADMITTED INTO HOSPITAL IN SEVEN YEARS AND A QUARTER IN THE
UNITED KINGDOM.

Venereal affections—

Syphilis primitiva	1,415
Syphilis consecutiva	335
Ulcus penis non syphiliticum	2,144
Bubo simplex	844
Cachexia syphilitica	4
Gonorrhœa	2,449
Hernia humoralis	714
Stricture urethræ	100
Phymosis et paraphymosis	27
Total	8,072
Annual ratio per 1000 men	181
Total aggregate strength for whole period	44,611

The numbers we have to deal with, are very large; and it may reasonably be supposed that our conclusions cannot be much invalidated by any peculiar circumstance in treatment, discipline, or climate. The surgeon is at once struck with the large proportion of venereal affections occurring among our troops. On reference to the table, it will be seen that nearly one man in every five, or, more correctly, 181 per 1000, are attacked with the complaint.

We find primary ulcers on the penis more numerous than discharges from the urethra, the numbers being 3559 primary ulcers, 2449 cases of gonorrhœa, or about one man in twelve suffers from ulcer on the penis, one in eighteen from gonorrhœa.

Venereal diseases in the English army then are very frequent, and the following returns show that they are much more so than in the American or Belgian army.

Colonel Tulloch has kindly furnished me with a return of venereal diseases in the American army, compiled from official returns. In the Northern Division, out of an aggregate of 22,246 men, 971 cases of gonorrhœa occurred, which is in the proportion of 1 in 20; and 462 of

syphilis, or 1 in 48. In the Southern Division, out of an aggregate of 24,979 men, there occurred 929 cases of gonorrhœa, or 1 in 27 ; and 584 cases of syphilis, or 1 in 43.

In the Belgian army, where very strict precautions are taken to prevent venereal disease, these complaints are said to be of rare occurrence. M. Vleminckx, Inspector-general of Health, in the army, says, in a recent communication, "Il n'y a plus que cent trente veneriens, dans toute l'armée Belge, qui présente un effective de vingt cinq à trente mille hommes."—*Gazette Medicale de Paris*, Janvier 3, 1846.

Turning now to the

NAVY RETURNS.

The statistical reports from the navy extend over a period of seven years, and relate to an aggregate of 21,493 men employed in the "home service,"—that is to say, in our ports, or about our coasts. Of this number, 2880 laboured under venereal affections, or one in every seven men in the home service is attacked with venereal disease. In the "various" and "foreign commands," the disease is more frequent ; but as we are speaking at present of the United Kingdom, it is unnecessary to dwell on the state of the complaint in other commands. It would appear, then, that venereal disease is more common among soldiers than sailors in the United Kingdom ; but this may probably be accounted for, as the latter are, for the greater portion of their time, kept on board ship, and seldom allowed to come on shore, whereas soldiers, when off duty, have every facility for associating with women of the town in which they may be quartered.

Gonorrhœa and syphilis are met with in nearly equal proportions in the navy ; every seventeenth man being affected with the former, and every fifteenth with the latter.

MERCHANT SERVICE.

I have been enabled to obtain a return relative to this service through the kindness of Mr. Busk, surgeon to H.M. Hospital-ship, *Dreadnought*, at Greenwich. The returns extend over a period of five years, during which 13,081 patients, labouring under medical and surgical diseases, were admitted. Out of this number, the very large proportion of 3703 came under treatment on account of venereal diseases ; or one man is affected out of every three, or more correctly, two out of seven admitted

into the hospital. Supposing three patients are admitted, one comes

From 1837 to 1841.

Months.	Total number admitted.	Surgical not Venereal.	Venereal.	Proportion per cent on admission.	Average (days) stay in hospital.
January.....	1246	356	303	26·6	22·4
February	1015	302	273	28·5	21·8
March	1073	319	327	31·2	20·0
April	893	272	248	22·2	20·8
May	971	342	251	26·7	23·4
June	986	309	242	25·6	21·3
July	1082	355	306	25·6	20·7
August	1093	335	320	30·6	24·2
September	1148	334	348	28·9	23·5
October	1151	319	354	31·1	21·4
November	1188	355	369	32·4	23·4
December	1235	399	362	28·5	23·9
Annual totals	13081	3997	3703	28·3	22·5

Cost for five years of venereal patients, £4165 17s. 6d.

under the physician, as a medical case, the second suffers from a surgical complaint, and the third labours under venereal disease. This large proportion startled me not a little at first; and, to test its accuracy by comparison with other institutions, I made an analysis of the surgical out-patients of Messrs. Lloyd and Wormald, assistant-surgeons to St. Bartholomew's Hospital, amounting to 5327 during one year; of these, 2513, or nearly half, suffered from venereal diseases, at one of our largest and most liberal London hospitals, where letters are given to applicants.

	Venereal men.		Venereal women and children.	
Mr. Lloyd	1009	245 1254
Mr. Wormald	986	273 1259
			Total	2513

This table differs from that of the *Dreadnought*, inasmuch as it includes a large proportion of women and children; as nearly as possible, one in every fourth patient is a woman or a child.

As far, then, as we can ascertain from the data furnished from the reports above cited, venereal disease is very common among large bodies of otherwise healthy males, in the public service, and demands the attention of those who watch over their welfare; scurvy, camp fever, hospital gangrene, have nearly disappeared from the returns, but

venereal diseases are still very common. The returns do not enable us to arrive at any accurate conclusion how far venereal diseases incapacitate their victims from duty. Dr. Wilson, who must be supposed to be a competent judge, inasmuch as he has compiled the returns, tells me, that on an average, each man affected with the complaint is incapacitated from doing duty for a month. In the army, his stay in hospital has been averaged at six weeks. In the return furnished by Mr. Busk, the average stay in hospital is stated to be twenty-two days; and during five years the expense of venereal patients has been £4165. These facts are the only authentic ones which I have been enabled to collect on the condition of venereal diseases at the present time in England.

I doubt if venereal complaints were ever more common than at present. I very much question if, since syphilis was first treated in hospitals, the large proportion here noticed, nearly one out of two surgical out-patients, as at St. Bartholomew's Hospital; one out of every three that applies to the Dreadnought, one out of five in the army, one out of seven in the navy, at any former period suffered from venereal disease,—and yet the public, and many of the profession, believe that the disease is declining. That such is not the case, if number be any criterion, must be admitted by all who weigh well the above statistics, and compare them with the meagre statements I have met with in my researches into nearly all the books that have treated of syphilis. What would the surgeon of Queen Elizabeth say now, could he rise from his grave and see the condition of the complaint, who nearly three centuries ago penned the following words:—

“If I be not deceived in mine opinion (friendly reader), I suppose the disease itselfe was never more rife in Naples, Italie, France, or Spaine, than it is this day in the Realme of England. I may speake boldly because I speake truly; and yet I speake it with griepe of minde that in the Hospitall of Saint Bartholomew's, in London, there hath been cured of this disease, by me and three others, within five years, to the number of one thousand and more. I speake nothing of Saint Thomas Hospital, and other houses about the citie, wherein an infinite multitude are daily cured. It happened very seldom in the Hospitall of Saint Bartholomew's whilst I stayed there, amongst every twenty so diseased that were taken into the said house, which was most commonly on the Monday, ten of them were infected with Lues Venerea.”—*A brieffe and necessary Treatise touching the cure of the disease now vsually called Lues Venerea*, by W. Clovves, one of her Maiesties Chirurgions, 1596,* p. 149.

* To be seen in the library of the Med. Chir. Society.

Writers of the day, who alluded to the frequency of the disease, as I have already stated, rarely mention the proportion of cases. Grunpeck, a German physician, who wrote in 1496, however tells us that the magnates of the land, kings, princes, bishops, and the nobless, all laboured under the malady. Marco Antonio Sabellico,* a Spanish historian at the period, 1506, says that almost every twentieth person was affected. I see nothing in the numbers or persons attacked three hundred years ago which differs much from the present day; in fact, the disease, if it is not so rife among the upper classes in consequence of the less licentiousness of the age, still exists among the lower classes in a much larger proportion in our great cities than one in twenty, and I see no improvement here, nor that we are much freer from the disease than our ancestors, who lived three centuries ago. This is not in accordance with the account of the "oldest inhabitant;" he will tell you that since he was a young man, disease is less than formerly, and he founds his opinion on the not hearing of it among his friends. Doubtless this is the case, but the complaint attacks the younger generation,—were the "oldest inhabitant" the confidant of the young England school, he would find that venereal diseases are not extinct, but sad experience has caused him to shun places frequented in his youth; his passions are less impetuous, and good cheer rather than women has the first place in his affections. Statistics now rule the day, and not the impressions which a man of the world may have formed on the subject years gone by. I shall, however, doubtless be met by the reply, that if venereal disease is not as common as formerly, I must admit that its severity has decreased, until it has become so mild as to possess little of its former virulence.

Here again my interlocutor would be in error in supposing that the disease was originally a very violent affection. The perusal of ancient authors in no way induces me to believe that syphilis originally was a very virulent affection, or in aught differed from what we meet with in the present day. Nicholas Poll, 1536, states that the natives of St. Domingo cured themselves of the disease by guaiacum in about ten days, although the Spaniards required from fifteen to sixty days; and St. Domingo is the source from which the disease is supposed to have sprung. Oviedo states the same fact. Leo Africanus tells us that he

* Vigesima fere pars hominum id malum experta. Paracelsus says it spared none, "nulli parcens," which Barrough repeats, adding, "be they kings, lords, or ladies." Again,

Car regne a ce trez cruel tourment,
Par tout le monde universallment.

Jean de Maire, 1525.

had seen many get well in Numidia without either physic or physician, merely by the salubrity of the air.*

In reading the books published on syphilis, which describe the frightful ravages the disease is said to have committed in the latter part of the fifteenth century, we must take into consideration many circumstances. In the first place, it was supposed to be a new complaint, and as such, we are told, was abandoned by physicians, who acknowledge that they did not know how to cure it,† and its treatment was therefore left in the hands of quacks. All authors, particularly those non-medical men, (many of whom wrote on syphilis) are very apt to exaggerate a new disease, and we have every reason to believe that this was the result. The testimony of all writers on epidemics moreover shows that when a new form of disease invades a country, its virulence is wonderfully increased; and that on the contrary, when the complaint has become naturalized, its effects are of a much milder character. This seems to have been the case with syphilis, which forms no exception to the general rule. Has not this happened with smallpox in a former, Cholera in the present century? before its coming, witness the alarm; on its first outbreak, how great was the exaggeration, how little amenable was it to treatment, and what numbers it carried off,—prevention is the weapon we now oppose to it.

If the epidemic of the fifteenth century be taken as the type, and a comparison made with the disease as we meet with it in the present day, then indeed the affection has become much milder. But this is not the proper view of the case; syphilis, which I believe existed long antecedent to that period, became aggravated by the same causes exactly which are known to increase its virulence in the year 1850. Send a body of men into a foreign country, as we did in the late Peninsular war, expose them to vicissitudes of climate, and after long marches and short commons, let them indulge in wine and promiscuous intercourse, remain inattentive to cleanliness, and as surely as syphilis exists, so will it become aggravated, and assume a form as virulent as it did in 1493, and we shall again hear of the Black Lion of Portugal.‡

* See the authors quoted by Dr. Weatherhead, page 72, et seq., in *History of Venereal Diseases*.

† “*Literatos ab hac curâ fugisse in hoc morbo se nihil scire confitendo.*”—*Jasper Torella*. 1497.

‡ A form of syphilis so called by the troops, because the virile member became inflamed a few hours after connexion, and then turning black, dropped off in the poultice, leaving a mere stump. Such cases are every now and then witnessed in our metropo-

Far then from thinking that syphilis has become milder, I only believe that public health is more studied, the treatment of the complaint better understood, and patients apply earlier, but the germ of the disease lurks amongst us, and in as concentrated a form as ever. This supposed mildness has ever been a favourite theory with authors who have written on the complaint, even immediately after the supposed origin of the disease; and its subsidence been often prophesied; but the oracle has proved false, and we are apparently as far from the fulfilment as ever. To bear out the correctness of my statement, I may quote a few authorities. So early as the year 1518, Pietro Mainardi mentions the fact of the complaint having become so mild that he predicted its total extinction. In the year following, Ulric de Hutton says it could scarcely be regarded as the same disease. (C. 1.) In 1550 the disease had become so mild that it seldom proved fatal. (*Vidus Vidius Lec. Curat. Morb. Gen. p. ii. sec. 2.*) Sydenham says, "*Europæo nostro non perinde lætatur, sed languet indies, et mitioribus phænominis fatiscit.*" (Page 309.)

I trust, then, I have given sufficient authority for my belief that syphilis was not originally the formidable disease some would lead us to suppose it was, but, on the contrary, that from the earliest records we possess we may rationally suppose the complaint to have been little more severe than it is in this country at present, save and except that secondary symptoms followed the primary ones in a shorter time than they do now, and that pustular eruptions took place more frequently. These varieties probably depend upon constitutional causes, which every now and then exert a similar influence.

With every wish to be as concise as possible, I should leave this introductory chapter very imperfect did I not give a slight sketch of the theories entertained on the means of transmission of venereal diseases; for, in proportion as one or the other has been entertained, so has the disease been well or ill treated, and so has society suffered by the extension or diminution of the complaint; and we in the nineteenth century may gain much practical information by studying the faults of our predecessors. As long as the public mind was convinced that syphilis produced its effects by breathing the same air as that inhaled by those already infected, syphilitic patients were avoided by the community in the same way as those suffering from the plague, or more recently, such as laboured under cholera. That this happened we may gain from many

litan hospitals even at the present day, and are found described in this work, but their occurrence is less frequent than formerly.

passages which are to be found in the old writers.* We may quote the instance of Grunpeck being forsaken by his friends, who we are told recognised the disease "by the change in his complexion." The lower orders were driven into the woods and fields, and left to perish without solace and assistance, even by medical men.†

This neglect of patients could only tend to increase the virulence of the complaint, the treatment of which was then taken up by quacks and itinerant vendors of specifics. Under such circumstances the true cause of the disease was not likely to be studied nor proper remedies prescribed. I would beg to observe that, at the period we are now speaking of, the sufferers were shunned from fear of contagion, as the disease was supposed to be occasioned by some epidemic influence in the air brought about by the conjunction of the planets; no obloquy was attached to contracting it, it was considered a misfortune, and the patients were left, as we have above seen, to take care of themselves.

Occasionally, however, this supposed means of infection was seized upon (just as magic was) to make charges against persons who were obnoxious; thus,

One of the articles of accusation brought against Wolsey in 1539, was, "that knowing himself to have the foul contagious disease, &c., he came daily to your highness, rowning in your ear and blowing upon your most noble grace with his perilous and infectious breath."‡ It is curious at the present time to find these opinions long given up by scientific men, still in firm possession of the lower classes. Among them, and particularly in country places, where the complaint is known only by the name of the foul disease, the afflicted are shunned by those aware of the affection, in the full belief that their breath is infectious; a common labourer would never dare to drink out of the same vessel

* *Sævitias hujus passionis et detestatio ejus maxima, ita ut homines à civili conversatione separentur, saltem quoad curati sint.*—WIDMAN: *Tract. de Pustulis, &c.*

† "Pauperes hoc malo laborantes expellebantur ab hominum conversatione, tanquam purulentum cadaver derelicti à medicis (qui se nolebant intromittere in curam) habitabant in arvis et silvis."—LAUR. PHRISIUS: *De Morb Gall.* c. 1.

‡ Oviedo says, that it was communicable by the breath: "Y participar de su aliento."—*Hyst. Gen.* lib. x., c. 2, fol. 93.

As one cause of infection, Nicolas Massa mentions, "*aër per os inspiratus.*" Benedictus Faventinus entertained the same belief; but the case which he cites in exemplification was evidently caught by kissing an infected female. To prevent catching the disease by the breath, medical men, in early times, put bread, or a sponge, soaked in vinegar, in their mouth when they spoke to their patients—a precaution we now know to be wholly unnecessary.—*Weatherhead*, p. 36.

after an infected person had tasted the liquor: secrecy is still, therefore, maintained among this class when affected by venereal diseases, more than among any other, and the quacks of the day, both in Paris and London, have always styled these complaints *secret diseases*, thus contributing to foster the idea that there was something peculiarly specific in them, and that they required a special treatment. The result has been, that patients suffering under venereal diseases, have concealed their complaints, not liking to apply for medical advice, or only do so when the disease has made great progress: this arises from mere shame, and has little to do with religious feeling.

We find many authors denying the contagiousness of the complaint through the medium of the air; little attention, however, was paid to their observations. Public opinion, and the fact that Popes, nobles, and princes contracted the disease, rendered it much easier to give currency to the belief that the complaint was contracted through the air, than as a consequence of the licentiousness of the day. (*Weatherhead on Syphilis*, p. 61, *et seq.*)

We even see that medical writers of that age felt no scruples in relating their own cases, or stating those of their patients. Grunpeck was an ecclesiastic, Ulric de Hutton, a knight, and one of the most zealous champions of the Reformation.

In proportion as the venereal disease extended, owing to the causes above mentioned, the true sources, namely, contagion, became known, and we find that patients labouring under the disease were shunned, and obliged to leave large towns. In 1497, James IV. of Scotland, in consequence of the frightful prevalence of the venereal in Edinburgh, issued the celebrated proclamation banishing the infected from the city. The original is preserved in the Records of the Town-council, dated 22d September, 1497; and as a document, both little known and curious in itself, as characteristic of the age, I shall copy part of it. His Majesty "charges straitly all manner of personis being within the freedom of this burt, quilks are infectit, or hes been infectit, uncurit with this said contagious plage, callit the Grandgor,* devoyd, red, and pass furt of this town, and compeir upon the sandis of Leith at ten hours before none; and thair sall thai have and find botis reddie in the

* Among the common people in France the disease was called "La Gorre."

"Mais le commun quand il la rencontra,
La nommoit Gorre, ou la Verolle grosse,
Qui n'espargnoit ne couronne, ne crosse."

Les Trois Comptes, par Maistre Jean le Maire. 1525.

havin ordanit to them by the officeris of this burt, reddy furneist with victuals, to have thame to the Inche,* and thair to remane quhill God provyd for thair health." Those evading this ordinance "salle be brynt on the cheik with the marking irne, that thai may be kennit in tym to cum."

I may likewise cite in this place the more generally known "Arreste" of the parliament of Paris, in reference to the venereal disease, dated the 6th of March, 1496, stating that, "Because in this city of Paris many persons were sick of a certain disease called the Great Pocks, which had raged *for the last two years* in this kingdom, as well in Paris as in other parts of France:" and as there was reason to apprehend that it would increase as the spring advanced, it was advised to provide accordingly. In order, therefore, to put a stop to the inconveniences daily occurring from the visiting and communication taking place with the sick, it was counselled, determined, and decreed by the Reverend Father in God Monsieur the Bishop of Paris, the officers of the crown, and the mayor and sheriffs of Paris, as follows:—

1. That the public town-crier should announce, on the part of the king, to all strangers, whether men or women, having this disease, and not dwelling or resident in this city of Paris, that, within twenty-four hours of this notice, they depart the said city to the country or places of which they are natives, or to where they abode when taken with the distemper, or elsewhere they like, on pain of being hanged: and to facilitate their departure, they are told that at the "portes," St. Denis and St. Jaques, they would find persons properly deputed to give them four Parisian sous each. They were, moreover, forbidden to re-enter the city until perfectly cured of the disease.

By the 2nd article it was ordained, "That every citizen having the distemper, was to confine himself to the house, under the same penalty."

By the 8th, the mayor gave orders to the examiners and serjeants not to suffer any communication between the sick and the inhabitants, and those found disobeying this interdict were to be expelled the city or sent to gaol.

And by the 9th, the city gates were to be guarded that none might stealthily re-enter. (*Weatherhead*, p. 55.)

We are not likely again to return to this barbarous mode of treating venereal disease, which was discontinued in consequence of the

* The island of Inch Keith, in the Frith of Forth, about twelve miles distant from Edinburgh.

plan having been found to produce the most mischievous consequences ; but, in England, the fear of encouraging vice has prevented the governors of many of our large dispensaries and public hospitals from permitting the treatment of venereal patients in those institutions.

A few years ago, persons labouring under syphilis were not admitted in-patients to the Middlesex hospital, except by the pre-payment of two pounds, and this by-law was printed on all the letters. The reason assigned was, that persons who contracted syphilis ought not to partake of a charity not intended for those who followed a vicious and licentious course of life. I need not say that evasions became very common, and as will be seen in the working of such absurd laws elsewhere, they were inoperative ; but a curious fact was mentioned to me by the secretary of that institution during the time that the law was in operation. The guardians of workhouses used to send their very bad cases to the hospital, with a payment of two pounds ; such patients rarely recovered under many months, and the governors found that the cost of these persons far exceeded the amount paid ; this, together with the few persons who could afford to pay, and the protests from the surgeons who were unable to teach pupils the treatment of syphilis, and it is to be hoped more philanthropic and correct sanitary views on the part of the governors, in respect to the duties they owed to the public, have erased such laws from the statute book, and this institution now possesses wards devoted to the gratuitous treatment of syphilis, the patients labouring under the disease being kept apart from the others.

It appears from the following bye-law at the London Hospital, "No person shall be admitted with the venereal distemper except by the special order of the House Committee, subject to such regulations as they shall from time to time establish ;" that syphilitic patients are not admitted into the wards of that institution, but the surgeons usually admit such cases by describing them as ulcers, diseases of the skin, &c. A gentleman connected with that institution tells me he has attempted to effect a reform, but as yet without success. We have heard that, even at the present day, a law exists preventing the surgeons at the Bloomsbury Dispensary from prescribing for a venereal case unless the patient pays a fine of five shillings : the surgeons however evade the law, as appears from the published statement of Mr. Cooper. Still the fact remains that a disinclination exists among the governors of public charities to allow syphilis to be treated. Do not the fines to be levied on the licentious savour much of the *good* old times when absolution could be bought, and a man might be as wicked as he

liked provided only he was rich enough to purchase forgiveness? A few years since the Lock Hospital * would have ceased to exist from a want of funds, had it not been for the praise-worthy exertions of the Honourable Arthur Kinnaid, Mr. B. B. Cabbell, Mr. Tattersall, and a few others. It has, however, through the exertions of those gentlemen, aided by others, now again risen to a state of great efficiency, and promises to rank with some of our most valuable institutions.†

This exclusion of syphilitic patients from some of our large institutions has necessarily thrown them back upon others, and hence we find by far the majority of persons treated as surgical out-patients at the free hospitals to be labouring under venereal diseases, thus these institutions fulfil the duties of the venereal hospitals of France. Far be it from me to discourage any one from subscribing to these excellent charities, but I would ask my readers to weigh well these facts, when they refuse to subscribe from conscientious motives to a Lock hospital, and give their money to others who do not perhaps profess but virtually treat cases the result of a vicious life. Society has, however, paid dearly for the experience by which it is now becoming convinced that these regulations have completely failed in deterring men from contracting the disease, as it has invariably been found that such supposed precautions only react upon society itself. Consider the case of a prostitute, who, having contracted syphilis, is unable to pay for advice, or to lay up at her own rooms until she has recovered. Let us suppose she has been refused attendance or medicines at the institutions above alluded to; is it to be believed that she will starve rather than run the risk of infecting a drunken mechanic who has a few shillings in his pocket? What is the consequence? Her own complaint becomes aggravated; she applies to the parish, which is BOUND to relieve her, take her into the house, or send her to the hospital. It is society that

* The present name of our Lock Hospital, which was instituted for its present purposes July 4, 1746, takes its name from loke, a house for lepers, but must have existed many years before as a lepers' hospitals.

† The following curious document relating to the Lock may interest some of my readers:—"As to your desire of knowing how many patients might be taken into the Lock Hospital, Southwark, I here send you an exact account of those that were admitted and discharged from that house in 1720, which was the last year they were under my direction.

"Admitted from January 17 $\frac{12}{20}$ inclusive to January, 1720, exclusive,	115
"Cured and discharged	108
"Died	7

"SAM. PALMER."

(Turner's Syphilis, p. 175, published 1724.)

suffers, as, instead of at first receiving a little medicine, she probably must now be maintained for three months at the public expense. But the "harlot's progress" does not end here; she has infected a drunken married man; he communicates syphilis to his wife, and the mother to the child. The father is afraid to confide to his wife the nature of his complaint; the woman is ignorant of the consequences, until the disease has made considerable progress; and then we find an entire family converted into "non-effective" individuals for the space of two months. Death overtakes a large proportion of the children thus infected,* the health of the parents is permanently damaged, and he who turned the afflicted prostitute away from the hospital door, with the expression, "Get thee hence, Satan!" may perhaps, for the first time, learn that *he* himself sent abroad "the pestilence which walketh by night" to afflict the innocent mother and the child yet unborn.

Admitting (say some) that all precautions should be taken by the authorities to prevent disease in the army and navy, why attempt to legislate for the prostitute, who is sunk in the lowest depths of vice, and is irreclaimable? Is it not far better to let her run through her career for the few years she has to live, confine her to her low haunts, where she will perish through the combined effects of dissipation, syphilis, and their inevitable consequences, and thus afford an example to deter others from following in the paths of sin?

In a work of this nature, it is not for me to ask if it is a spirit of true Christian benevolence that dictates this line of argument. Fortunately for society, more philanthropic ideas are now entertained on these matters, and my opponents are sufficiently met by writers like those in the Quarterly Review, cited in the motto, and by the ministers of the church, as in the dignified and conciliatory language of Mr. Garnier at page 23. It is for me to point out the popular errors upon which these delusions are based, and show on what erroneous notions we have hitherto neglected this large portion of our population.

That prostitutes form a large class in our cities and towns, no one pretends to deny. Whether, as the Bishop of Oxford says, they amount to 80,000, or to 50,000, according to the computation of the late magistrate Colquhoun, or, to one in twelve of the sex, as assumed by Dr. Edgar, I shall not stop to inquire; one thing is certain, but

* It is proved by the mortality tables published under the authority of the Registrar-General, that out of 244 deaths from syphilis, during the years 1846 and 47, 179 were those of children under one year of age. This, and the possibility of the disease being introduced into private families by means of nurses, will be fully discussed in succeeding pages, but particularly in the chapter on "Infantile Syphilis."

a few years elapse and they disappear. It has been asserted, repeated, and believed, that they perish of want, dissipation, and disease, consequent upon their vicious mode of life, or that they commit suicide. Let my reader suppose, as has been asserted, with more or less truth, that these unfortunate creatures gain a livelihood in the streets but for three or four years on the average; and looking at the numbers daily met with, let him calculate what must be the proportion of women that resort to this mode of life. If numbers be any inducement to legislation, this class deserves the attention of the social reformer; and let it well be remembered that this state of things has existed during the period when every species of opprobrium has been thrown on prostitution, and every supposed incentive held out to lead to a virtuous life. The main point, however, remains, that in spite of every thing to deter them, many of our female population have resorted, and do resort, to the streets as a means of existence. It is not for me, in this place, to more than hint that a want of paternal control, or religious education, the promiscuous herding of the sexes in the dwellings of the poor, the little value set on chastity in the lower walks of life, the lack of female occupation, the wealth which men will squander in the attainment of their sinful wishes, the facility with which illicit intercourse may be carried on in large towns, and lastly, the impossibility, real or assumed, of forcing men to settle in life in the present crowded state of society, has brought about this condition of things; nor is it possible to say whether the morals of the female population are worse or better than formerly; the fact remains, and can be testified to by all, that I have not over coloured the present condition of the case in this and other towns in England where prostitutes form one of the dangerous classes of society. But is it true as asserted and believed, that the prostitute dies after a few years of following her calling? In a table published elsewhere,* it is shown, from the return of the registrar-general—that infallible table of the causes of death—that a very few women die of syphilis in the metropolis; only twelve females died in the course of the year 1845. I have likewise elsewhere shown, that in the Lock Hospitals in London, Dublin, and Edinburgh, death from syphilis is very rare. My duties as dispensary surgeon, (an office which brought me much among the poor,) convinced me also that these unfortunate females did not die of other diseases more commonly than any other class of females; and inquiry among the workhouse authorities, the medical attendants of penitentiaries, asylums, and hospitals, fully corroborates the registrar-general's statistics and my own convictions.

* Section on "Death from Syphilis," second part.

Common sense opposed to popular opinion would bear out the above statements, and a little reflection will show the fallacy of the popular notion. It is well known that prostitutes, whatever their other characteristics, are recruited among the strongest, the healthiest and best proportioned class of females, and they are thus naturally best fitted to resist the excesses or trials which attend their pursuit; I shall, moreover, be borne out by the concurrent testimony of all observers, that no class of females is so free from general diseases as are prostitutes. They disappear from the streets after three or four years, it is true, but not to perish by disease, nor do they commit suicide. In 1840, only 56 women above the age of twenty committed suicide in London, whereas 126 men destroyed themselves in the same year; and there is no reason to believe that even one-half of these were prostitutes; the same may be said of other years.

What, then, becomes of the large number of women who resort to prostitution for a livelihood? I have every reason to believe that by far the majority soon cease to have promiscuous intercourse, and return to a more or less regular course of life. Before coming to this conclusion, I have consulted many parties likely to be acquainted with the habits of prostitutes, and have founded my belief on the following data. Whatever be the cause of a female becoming a prostitute, one thing is certain—before she has carried on the trade four years, she is thoroughly disgusted with her mode of life. It may be urged that the public deserts the prostitute, and that the prostitute does not desert the streets. Such may be; but with only sufficient exceptions to prove the rule, the case is as I have above represented it. The suffering, annoyance, and want, attendant on the vocation, have the effect of driving all from the streets except some few who seem to thrive in proportion to their age. I think it was the late police magistrate Mr. Walker, who, in one of his clever papers in the "Original," stated that he is unaware of any person in London, who, if he tries, cannot get employment. I admit the difficulty of the poor man with a large family, to maintain himself and children without parish relief—the truth of the poor shirt-maker's lament, by Hood, I as readily grant—particularly when filial affection binds her to support a sick mother, or delicate sisters; but no such incumbrances attend the prostitute who flies from the horrors of the streets. We must recollect that she has a healthy frame, an excellent constitution, and is in the vigour of life, or, probably, would not be able to so abuse the gifts of nature. During the career she has run, she has obtained a knowledge of the world, perhaps beneath, more probably above, the situ-

ation in which she was born—is it surprising, then, that she settles, and is amalgamated with the poorer classes of society, or becomes a married woman, after first living in a state of concubinage with her husband? The better class of prostitutes become the wives of the mechanic, the clerk, and the petty tradesman; and as they are frequently barren, or have only a few children, there is reason to believe they live in a comparative state of affluence, unknown to many virtuous women burdened with families.

The lowest class become the frequent inmates of our prisons, living with thieves, and are ultimately transported, or keep the disorderly houses known to the police.

If this be truly the end of the prostitute's career, is it, we ask, of no importance to society, that she be protected as much as possible from diseases to which she may become subject during her course of dissipation, putting out of consideration the chance of infecting others? If philanthropy will not succour her, do not the considerations of public health require us to watch over her, so that, during her short career, she may preserve her constitution as unshattered as possible, and on re-entering society, she may not bring disease with which she can taint her children?

If, then, as I have attempted to show, society has the greatest interest in succouring the infected prostitute instead of shutting her out from the benefits of our medical charities, so have the public authorities the same interest in preventing and curing venereal diseases which are so prevalent in the army, navy, police force, and all classes of the male population of large towns. Experience teaches that every facility for cure should be afforded to men who contract venereal diseases, instead of punishing them when they have become infected. In no case has this been more forcibly shown than in the army, where the surgeons advise and enjoin their men to apply on the appearance of the earliest symptoms after infection; and the weekly examination of soldiers is made to obviate the ill consequences of syphilis, and it is found to answer admirably. For if an individual in one of our public services contracts syphilis, he is examined by the surgeon of his corps, and is sent to the hospital, where he remains until cured. The worst that can happen in such a case is, that the country defrays the expense of maintaining him for a period, during which he is a "non-effective" individual. This, on board ship, is, however, of the greatest inconvenience, when the complement of men is perhaps only sufficient to navigate the vessel. Who suffers in such a case? Not the individual so much as the service. But suppose we inflict punishment by enjoining confinement, or loss of rations;

the sailor will then not report himself sick, or he will attempt by every means to evade the detection of his complaint. The result is, that the disease goes on unchecked for some time; and that, ultimately, the man is laid up for a longer period, and the efficiency of the service is further impaired.

I look forward to the day, when, among other social questions, the abatement of the causes of syphilis, as well as the abatement of the causes of typhus, will be discussed. We must no longer confine our attention to the drains and sewers; if we wish to eradicate syphilis, we must not let it lurk in the dark corners of this Metropolis. It is useless to brand it with infamy; it will only spread the more. It must be met like other evils; it must be investigated by scientific men; its consequences must be pointed out, and the best means of prevention tried. It is in vain to view it with the prude's eye. Disgusting as may be its haunts, they must be exposed. Its consequences need not be exaggerated, and, if correctly stated, improvements will follow. It is the medical profession alone that can suggest these improvements. At present, much prejudice has to be got over, for all parties have aided in casting a stigma upon the disease, and upon those who have had, directly or indirectly, to do with it. The clergyman has too often drawn his picture of vice, with the sole object of intimidating others from falling into temptation. Even the medical man (who, of all others, should be the most charitable) has occasionally pointed the finger of scorn towards the *confrere* who has investigated these diseases, forgetting that John Hunter did not neglect this complaint, and that the pious Parent Duchatelet passed a great portion of his life in its meritorious investigation. If we are unable to curb the animal passions, should we not attempt to alleviate, as far as possible, the consequences which mankind suffers from their indulgence?—particularly when society suffers more than the individual; for by the statistics obtained from the Dreadnought Hospital ship, it is found that a patient affected with syphilis becomes a “non-effective” individual during twenty-one days, and the annual cost of syphilitic patients to that institution alone is nearly £1,000.

I ask those who still wish to exclude persons afflicted with venereal disease from the benefits of our public charities to weigh well the following extract from the Report for 1849, of the Lock Hospital, drawn up by its late excellent chaplain, the Rev. T. Garnier:—

“We would not say anything except in perfect admiration of that spirit of high-toned morality by which many in the upper circles of society in this country are so happily impregnated; although we are aware that

many excellent persons from that cause, refuse their support to the charity, fearful lest by so doing, they should give their countenance to vice, and should be virtually fostering those very penal evils, which the hospital is founded to eradicate. The governors would only request such persons calmly to examine the question in all its bearings.

“It is true that many of the objects of its merciful protection are sinners, suffering directly from the effects of their own profligate conduct. But is the mitigation of no evil or disease to be attempted except such as have been inherited, or have come upon the sufferer, while pursuing the path of propriety and virtue? Within the limits of how small a circle could the benevolence of the Christian be then confined? To how few cases in our general hospitals could assistance be conscientiously extended; how many must be suffered to pine away in abject destitution. Were this a principle of conduct enjoined by Divine authority and commended by Divine example, surely the sun would not now rise upon the unjust, nor would the rain descend upon the unthankful and the evil,—no scheme of redemption would ever have been formed for our fallen race,—nor would the Saviour himself, our great example, have healed in His day, all manner of sickness and all manner of disease among the people, without any reference to the characters of the sufferers or the causes of their maladies.”

*Queen Ann Street, Cavendish Square,
January, 1851.*