ILLUSTRATIONS

OF

THE WORKING OF THE CONTAGIOUS DISEASES ACT.

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II.—PLYMOUTH AND DEVONPORT.

IN my first "illustration," I endeavoured to show why so little benefit has been reaped by Her Majesty's forces from the institution of preventive measures at Chatham and Portsmouth. To recapitulate the reasons shortly, they are: First, the number of beds at the disposal of the surgeons has never been equal to the number of diseased prostitutes. Secondly, the examination of the women has always been confined to those against whom abundant information of their being diseased exists. Lastly, the pressure on the accommodation is so great that women are discharged from the hospital when only imperfectly recovered. The causes which frustrate the Act at Portsmouth are also at work at Devonport, though the surgeons and police have exercised great skill in availing themselves to the utmost of the means at their command. Their efforts are very much aided by the naval and military officials at Plymouth, who are well aware of the benefit that attends the fulfilment of preventive measures. For these reasons solely the success of the Act is more marked at Plymouth than elsewhere.

The Government set the Act of 1864 in operation at Devonport in April, 1865. This Act was continued to September, 1866, when the present one came into force. The Government have arranged with the authorities of the Royal Albert Hospital, Devonport, to rent a number of beds, which have gradually increased from 38 beds at the beginning to 86 at the present time, a number that, before the end of the present quarter, will reach 142. This accommodation will probably, after a time, be more than sufficient for the district; though, till the amount of present disease in the towns of Devonport, Plymouth, and Stonehouse is greatly diminished, the beds will not contain all the diseased women. There are about 1100 prostitutes in this district under police surveillance, and probably between 300 and 400 more over whom the police exercise very little supervision, either because they manage to escape notice, or because they do not associate with the soldiers or sailors. The hospital accommodation for these 1100 women has never been even nearly sufficient. In order to economise it as much as possible, the police hardly ever summon women for examination on information received from a single soldier or sailor. They always select women against whom they possess several accusations, and also those from whom the men have contracted venereal ulcers or syphilis, being the severer kinds of disease. Hence it can readily be conceived that numbers of diseased women escape examination altogether. How accurate their information is, the following shows: In eighteen months of the first Act, 452 women were examined; of these 6 only were found by the surgeons free from disease. In the 15 months of the Act of 1866, 451 women have been examined; of these 31 were found free of disease, or 37 out of 903. The pressure on the beds is relieved by the police in two other ways. By one they avoid the difficulty which has arisen at Portsmouth and Chatham, and which also began to be felt at Plymouth 18 months ago, namely, the influx of diseased women from the neighbourhood. The Plymouth police get rid of such persons at once by sending them to the workhouse, whence they are passed on to their own parish. The second mode is to limit their surveillance to the women associating with the soldiers and sailors; if other women are diseased, they are not allowed to come into the brothels where the soldiers resort, but are made to shift for themselves as the women in other towns must. The police interpret the Act solely for the benefit of the soldiers, and not for that of the town generally. In this no doubt they are quite correct. Probably they are by these means, to some extent, successful in shielding the garrison from venereal contagion; though, of course, sending these women back to their parishes is importing venereal disease into other localities, and the community at large benefit little by the change.

There is another source which spreads much disease among the women. By a clause in the Merchant Shipping Act, masters of trading ships are not compelled to support their sick seamen if the

illness be venereal. Thus these men, when useless aboard ship, are sent ashore to shift for themselves. In this condition, and often quite destitute, the men seek admission to the Royal Albert Hospital, which does not receive such cases; hence, being strangers, and without other resources, they take refuge in the low brothels, fasten themselves on some woman, whose gains help to provide a livelihood for both, until they are ultimately sent to the workhouse; the women, it can be imagined, quickly communicate fresh disease to the soldiers and sailors—their usual clients. Even solely to prevent the disabling of soldiers, it would be good policy to establish a hospital for the mercantile marine at this and other ports where there is no accommodation now.

Another point is extremely instructive and worthy the consideration of those military medical men who oppose personal examination of soldiers. Troops arriving from other stations are constantly bringing fresh disease into Plymouth. One day last summer the 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 depot sent from Chatham, 1 only to the main detachment of the regiment just home from foreign service. The men of the depot had brought their disease with them. The inspector then bethought him of looking up the woman in the brothels frequented by this regiment. He soon discovered that large numbers 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 1000 of the garrison since April 1865 to the present time. In April 1865 the number of diseased men stood at 18; in May and June a regiment arrived, its depot from Colchester and the main body from India. In this month the numbers rose steadily to 34, again falling to 23 in July, when no troops entered. On August 4th, 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 depot, 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 depot 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 depot came from Chatham, and other companies of the regiment in August, when the wave mounted to its highest point since the operation of the Act, namely, 35 per 1000. 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, I understand, 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. This, however, I am assured by army surgeons is rather an exceptional condition of things. I give the statement as it was given to me. 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 increase in the monthly entries of disease must not be attributed to the importation alone of fresh disease among the soldiers. A great part is no doubt due to the increase of debauchery among the men after a long voyage, and unfamiliarity with their new quarters. Nevertheless the fact that disease is 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. I was able to procure

from Dr. Beith, Deputy-Inspector General of the Royal Naval Hospital, Plymouth, 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, before the Act. 1865, 62.67; 1866, 49.33; 1867, 39.69, 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.

Among the women, Mr. Sloggett, R.N., Visiting Surgeon under the Act, states that the disease is assuming a milder form; cases of extreme exhaustion are much less frequent than heretofore. During the first eighteen months, the proportion of women with ulcers of the genitals was 26 per cent. During the next twelve months, they dwindled to 16 per cent. The women have become much more cleanly in their habits, and their general health is greatly improved. A few years ago, it was no uncommon thing for the women to die in a state of complete neglect. This, of course, never happens now, as the police send persons dangerously ill at once to the workhouse, where they can be duly cared for. One most important improvement has taken place. The women no longer solicit passers in the streets; and public decency is not outraged in Plymouth as in many parts of London and other towns.

I found the success in rescuing young girls from their vicious life is very considerable. I gathered several instances of this kind. One I may pause to relate. A servant-girl had left her place a few weeks before to follow a soldier. The father being dead, the inspector wrote to her mother and brother, who are small farmers in Cornwall. They readily received the girl back to her home, where she is now leading a steady, virtuous life. Experience shews, nevertheless, that the best chance for a girl's reclamation is to send her to a refuge, and not at once to her relations, who are seldom at first sufficiently careful or forgiving to prevent her from going astray. The hospital authorities have made great exertions to reclaim the girls; and have returned to their friends no less than thirty-eight per cent. of the patients after their discharge from hospital. Though several of these girls relapse into vicious habits, a very encouraging proportion remain in honest industry.

The surgeons are of opinion—and, as I think, quite justly so—that it is useless to set a patient free while any muco-purulent discharge passes from the cervix uteri. Hence the average stay of the women in Devonport Hospital has been an exceedingly long one—over sixty days. This long stay in hospital does not, however, prevent the women returning thither again. In two years and a half, 775 women have been in the hospital; of these, 190 were sent in a second time, 75 a third time, and one even a seventh time.

Having related instances of the mode of life followed by the prostitutes at Chatham and Portsmouth, I need not occupy space with picturing the vicious occupations of the women at Plymouth, precisely similar to those of the Portsmouth women, and of which I saw endless repetitions under the guidance of the dockyard police. I made a tour of inspection through the brothels and beershops, and had many opportunities of talking quietly with the women and the brothel-keepers. I found them even more unanimous than their sisters of Portsmouth in acknowledging the benefit they derive from the Act, and their readiness to submit to periodical examination. I did not find, however, the women at Plymouth mention a dislike to being singled out from their fellows for examination, that the Portsmouth and Chatham women expressed. This would seem to be in great measure due to the discretion exercised by the police in making their selection, and also to the great number of diseased women. The police take only those against whom there is abundant proof. I learn from Mr. Sloggett that, on Jan. 1st, twenty-four additional beds were placed at the disposal of the surgeons. To meet this sudden increase, the police had thirty-four women ready for examination; of whom, five only were found free of disease. This condition, too, even after nearly three years' operation of the Act. I cannot help holding this an excellent proof that more beds and much more frequent inspection of the prostitutes are still wanted.

There is one suggestion I would offer for the consideration of the authorities; namely, that the present staff of constables is not sufficiently numerous; and they would transact their business with greater regard for the feelings of the women if they habitually wore plain clothes. To require a woman to walk through the public streets accompanied by an officer in uniform, makes her occupation at once notorious to all who see her.

The consequences of venereal disease among the population are very serious indeed in Plymouth. I learn that in the three towns of Ply-

mouth, Stonehouse, and Devonport, 150 children die annually of those born of prostitutes, one-third being still-born; of the remainder, a large proportion die also shortly after birth or in early infancy. This large mortality of infant life has at length attracted the notice of the townspeople; and a small hospital has been established at Devonport for the children of soldiers and sailors, of which Mr. J. W. Batten is the treasurer.

Before closing this article, I must express my obligation to Mr. Woolcombe, the zealous Vice-president and Treasurer of the Royal Albert Hospital, Devonport; to the Visiting Surgeon, Mr. Sloggett, R.N., so well known for the valuable information he has published on the prevention of venereal disease in the ships and stations in all parts of the world where he has served. The Admiralty is much to be congratulated on having selected a surgeon so thoroughly conversant with the duties of his office. The large experience of Dr. Beith, Inspector-General of the Royal Naval Hospital, Plymouth, has been of great assistance to me in my inquiries. The surgeons of the Royal Albert Hospital, Dr. Row, Mr. Bulteel, and Mr. Swain, and the house-surgeon, Mr. Wolferstan, most kindly afforded me every assistance their experience could suggest, and I am very greatly indebted to them for the time they bestowed on me.

OBSTETRIC MEMORANDA.

[UNDER this head, we shall, from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record, to relate them with the utmost brevity, and equally to condense any appended remarks.]

INTOLERABLE PRURITUS OF THE VULVA.

By ARTHUR W. EDIS, M.B., Physician-Accoucheur to St. George's and St. James's Dispensary.

S. B., aged 54, married, mother of a large family, all grown up, sent for me on November 14th. I found her suffering from pruritus of the vulva, to which she had been subject for the last three months, having attended as an out-patient at the hospital for over two months without obtaining any relief. Four years ago, she suffered from a severe attack of rheumatic fever, which confined her to bed for about six weeks. About three months since, she had a rash all over her body, which caused great irritation from the itching produced, always being worse at night. This, after a short time, was relieved by medicines; but the irritation in the external parts of generation remained, and became gradually worse.

When I saw her, she had severe itching and irritation of the vulva, the pain at times amounting to great agony. It came on in paroxysms, but not periodically, and generally lasted three or four hours, and recurred two or three times in twenty-four hours. She had suffered a great deal of pain in her life, but nothing ever produced so much misery and discomfort as this. The paroxysms commenced by slight irritation, with itching and tingling, not relieved by scratching, but increasing in severity until she became almost frantic, her friends being almost afraid to remain in the same room with her. The memory was somewhat impaired; and, from the continued want of sleep, her temper had become excessively irritable.

On examination, the vulva was found to be slightly erythematous; the uterus normal. There was no vaginal discharge. I ordered her liquor potassæ, colchicum wine, and tincture of opium, with saline mixture, three times a day; and a lotion of lead and opium to be frequently applied. On the following day, I found her much relieved. She had slept for four hours consecutively, which she had not done for several weeks past. She had had no return of the pain. A fortnight afterwards, she had improved very much. She had scarcely any pain. She had a severe paroxysm on November 26th, none since. On December 2nd, she was so far convalescent, that I ordered quinine and iron, with a dose of the former mixture at bedtime, if requisite, and an aperient pill when required. She got up daily. On December 12th, she was up and about doing her house-work. She reported herself as feeling better now than she had done for the last three months. She was directed to continue the mixture. On December 17th, she was convalescent, and had had no pain for over three weeks.