ILLUSTRATIONS

OF

THE WORKING OF THE CONTAGIOUS DISEASES ACT.

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IV.

THE VENEREAL DISEASE AMONG PROSTITUTES OF LONDON.

WHILE investigating the effect of the Contagious Diseases Act 1866 in those towns where it is in force, an account of which was published in the *BRITISH MEDICAL JOURNAL*, I also undertook, in company with Mr. Ernest Hart and Dr. Cornelius Inglis, to gather, by systematic visitations, for which the police offered us facilities and gave us guidance, some knowledge of the extent to which the public women of London are afflicted with contagious disease, and what means of cure are open to them; also, whether it would be practicable to apply to them the regulations that control the common prostitutes of garrison towns.

The majority of London prostitutes reside in the cheap lodging-houses of the parishes of Westminster, Gray's Inn Road, Drury Lane, Commercial Road, New Road, Spitalfields, and Ratcliffe Highway.

In the last locality, the women associate chiefly with sailors and foreign mechanics, and they have habits differing from those of the more destitute prostitutes of other districts, but are even more closely congregated together than the former. The stigma which their occupation throws upon these persons causes them to be avoided by their neighbours. Thus they are led to collect in districts, and only a comparatively small number are able to conceal their mode of life and live among persons of ordinary pursuits. There are, no doubt, other reasons for this segregation; but the fact is obvious, that a comparatively small number of prostitutes, most of whom it would be difficult to cite as "common prostitutes", dwell away from their fellows. The great majority of women to whom prostitution is the business of life live together in localities that are perfectly well known to the police. This peculiarity very much facilitates the supervision necessary for the purposes of examination and control. Nor is the number, so far as can be learned, of the prostitutes in London unmanageably great. Though it is difficult to form an exact estimate, there is good reason for supposing that all the prostitutes, both avowed and clandestine, do not exceed 15,000; and probably this is an over-estimate, for only between 6000 and 7000 are known to the police.

But, passing to the question of disease among them, the result of my inquiries convinced me that very nearly all of them sooner or later suffer from venereal disease of one or other kind. The women admitted this themselves; and the greater number could tell me what means they had employed to cure their disease, when they had had it. The poorer ones, of course, had resorted to the hospital or workhouse; the richer had paid medical men to attend them. They all, nevertheless, use means for cure very inefficiently, and simply seek to get rid of pain or discomfort, without assuring themselves that their malady is cured before they return to prostitution; moreover, all prostitutes, rich and poor, are thoroughly reckless and indifferent about their health. Even the women with whom men of the highest classes in society associate are nearly as careless in this respect as the wretched outcast of the street, who has no resource but to continue her trade or to starve. They are, especially the younger ones, also quite ignorant of the symptoms of disease, and, so long as it causes them no pain, they take little notice of it. It is difficult to exaggerate the wretched misery in which the poorer women dwell; many of them would readily quit their mode of life if they knew how, but they are friendless and repelled by the respectable part of the community. It is their invariable practice to delay seeking treatment for their disease, until their personal suffering or inconvenience becomes so great that treatment is indispensable. The poorer women have to contend with many difficulties to procure treatment. Most of them are very ignorant of all parts of London, except that in which they reside, or to which they resort to solicit the other sex. For instance, in Ratcliffe Highway I found several women who had never heard of the Lock Hospital or Royal Free Hospital; and some were even ignorant of the London Hospital close to them.

A second impediment is caused by most hospitals admitting very few patients of this class. There are only about 150 beds in London to receive all the women who have venereal disease; and the workhouses only take them in when they are wholly incapable from illness to make

exertion of any kind. Yet these persons suffer a long time from all kinds of venereal disease without being laid up. They are thus compelled to risk propagating their disorder to obtain the means of living. Should they apply for relief as out-patients, they have no convenience where they dwell for carrying out the directions of the surgeon. In the low lodging-houses of Drury Lane, they live by day in an underground kitchen, common to all the inmates of the house; and they have no access to the sleeping rooms until a fixed hour at night; water is scanty, and soap and towels are costly. Other strong inducements for the women to conceal their disease, are fear of the contempt and derision of their companions, and dread lest their relatives should know the miserable condition in which they are. Perhaps the best way of demonstrating the state of the women is to narrate a part of what I saw and heard while visiting the several low districts of London, under the guidance of the sergeants of the common lodging-house department of the metropolitan police.

On my visit to Drury Lane, I entered a street in which, I was told, 300 thieves and prostitutes live; for this locality and the adjoining courts swarm with persons of the criminal class. Some of the houses in which the women lodge are registered and examined under the Common Lodging-house Act; but many women also live with thieves and other men. The first house I entered was a common lodging-house, and contained seventeen prostitutes. After explaining to the "deputy" (the landlady's forewoman) my object, I followed the sergeant down a dark broken stair to the kitchen. Nine women were sitting round the room for the warmth; most doing nothing; one or two sewing; one, very drunk, was talking in a loud voice, and munching a crust. I first interrogated the deputy. She said the women were very reckless; and, though they always concealed their disease as long as possible, sooner or later she found it out, and then they were sent off. When turned out, they usually applied for admission at the Royal Free Hospital; and, if there were room, they were admitted without difficulty; otherwise they continued their prostitution, and attended as out-patients till they either recovered or were admitted. When asked if the girls ever refrained from walking the streets while diseased, she said, "Taint likely; if they did, they must starve." One of the inmates of the house was twenty-two years old. She had had two children (both were dead) and one miscarriage during the two years and a half she had been on the streets. She had had the disease, and attended a fortnight at Gray's Inn Road Hospital, and then was well. She thought that a hospital for diseased women would be a most useful provision; and would not object to being examined herself once a month, or as often as might be necessary.

In another house in the same street, I found a girl not yet fifteen years old, but so ill that she was unable to move about. She was filthy, begrimed with dirt; her hair in matted locks; her clothes in rags; and her face was wan, pale, and vacant. The room was dark and dirty; the floor full of holes, up which the wind blew very keenly. The girl had been a nursery-maid in Charlotte Street, Fitzroy Square, to a family of nine children. She did not like children, so went off last summer and took up with the girl with whom she now lodges, and had been on the streets all this time. She did not know how long she had been diseased; but, six weeks before my visit, a doctor had told her she had the French disease. She had done nothing for it; and, the last three weeks, had become so bad that she could not go out. She meant to go to the hospital, but did not like to do so, because she feared her mother, who lived in Kentish Town, would find her out. She meant to have gone home to her mother; but, as she had the disease, she did not like to go.

On another occasion, Mr. Hart and I went to St. Ermin's Hill, Westminster, and entered a licensed common lodging-house, where thirty-three prostitutes reside, paying fourpence per night, or two shillings per week, for their lodging. The landlady's deputy, a woman of 45, who had been a prostitute, told us all the women who lodge there never bring men home, but take them to low coffee-shops and other places. These women all walk the streets, and chiefly frequent Knightsbridge. But their earnings are very scanty; often nothing at all is brought home. They never, she thought, went long without catching the disease, and they habitually let it run on until they could bear it no longer. They then went into the workhouse, where they would stay till partly restored to health. Sometimes they attended the Westminster Hospital as out-patients, but continued their occupation while under medical treatment. A weekly examination of prostitutes would, in her opinion, be a very good thing, and the women would not object to it, if done in a quiet way; but a place for their reception was absolutely necessary to enable them to refrain from prostitution while diseased. The women mostly come from the lowest class of servants. Some had been lodging in the house only a few months, some many years. Their ages varied, but about 20 was the most usual one when

they begin this life. They generally had not enough to eat, and died in the workhouse of something or other after a few years. Most of them had a child sooner or later, and were confined in the workhouse, the children commonly dying there soon after birth, but, if not, they seldom lasted long. If they did survive, they went into the workhouse and school.

In another house, the landlady was overjoyed when Mr. Hart gave a letter for a girl of 16 to take to the Secretary of the Rescue Society. She told us that one girl who had been with her had taken laudanum and arsenic a few days before to procure abortion; but, as she had just been turned out of the house, probably this also had caused the suicide, for the girl was then dying in the workhouse.

In a court off Gray's Inn Lane, we visited four houses entirely inhabited by prostitutes. In one of them, we found in a small room, two girls of 20 and 21 years old; one was sitting by the fire nursing the baby of another lodger busy with her Saturday's cleaning; the other was washing clothes. The first told me that up to a year and a half ago she had worked at the mantle trade; but their work became scarce, and she eked out her living with prostitution. Last winter she caught the disease, was ill six weeks before she went into hospital, though all this time she continued her prostitution. She remained in the Royal Free Hospital three months, in which time she had a sore throat and tongue, spots on her skin, and scabs in her hair. Since leaving the Royal Free Hospital, she had attended through the autumn at the Lock Hospital as an out-patient, but continued her prostitution at the same time. In answer to my queries respecting her willingness to submit to sanitary regulations, she replied she should not object to being examined by a doctor as often as was necessary, and that a hospital to get into without "waiting and waiting" would be a great blessing. She would not mind being detained till she was well; and except that she was ashamed to tell her friends, would be glad to change her way of life. Her companion was equally ready to submit to the compulsory periodical examination and detention, as were, indeed, all the women in these courts. Similar replies rewarded our inquiries in the courts and alleys between Gray's Inn Road and Golden Lane, where we met with scenes of the same painful character as those described. Nothing can exceed the hopeless misery in which these persons drag out their life, their sole object being to secure enough to pay their rent and provide a little food. To such persons the hospital is so great a boon, that the necessary conditions of frequent examination and compulsory detention are small matters; while many of them would really quit their wretched career, but have not sufficient energy of purpose to catch the hand held out to them by the various societies for aiding fallen women. Though such assistance is denied to many through their being diseased, for the houses of most of the societies have no accommodation for such persons, and consequently they are rejected. At the Magdalene Hospital (where applicants are at once cautioned that they cannot be admitted if diseased) in 1866, 284 women were examined previously to being sent before the committee; forty-five of them were rejected for being diseased, and of 131 admitted in an apparently healthy state, fourteen afterwards showed symptoms of syphilis. Again, out of 1,050 women who applied in one year to the Rescue Society for admission, 314 were or had previously been diseased. In these persons, no doubt, their malady was a strong inducement to apply for relief, but they show how greatly the excellent object of these societies is hampered by the want of asylums where the diseased can be made sound before they enter the reformatory.

The foregoing description applies to the lowest and most miserable of the prostitute class; but the necessity for enforcing stringent sanitary regulations among the prosperous women of the town is no less evident, and there is good reason to believe that they also, like their destitute sisters, would raise but little opposition to examination and detention when diseased. These persons are very nearly as ignorant of the signs of disease as the others, and are often, through their reckless habits, quite unprovided, if their means of obtaining income are checked. They are also constantly exposing themselves to contagion without heed or precaution.

This short account of the position into which the great majority of prostitutes fall, shows how much the spread of syphilis is due to their neglected condition. They, partly from recklessness, but mainly from necessity, habitually take no heed to prevent contagion spreading to others. Next, they do not express repugnance to sanitary restrictions being applied to them, and there is strong reason to look for their voluntarily aiding the carrying out of the provisions, because such is more and more the case in the districts under the control of the Contagious Diseases Act. The operation of this Act in limiting the spread of syphilis is shewn by each succeeding return, which shews the local venereal affections to preponderate more and more over those of constitutional syphilis. Mr. Lane has already published in the BRITISH MEDICAL JOURNAL the difference between the patients in the London Lock Hospital who came

from the districts under the Act, and those who are admitted from among the London prostitutes. Syphilis forms only 13 per cent. of the patients of the former class, and 43 per cent. of the latter.

PROGRESS OF MEDICAL SCIENCE.

ANATOMY, PHYSIOLOGY, AND PATHOLOGY.

MUSCULAR STRUCTURE OF THE HEART.—Professor Henle, in his *Handbook of Systematic Anatomy*, considers that the ventricular fibres are arranged in plates or lamellæ, placed one over the other, with one edge directed inwards, the other towards the exterior of the wall. The direction of the surfaces of the plates varies. Throughout the septum, they are nearly horizontal; as is the case also in the ventricular wall midway between the base and apex; above and below the middle the surfaces of the plates are oblique, slanting from within downwards and outwards towards the apex, and from within upwards and outwards towards the region of the auriculo-ventricular ring: the obliquity gradually increasing, so that near the apex and near the ring the surfaces are vertical. The plates form imperfect rings surrounding the ventricular cavity, and in the upper part of the wall lie at right angles to the axis, as they descend they become oblique and elliptical. They are connected by fine areolar tissue and intercommunicating fibres, and merge into each other at different points, or diminish in size and cease. The latter is especially the case towards the apex, and causes the decrease in the thickness of the ventricular wall in that locality.

THE TUBULI URINIFERI.—The following are the chief results of investigations made by M. Rendowsky of Charkow on the minute structure of the kidney. 1. The uriniferous tubules either terminate in blind extremities, or are continued into the capsules of the Malpighian bodies. 2. The Malpighian capsules are set, for the most part, on convoluted tubules lined by nucleated epithelium; these tubuli finally communicate with other and smaller canals, which are supplied with transparent epithelium. 3. Some capsules are connected with straight tubuli, which, at some distance from the capsules, take on the characters of the convoluted tubuli. 4. The tubuli, lined by transparent (non-nucleated) epithelium connect the convoluted and the straight tubes, of which the former are in communication with the capsules, and the latter open into the pelvis of the kidney. 5. The canals, with transparent epithelium, described by Henle as continuations of the tubuli uriniferi, are really blood-vessels.—*Virchow's Archiv*, bd. 41, 1867.

NERVES OF THE UTERUS.—Dr. F. Frankenhäuser, of Jena, in an elaborate lecture on the nerves of the uterus and their termination in the smooth muscular fibres, gives a careful description of the large cervical ganglion of the uterus, to which Dr. Robert Lee has especially directed attention and he confirms the existence of the vesical ganglia of the same anatomist, but denies the presence of his subperitoneal ganglia. The uterine nerves are mainly derived from this cervical ganglion. They lie in the connective tissue which surrounds the fasciculi of muscular fibres, and they extend also between the individual fibres. He recognises four different kinds of nerve-fibres in the uterus; opaque contoured fibres; pale fibres forming net-works, which arise from the double contoured fibres; pale nucleated fibres, which arise either directly from the double contoured, or branch off from the pale fibres; extremely delicate, fine, pale fibres, presenting small swellings, which branch off from the pale nucleated fibres. He traces the last description of fibre to its termination, and states that it ends in the nucleolus within the nucleus of the muscular fibre cell. As to the new formation of nerves during pregnancy, he has not yet come to a definite conclusion, for which indeed a large series of observations into the development of the nervous system would be necessary, but that an increase of the uterine nerves does take place in pregnancy there can be no doubt.—*Journal of Anatomy and Physiology*, May 1868.

THE NEW FORMATION AND THE HEALING OF STRIATED MUSCULAR TISSUE AFTER TRAUMATIC LESIONS.—Dr. J. Maslowsky of St. Petersburg, who has made extensive experimental researches on the repair of muscular tissue after injuries, believes that the new muscular fibres are developed from young cells which are formed between the old muscular fibres, which latter take no part in the new formation of striated muscle. The white corpuscles of the new cells are in greater part formed from the effused blood; but experiment does not clearly shew whether a part are directly formed from the connective tissue cells. The effused white corpuscles are partly converted into pus, and also take part in the formation of the resulting connective tissue cicatrix resulting from injuries both of muscle and of tendon. Dr. Maslowsky