ILLUSTRATIONS

OF

THE WORKING OF THE CONTAGIOUS DISEASES ACT.

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I.—CHATHAM AND PORTSMOUTH.

I HAVE recently accepted the position of Honorary Secretary to the "Association for Promoting the Extension of the Contagious Diseases Act 1866 to the Civil Population of the United Kingdom". For this reason, I have been collecting information on the spread of venereal diseases, and on what becomes of the prostitutes when suffering from the ravages of these diseases. While doing so, I have been in frequent communication with the metropolitan police. Captain Harris, one of the Commissioners, most kindly requested Mr. Kittle, Executive Superintendent, and Mr. Roberts, Superintendent of Common Lodging-houses, to render me every assistance to gain my object. Thus I have been able to visit the quarters where the prostitutes live, to converse with them on their mode of life, and to learn how they get treatment for venereal disease when they unluckily contract it. In order to compare the condition of these women with that of prostitutes in towns where the Contagious Diseases Act is in force, I have also visited several of these districts, where I have been aided most cordially by the visiting surgeons, the naval and military surgeons, and the metropolitan police of the dockyards. I should have gathered very little authentic information without the kind sympathy and assistance of every gentleman to whom I had occasion to apply. I propose to narrate the information obtained in these various ways in a series of papers, beginning first with the districts where the Act is in operation, and then proceed to describe the condition of London prostitutes.

In my first account, that of Chatham and Portsmouth, it will be seen that Government has employed the powers conferred on them by Parliament to a very limited extent, and that the amount of success of the Act has been just in proportion to the exactness in which the provisions of the Act have been enforced. This Act has already produced benefit in checking venereal disease in these garrisons, though much short of that expected of it. The reasons of this partial failure were explained to me during some recent visits to Chatham and Portsmouth that I made with the object of investigating the working of the Act. At Chatham, I received every assistance from Dr. Anderson, R.N., Deputy Inspector-General of Melville Hospital; from Dr. Balfour Cockburn, Royal Engineers, Fort Pitt; Mr. Nankivell, Surgeon to St. Bartholomew's Hospital, Chatham; and from Mr. Inspector Langston, of the Metropolitan Police, specially entrusted with the supervision of prostitutes under the Act. At Portsmouth, I was aided most kindly by my friend Dr. Minter, Deputy Inspector-General of Her Majesty's Yacht; by Mr. Parson, the Visiting Surgeon; Mr. Mallalieu, Visiting Superintendent of Police in Her Majesty's Naval and Military Establishments; and Mr. Inspector Westbrook, charged with the surveillance of prostitutes under the Act at Portsmouth.

At Chatham and Sheerness, about 260 women are under surveillance. This number includes only notorious prostitutes. There are, besides them, many factory-workers, servant girls, and married women, who practise prostitution clandestinely; these are not included in the occasional inspection of the visiting surgeon. At Portsmouth, about 560 women are under surveillance. Here, also, this estimate is not supposed to include all the women carrying on prostitution, though there is good reason to believe that the number of those escaping observation is now rapidly diminishing.

The women under surveillance are subjected to examination only when the police have reason to suppose them diseased. On discovery of disease, the women are detained in hospital until the surgeon can certify them to be free from active disease of the genital organs. Absence of disease of venereal origin in other parts of the body is not considered necessary by the Government, in spite of the Venereal Committee's report that secondary syphilis is undoubtedly contagious. Facilities are also afforded them for entering a penitentiary. Of this it is to be wished a larger number would avail themselves. This imperfect mode of carry-

ing out the Act is very greatly the cause of its ill success. Women are not summoned till suspected of being actually diseased—that is, until they have given some one else the disease, and thereby directed attention to their own health. It is true that, as the women grow accustomed to the benefit of the Act, more and more of them come voluntarily for examination and admission when they believe themselves infected.

I found the police unanimous, both at Chatham and Portsmouth, in holding the regular examination of all women indispensable. This view was confirmed over and over again by the brothel-keepers and the women themselves. To the former, diseased women are a plague; while the latter find their sufferings much lessened by early treatment of a malady of which they are, through ignorance and inobservance, often unconscious for some time after its outbreak. The women most strenuously object to irregular, and, as appears to them, often capricious, selection of individuals. To single a woman out for examination is to render her at once an object of reproach to her companions. On questioning many women, I found one or two disliked the examination on account of the trouble; one, but only one, complained of the exposure. In this respect, they appear to take a very sensible view of this disagreeable necessity. Though some were content with the present arrangement, the great majority declared that regular examination of every woman would be the best for all parties. At Portsmouth, I had a striking instance of this kind. The inspector one evening desired two inmates of a brothel holding fourteen women to go up next day for examination, whereon the whole bevy of damsels declared that, if one went, all should go; so they lighted the copper, and sat up all night to wash themselves and their clothes. Next morning, they marched in a body up to the hospital, and were examined every one. This practice of warning the women the day before is often productive of mischief in another way. The women, when on their way to be examined, often fall in with an acquaintance, with whom they tittle, and forget the object of their walk. Not infrequently they wish to avoid examination, so make a little excursion beyond the district, to return again in a day or two; but thus they go scot free till the surgeon's next visit. This at Chatham is made twice weekly, at Portsmouth every day. On the day of my visit to Chatham, a girl, who was undoubtedly diseased, had absconded in this way, and thus secured for herself three days more liberty before her seclusion in the hospital. Of course, during this time she would avail herself of every opportunity for communicating her disease to others.

Mr. James Lane, in his first report on the Government patients sent to Westbourne Green Lock Hospital, very strongly insists on the necessity for regular and frequent examination. He says: "Vaginal discharges, quite sufficient to cause urethritis in men, excite in the women themselves little or no inconvenience, and are constantly overlooked. Women who have long neglected their disease, get peculiarly indolent ulcers of the genitals that are very difficult to heal, and readily break out afresh when the patient returns to her usual habits." It is further found that the younger girls suffer repeated returns of their disease; and for the first year or two are constantly requiring detention in hospital, until they have passed through the ordinary duration of syphilis, or have learned habits of cleanliness that save them, to a great degree, from further infection. One girl at Portsmouth, who had been three years a prostitute, told me she had been six times in hospital in 1865-6, but, though examined on three separate occasions afterwards, it had not been once necessary to detain her in 1867. This immunity she herself, and the inspector, attributed to her having got over her malady; and to having kept herself clean. These frequent readmissions, I found, on reference to the books (some of the women having been six times in hospital), were mainly of young girls from 14 to 17. Older women are more cautious; probably their genital organs are less easily excited into a morbid condition by excessive intercourse. So, again, women vary much in this liability; I conversed with a person who had been a low prostitute for eight years; she was 30 years old, a fine handsome woman, enjoying excellent health. She declared to me she had never had any disease at all. On subsequent inquiry I found her declaration confirmed by the inspector, who said she had frequently been examined, but never detained in hospital since the act came into force. Some women, even when no longer young, are seldom free from disease. In one instance, at Chatham, a woman, on her discharge from hospital, always returned to one particular paramour—a bandsman in one of the regiments; this wretch gave the woman fresh disease every time she returned to him until the inspector found him out, and obtained his seclusion and cure in the military hospital.

I have narrated enough to show how the absence of regular frequent examination allows the disease to be propagated to others before it is discovered; while the very persons to whom it is thought best to be thus indulgent are calling for a strict examination of all. Irregular examination often induces the woman to evade inspection, or conceal her

disease. Then experience shows us that many of these women suffer so much by the unrestricted intercourse they allow, that they are continually falling into a condition sufficient to excite disease in the male. Besides a most insufficient amount of examination, the number of beds appropriated to the reception of the women is very far too small. In consequence of this scanty accommodation, the women known to be diseased often wait some days before they can be received. To relieve this pressure, the medical officers in charge of the hospitals retain the patients only until the genitals are in an apparently healthy state, though aware that many of the women are suffering with syphilis whom it is unsafe to let go at large, while the eruptions of the skin and throat, etc., are in progress; but so many women are outside in a worse condition, that the surgeons, with their present scanty accommodation, cannot avoid discharging patients before their disease has lost its contagious quality to make room for others. The average period of stay in hospital is 38 days in Portsmouth, in Chatham 37 days, and in the London Lock Hospital 35 days.

At Portsmouth, the sixty beds now used for female lock patients will soon be increased to a hundred and twenty, a number probably sufficient for the prostitute population of that district. In Chatham, the Government has forty beds; and eighty beds in London for Chatham, Woolwich, and Sheerness.

The very limited area over which the preventive measures are enforced is perhaps the main cause of failure in checking venereal disease. At Chatham, women come and go between it and Gravesend, only a short distance off, but beyond the limits, and walk in from Canterbury, Maidstone, and other neighbouring places, often solely because, being diseased and turned out of their lodging, they come to Chatham, where they know there is a means of cure. On the morning of my visit there, out of four women who were found diseased, three were recent arrivals in Chatham. These strangers do not at once seek for admission; but often remain a week or so in the town, plying a trade that is always brisk with new arrivals, before the police find them out. Dr. Cockburn of the Royal Engineers related to me an instance of three officers being all infected by one woman who was well aware of her disease, and had recently come into the garrison from Gravesend for the sake of being cured. The same evil exists at Portsmouth. Mr. Parson, the visiting surgeon in that district, told me that, shortly before my visit, two women severely diseased had walked from Southampton, distant eighteen miles, solely to get into hospital; and that, now that the existence of the Government Lock Ward is getting known in the surrounding country, women arrive from very distant places to obtain admission. As is natural, however, they do not seek relief till suffering severely; nor do they refrain from prostitution, if they cannot immediately procure entry into hospital. At Chatham, the visiting surgeon attends twice a week, so that several days often elapse before a woman is prevented from spreading more disease after she is discovered to be affected. At Portsmouth, the visiting surgeon attends daily, and always has some women ready to put in any bed that can be vacated by its previous occupant.

Not only does the immigration of diseased women nullify the operation of the Act; but the soldiers and sailors themselves bring much disease from unprotected districts, in their own persons and in those of the women who follow them. Between Gravesend and Chatham, men are constantly going to and fro. At Gravesend, during several months of the year, as many as five hundred men are often quartered for target-practice. The men forming this force are constantly changing as they complete their period of instruction.

In my account of Devonport, I shall give details of the way in which the arrival of fresh troops influences the return of venereal disease, both of the men themselves and among the women. Probably, this increase is due, in a minor degree only, to diseased soldiers infecting the women afresh, and mainly to the men, on a change of quarters or after a long voyage, abandoning themselves more furiously than usual to debauchery. At this time, also, the men have more money to spend in such debauches. Hence frequent inspections to withdraw disease as fast as it is rekindled is absolutely indispensable. Dr. Cockburn of the Royal Engineers has drawn a diagrammatic chart of the fluctuations in the admissions for venereal disease per 1000 of strength during the last five years.

From this chart, it appears that in this corps, one of the best educated and best conducted in the service, the average in 1863 and 1864 was 29.6 and 27.75. In 1865 and 1866, the date when the Act came into operation, it fell to 20 and 18.6. But this result, apparently so satisfactory, is shewn to be fallacious by the returns for the present year, in eleven months of which they have averaged 29. Probably, the fall in 1865-66 was partly due to the influence of the Act, but also partly to other causes which we cannot appreciate. I think, on the other hand, some of the increase can be fairly charged to the imperfect working of the Act. During the present year, the infected women from other parts have

been attracted freely into Chatham in order to enter hospital; but they come for this object only when diseased. Hence, the Act actually tends to increase the number of diseased women in Chatham in this manner.

The sappers at Chatham, unlike other soldiers, change in small numbers—seldom more than fifty at a time—and only at long intervals. But, on the other hand, they are more highly paid than other soldiers, and are frequently allowed to run up to London or elsewhere. Hence they are not so much limited, in prosecuting their amours, to a single locality, as the soldiers of other corps. This, again, is a reason for extending the area over which the Act operates, so that the men cannot outstep its protecting influence. Dr. Cockburn finds that, among the Engineers, the admissions for venereal diseases rise rapidly after the corps has enjoyed a holiday—either the ordinary holiday of Easter, etc., or those given on completion of the annual drill and other occasions. At these times, a larger number of women flock from the neighbourhood into Chatham than at other seasons.

Dr. Anderson, Deputy Inspector-General of Melville Hospital, has also been at much pains to supply me with information respecting the influence of the Act on the Marines at Chatham. Their strength varies but slightly, lying usually between 1500 and 1600 men, who, like the Engineers, do not frequently change their quarters. He speaks most strongly of the influence of the Act in alleviating the severity of the disease, and in diminishing the number of men attacked. This is borne out by comparing the entries for the third quarter of 1864 with those of the corresponding quarter of 1867, which were—

1864. Syphilis	95 cases.	1867. Syphilis	45 cases.
Gonorrhoea	21 „	Gonorrhoea	33 „
Total	116	Total	78

It is true this comparison takes too small a period to be much depended on; but a difference of over one-third is more than accidental.

Having narrated some of the causes frustrating the intentions of the Act, even in those places where the attempt is made to put the Act in operation, I may add some description of the great advantages which those subjected to its operation derive from the Act.

Chatham, Rochester, and Strood, contain a population of about 100,000, consisting mainly of tradespeople, factory-workers, with the garrison and dockyard officials and workpeople. There is no fixed population of gentry to give a tone and set an example to society. The morals of the lower classes are extremely vicious; and, though now a crying disgrace in this respect, public decency has been greatly improved since the Act has been enforced. The frightful abandonment to all kinds of foul debauchery is now lessened. The lowest haunts of vice are regularly visited by the police; and thus the worst excesses of vice are prevented. The material condition and the moral feeling of the women are greatly raised. The police, in gaining the intimate acquaintance with the women necessary for carrying out the Act, have become, in a certain sense, their friends and protectors from the tyranny and brutality of the beershop- and brothel-keepers, who, as a class, are most loathsome. To these girls the police inspector is often able to give a word of advice, to persuade them to communicate with their friends; and, should a desire for reformation really exist in them, which, however, is rarely a lasting one, the girls' better feelings can be appealed to with more chance of success in the quiet wards of an hospital than in their degrading haunts and among their rude vicious companions.

These women are a peculiar class, differing much from the low prostitutes of London. They have nearly all been servants (maids-of-all-work), and are mostly from 16 to 20 years old.

The girls generally rent a room in lodging-houses situated in slums behind the beershops, and which commonly belong to the beersellers. This costs them about one or two shillings a week, and thither they retire with the men. These beershops abound in the High Street of Chatham; but in Portsmouth are mostly in the back lanes or in alleys and behind larger houses, and are simply brothels of a villanous character. The mode of life of these creatures is fearful. The majority are "pot-house girls". These are encouraged by the keepers of wretched little beershops to frequent a back room, generally ill lighted, dirty, and without decoration of any kind, the only comfort being a good large fire. Here these girls sit of an evening to entice the soldiers, who come in and dance, drink, and sing with them. The girls drink a great deal, and, on the whole, get plenty to eat; but they squander their gains with the particular soldier of their fancy.

There is yet the lowest class of prostitutes—one whose attractions are past. These are not allowed to stay in the beerships at night, but lurk about the neighbourhood of the barracks, under Fort Pitt, or near Melville Hospital, in "the Orchards", a grove of trees, where the grossest indecency is practised openly. These creatures prostitute themselves for

a glass of gin, a few pence, or even some of the soldiers' bread. Such an one I found on going into a dark room behind the front shop of a public house. In it I could just distinguish a wretched old woman, whom the landlady had allowed to come in for a warm during the slack time of the day, and had also given her some soup and a piece of bread, the only food the poor creature had eaten for two days. She told me that, five years ago, her husband, a shop-keeper, failed. She took to drink, and hawked combs and hairpins about for a living. She soon fell into prostitution. She had been three times in hospital—once seven weeks, once three months, and once ten days. She had two grown-up sons, and a daughter married; they were away, she did not know where, but, as she believed, prosperous. They had become tired of her, and cast her off; and she would gladly get anything that would give her a warm bed, some victuals, and some clothes. The inspector told me this woman was thoroughly idle, and would steal readily enough, if occasion offered. Attempts had been made to reclaim her before, but she soon returned to her old habits. Down a very narrow alley behind a beershop, we found two other girls, occupying a single-roomed cottage—one, as usual, washing; the other sewing. The latter, a stout red-haired girl, answered my questions readily and quietly. "She had not had disease, but did not mind being examined all the same. She thought the hospital a proper place. The loss of her liberty and inability to get drink there were no privations. She had good friends, who would receive her if she went home; but she did not want to go home." Her companion had just come out of hospital, and spoke bitterly at being kept in so long—seven weeks—and all the time nothing the matter with her.

Near the "Orchards", I was shown what may almost be compared to the Wrens' Nests of the Curragh, in the back premises of a beershop, of which the late owner had retired with a competency. This man's brother, who had owned the premises before him, had constructed in the back yard a number of little one-roomed huts, which he let out to the girls at 2s. or 2s. 6d. a week, but requiring them to pass their evening in the tap below, and encourage the soldiers, etc., to drink and spend their money before they retired to these huts. We went into several. Of one, we learned, the occupier had "gone to service"—i.e., gone out of Chatham for a time; in another, a disgraceful scene was being enacted; in a third, two girls were washing and dressing for the evening, one of whom had conjunctivitis, which, at her request, I examined, and showed her how to bathe it with a lotion she had at hand.

Nearly all of them really enjoy their present lazy and for them luxurious life, and prefer it to the hardships of honest labour. These women drink and eat away all their earnings. When diseased they go to the hospital or workhouse. When about to lie in—and most of them bear children, some of them several times—they go to the workhouse, where they leave their children, or put them out to nurse, during the short life that all but very few of these little creatures enjoy. One woman, who had been a prostitute five years, living in a better degree than common, said that she had had three children in the room in which we sat. As soon as born, they had been put out to nurse close by, but were all dead.

The hospital was acknowledged to be a very good thing by all the women with whom I talked. When I told a group that London girls cannot get into such hospitals—a statement they had difficulty in understanding, as they themselves are often sent up to a London Lock Hospital—one declared she would always come back to Chatham if she caught anything in London, for the sake of getting into hospital while ill. One woman said the speculum hurt her a good deal; but still she could put up with that if really ill. I did not meet with more than one or two who could compare the state of affairs before the operation of the Act, with the present; but those who could were very decided in preferring the present state to what it had been before. I could not gather any other objections, held by the women themselves, to the Act, though I had many opportunities of talking with them. I found, also, that most women do not allow the disease to reach such a degree as heretofore. The inspector informed me that some of them, especially those who have been ill before, will apply at once for treatment, if infected, and scrutinise themselves pretty closely. Their habits, he says, are not cleanly, except of such as have separate rooms. I asked the inspector if it would be possible to seek out infected *men* as well as the women, and send them to hospital. He replied that much might be done in this way, as colliers, and men about the harbour, frequently applied to him to learn where they could get medical treatment. He endeavoured to learn, and with much success, what men were about with disease as well as women. He also said, infected men often declined to tell him where they got the disease. These were strangers. Those who knew that the Act did not harm the women made no scruple, and would sometimes even volunteer information. I could not learn much about the amount of clandestine prostitution; there is, no doubt, a

very great deal: but, so far as regards the influence of this Act, it checks rather than increases it. The checks are two. Many young girls, who have not yet become acknowledged prostitutes, are prevented to some extent by the fear of being taken to the surgeon for examination. The inspector is often able to give these girls' friends a word of caution, and intercede with the friends, while the girls are in hospital, to receive them back when they come out. There are many women married to soldiers and sailors who, in their husbands' absence, lead riotous lives. The Act has an excellent effect on these; it renders them liable to examination; and they dread the notoriety which follows their being sent to hospital for examination, as the news is sure to reach their husbands' ears, and their allotment is stopped.

THE ALKALINE TREATMENT OF PNEUMONIA.*

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IN October 1865, I had, with other hospital physicians, the honour of receiving from Dr. Hughes Bennett of Edinburgh his treatise upon "The Restorative Treatment of Pneumonia," with a request that I would test his mode of practice in any cases of this disease occurring in my wards, so as to enable him to bring the conjoined results of treatment before the British Medical Association, in 1866. It is to be regretted that the invitation given by Dr. Bennett has been as yet but partially accepted, and a question, which admits of an approximate solution by the powerful machinery of an association of well-informed medical gentlemen, like the present, remains still without corroboration or denial.

In the pamphlet in question, which bears the stamp of his vigorous mind, Professor Bennett lays down his plan of treatment upon the broad principle, that we are bound by the rules of medical selection, as well as by the laws of conscience, to adopt that mode of treating any given disease which effects the most cures. In logical language, "that treatment which has the least mortality, is the best." But the minor premise, namely, that "this, that, or the other mode, is that which has the least mortality," is not so readily conceded. The only means to test the point is by the empirical aids of observation and experiment; and if Dr. Bennett's tables of results, brought forward to prove that his method reduces the death-rate in pneumonia to a minimum, be sufficiently corroborated by different observers, at different times and places, it must follow by strict logic, that it is the best. I do not mean to occupy your time with the arguments of Dr. Bennett, but I crave his permission to examine his conclusions. Assuming these to be well founded, is there any leading principle in his cases which necessitates a favourable result? This natural question has been already asked by Dr. Barclay; and Dr. Bennett's invariable fact is, "that nutrients were given as early as possible, while every other treatment capable of diminishing vital force was abstained from." Here we have a positive and a negative element; viz., the positive, that we are to do all to strengthen; the negative, that we are to do nothing to debilitate. After having explained what he means by nutrients, Dr. Bennett, in another place (*Lancet*, December 2nd, 1865), observes that, "to the restorative course, followed by him early in the cases, he attributes all his success, such variable remedies as were employed being either palliative and innocuous, or, by diminishing strength, tending to delay recovery." Although this conclusion about the inefficiency of medicines and medical appliances in strictness applies only to his 125 cases, it would appear that Dr. Bennett deduces therefrom a general inference; namely, that the influence of medicines upon the cure of pneumonia is very little, if any.

In weighing this important opinion, it is obvious that any deductions which rest upon so small a basis as the experience of 125 cases should be received with caution. In giving the results of my own moderate observation, since October 1865, I cannot express too strongly my conviction of the value of restoratives, when early given, in the therapeutics of pneumonia. It is, however, with regret that I refer to the very low opinion which Dr. Bennett entertains of medicines, as being either obstructive, or, at best, superfluous additions to the treatment. Those administered by him were mostly such as are usually given in this disease. He argues that pneumonia has a natural tendency to effect its

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