



3 1761 03545 6896

Under the Surface.

BY

L. Martindale,

M.D., B.S. (LOND.)

PRICE : SIXPENCE

HQ
185
A5M37
1920
c. 1
ROBA

Printed by

MITCHELL PUBLISHING COMPANY, 130, NORTH ST.



Under the Surface.

BY

L. Martindale,
M.D., B.S. (LOND.)

SECOND EDITION.

PRICE : SIXPENCE.

Brighton :

THE SOUTHERN PUBLISHING COMPANY, LIMITED, 5130, NORTH STR

CONTENTS.



CHAP.

- I. INTRODUCTORY.
- II. PROSTITUTION : ITS HISTORY ; ITS CONNECTION
WITH DISEASE.
- III. STATE REGULATION : MEDICAL INSPECTION AND
LICENSING.
- IV. INDIA UNDER THE C.D. ACTS.
- V. PRESENT STATE REGULATION IN OUR COLONIES
AND DEPENDENCIES.
- VI. THE FUTILITY OF STATE MEDICAL INSPECTION
TO PREVENT VENEREAL DISEASE.
- VII. THE CURE FOR PROSTITUTION : THE VOTE.

Digitized for Microsoft Corporation
by the Internet Archive in 2007.

From University of Toronto.

May be used for non-commercial, personal, research,
or educational purposes, or any fair use.

May not be indexed in a commercial service.

CHAPTER I.

INTRODUCTORY.

CHAPTER I.

INTRODUCTORY.

There are people who wonder at the extraordinary steadfastness of purpose of the Women Suffragists, who cannot understand how it is that the best of our Women are giving up their lives, their money, and their strength, to forward the movement, and never seem to tire of working for it. Such people see only in this movement the desire for equality, the desire to possess a so-called privilege—the desire to record a vote at Parliamentary elections.

It is for these people that this pamphlet is written. In it, I have tried to show why we need and must have the vote. How, in the back ages, in the ages of so-called chivalry, Man has made it difficult, and almost impossible for himself, to live a good life. How the power has been his to legislate, and how, as indeed one would have expected, when such power is left to one sex alone, the legislation resulting has invariably been to the disadvantage of the unrepresented, and therefore weaker sex; and how for the sake of the future sons of England, as well as daughters, women must demand to exercise what they know to be a political right and duty.

The Woman's Suffrage movement is a moral movement. It signifies the uprising of women, to a recognition of their civic and political duties; a desire to purify, by means of good laws, the social life of the people; a determination to disseminate only accurate, true, and

therefore good knowledge amongst young men and women concerning their duties towards each other and the State.

This pamphlet is a statement of facts. My one object has been to prove to those who do not yet believe it, that the existence of Prostitution in our land, is due to the fact that women are not treated as, or believed to be, the equals of men; that as long as the economic dependence of one sex upon the other exists, so long will Prostitution as a profession exist; and that the first step in securing the economic independence of women, is to give them the vote, so that they may be directly represented in the legislature of the land. By this means alone can we hope to secure to women a living wage on the same terms as men—a living wage that shall make them independent of all other means of support.

At the same time, I cannot urge too strongly upon women, the necessity of educating themselves and their daughters, to *be* economically independent; to encourage every girl to have a trade or profession, on which she can if need be, support herself, and to work for the opening of more such trades and professions to women. And meanwhile I would urge that we insist upon equal pay for equal work regardless of sex, and that we have the courage to study and understand those social problems which only women armed with such knowledge can hope to reform.

CHAPTER II.

PROSTITUTION :

ITS HISTORY AND ITS CONNECTION WITH DISEASE.

debauchery for her personal pleasure—she exercises a trade, and this trade involves the exact contrary of the satisfaction of sexual instinct.”

There are 3 grades in our present day society:—

1. The kept mistress—looked upon chiefly with interest.
2. The *fille en carte*—looked upon with disgust.
3. The woman of the brothel—looked upon with greater disgust.

As I shall show later, the result of police administration and State regulation has always been to manufacture out of the first two, the last, and to make it impossible for a woman, once known to the police, and registered as a prostitute, to ever return to a good and honest life.

HISTORY.

Prostitution has existed from earliest times. The ancient Hebrews were beset by it, and we read of the failure of sages and lawgivers to stamp it out. It flourished in Asia Minor, and in Greece and Rome. Solon is said to have made a profit out of companies of prostituted slaves, who were supported at the expense of the republic. In great centres of commerce as at Corinth and at Eryx in Sicily, the temples, especially those of Venus, had slaves of this kind known by the sacred name of Erytolæ. At Ephesus they numbered 1,000. They were looked upon as a source of attraction to foreigners, and of gain to the country, and therefore enjoyed certain privileges and distinctions. They had their own quarters and wore special costumes, short and open togas, red shoes, white wigs, and mitres like those of our bishops. Caligula

it was who first taxed prostitutes at a *pro rata* of their scale of prices, and like a good merchant established a richly-decorated brothel in the Imperial Palace.

From time to time there were efforts to suppress it, with, however, little success. Certain barbarous tribes treated prostitutes with severity and cruelty. It appears to have been always the women who were thus treated, never the men who employed them. For instance, Louis le Debonnaire, on his accession, condemned such women to wander about the country for forty days naked from head to waist, and bearing on their forehead a bill or label on which was written the cause of their condemnation.

In the Middle Ages, Prostitution followed all the phases of the different trade guilds. In Paris, it had its organizations and statutes, special judges, and patron saint. Every year there was a procession on the Jour de la Madeleine. Just as every trade guild had its street, with its own name, so also did prostitutes keep streets entirely to themselves. The brothels were called "abbeys," and there was no little town without its "rue chaude." Louis IX. made the Provost of Paris an agent of Royalty, and hoped to be able to put down Prostitution, and in 1254, ordained that they should be driven from town and country and despoiled of their goods, even of their clothes, excepting a petticoat. These measures, cruel as they were, were useless, for there were still clients, and "demand creates supply." He then tried to make regulations for it. A woman could not make a trade of herself without a lawful patent. Prostitution, in fact, became a Royal Institution.

In 1367, women leading dissolute lives were enjoined to live in brothels. In 1389, Charles VI. gave "to the courtezans of the brothel of our great city Toulouse, called

our great abbey," the permission to wear robes and trimmings of silk which had been forbidden to them, and only imposed on them the obligation of having a garter upon the arm.

Under Charles VII. the law of 1420 resulted in a general organization of Prostitution for the purpose of making it a source of revenue. The houses belonging to them were taxed, the town assigning them convenient localities.

From the 12th to the 14th century, analogous organizations existed throughout Europe. Everywhere the prostitutes were taxed. In London, regulations dating from the year 1430 organized public bagnios appropriated to purposes of debauchery. They belonged to the Lord Mayor of London, who farmed them out to the Flemish. In Strasburg, special districts were assigned to courtezans; places of debauchery were even established in the tower of the Cathedral, and in other churches of the city. The women who settled in the Cathedral were called "Cathedral swallows," and it was not until 1521 that the magistrates enjoined them to leave the churches.

Wherever there were soldiers profligacy flourished. Every barrack had its brothel as an appendix, and women accompanied armies during a campaign. The Army of the Duke of Alva, destined for the conversion of Flanders, was "provided with a contingent of 2,000 prostitutes, regularly enrolled, disciplined, and distributed, just like the cavalry and artillery." It is difficult to describe the life led by these poor women, following men living by pillage in lands that were laid waste, and exposed to the brutalities of soldiers in the habit of respecting nothing. In the 16th century, Strozzi drowned 800 of them, who were in his way, in the Loire.

In the 16th century houses of public Prostitution were suppressed, but they still continued as private establishments.

Houses of Correction for women were organized in 1648, in which to shut them up, and they were starved, ill-treated, and overworked. In 1684, at Strasburg, an ordinance prescribed for the girls who came there in spite of prohibition, either whipping, or cutting off their noses, at their own choice.

"In 1754, under Louis XV., an ordinance decreed that a procuress should be punished by making her ride on an ass, her face turned to its tail, her head surmounted by a mitre. She was whipped on the bare back, and marked with the letter "M" (*maquerelle*), and then sentenced to banishment or the galleys. Her clients could assist at this enjoyable spectacle, and amuse themselves at their ease. They had no punishment to fear. Debauchery in all times and countries has been willingly looked on as one of the privileges of the aristocracy. The king, *grande*s, and nobles might steep themselves in vice, so much the greater reason they should require virtue in the populace. The morals police besides became a means of recreation and amusement, for it protected girls who undertook to denounce the priests and monks who came to see them, and it was always a pleasure to the police to surprise such clients as these."

Sabatier, in his *Histoire de la legislation sur les Femmes Publiques*, says "when quarrels arose in a house of ill-fame, the first commissary who heard of it went there with his guard, and arrested and imprisoned the women whether guilty or not.

A police inspector was entrusted with their surveillance, and had over them a discretionary power which was

worth £1,200. All places of Prostitution were inserted in the officers' register. All that could please the tastes of the police inspector was lavished upon him by the proprietors of the brothel. When he wanted money, he gave notice to the procuresses and the girls in rooms that he was coming, and that he would carry off those against whom complaints were made. These were those who had sent him nothing for 4—6 weeks. Then gifts and presents for him came in from all directions, and the inspector had the favours of a girl newly seduced. Every month 300—400 women were carried off without ceremony. Those who had money got out of the affair. The sick were put into the hospital, and the others taken to prison. In a few days' time these latter appeared at the audience of the lieutenant of police, who sentenced them, on an information *faite à la diable*, to hospital, some for a month, others for 3 or 6 or more. The accused were undefended before the tribunal and received their sentences on their knees."

Such was the morals police in Paris about 1780 ; such very nearly it is now.

PROSTITUTION AND ITS CONNECTION WITH DISEASE.

From the earliest times venereal diseases have been in existence, and because of the ignorance of most women concerning these, I propose giving a short medical description of them ; and then considering the State Regulation of Vice, and the Contagious Diseases Acts, which were in force some years ago in Great Britain, and even now exist in some of our Colonies and Dependencies.

It is impossible to judge of the efficacy of laws attempting to deal with these diseases, without such know-

ledge. Statistics are notoriously misleading, and although such have been compiled with the object of showing the uselessness of State regulation, I do not think that they are so useful as a knowledge of scientific truths concerning the diseases themselves.

Nothing is so misleading and harmful as false knowledge, and perhaps nowhere does one find more of this than in all questions relating to marriage, prostitution, and venereal disease. What knowledge the average man or woman has of these questions is obtained from quack literature or from unreliable sources. I constantly meet with young girls who, absolutely ignorant of the barest physiological facts, have been the more easily misled by the untruthful statements made to them in reference to these.

Again, one constantly meets cases in which a knowledge of the existence and course of venereal disease would have prevented much sin and suffering.

THE VENEREAL DISEASES are 3 in number :—

1. Syphilis.
2. Gonorrhœa.
3. Venereal Sore.

1. *SYPHILIS*.

This is a chronic and infectious disease probably due to a specific micro-organism, the *Spirocheta pallida*.

The symptoms are divided into three groups—primary, secondary, and tertiary.

(a) *PRIMARY*.

If any discharge containing the syphilitic virus come into contact with a breach of surface on mucous membrane or skin, inoculation takes place. It is therefore not necessarily a venereal disease. Any doctor or

midwife attending a syphilitic patient, may contract it if he or she has an abrasion on the finger or hand. It may also be spread by kissing, for syphilitic sores are common about the mouth and lips. Again, a wet nurse may become infected by a syphilitic child. But by far the most common way in which it is imparted is during sexual intercourse, for it is the genital organs that are the most frequent seat of the infectious lesions. These are all instances of *direct communication*. In *mediate* communication, syphilis is communicated indirectly through a medium such as spoons, cups, pipes, implements used for shaving, and even by the medical instruments used in examining patients, if these are not properly sterilized and disinfected.

Hereditary Transmission.

Again, if both or one parent has recently suffered from syphilis, abortion, premature or still birth is common. If the father's syphilis is not of recent date, both mother and child may escape. Not infrequently the mother escapes, and the child is syphilitic (Colles' law of immunity). If the mother is syphilitic but undergoes treatment during pregnancy, the child may escape and be born healthy.

When the poison has been inoculated the abrasion quickly heals, and no further change is observed for from 10—46 days. This interval is known as the incubation period. Then a small red spot appears at the site of inoculation, which is called the initial or primary lesion.

Later, this is termed a *hard or infecting chancre*.

It is painless, tends to disappear spontaneously, and does not necessarily leave a scar. As said before, the seat of the initial lesion is most frequently the genital

organs, but it may be elsewhere. It may disappear in a few days, but more often its duration is between a few weeks and two or three months, according to treatment.

On whatever part of the body the initial lesion be situated, the nearest lymphatic glands become enlarged.

(b) *SECONDARY.*

Another interval (second incubation) now occurs before further signs of Syphilis appear. As a rule the rash which heralds the second stage appears 60—70 days after the original infection, from 40—50 after the initial lesion.

The patient may become pale and anæmic, suffer from headache, loss of appetite, pains in the limbs and back, and raised temperature. The rash then develops, but because it is not attended with itching, may be overlooked by the patient. The face and hands generally escape. This rash may appear suddenly and disappear quickly, or it may last several weeks, or even months if untreated.

Alopœcia is common—that is to say, the hair comes out, and there is often a temporary general thinning of the hair.

Lesions of the mucous membranes, particularly those of the mouth and throat, are nearly always present during this stage. Shallow ulcers may be seen on the fauces and tonsils and tongue. Mucous patches may occur on any moist surface—especially about the mouth, genital organs, and anus.

Eye and ear affections are also seen in this stage.

After about 6—18 months the second stage comes to an end and in most cases the disease troubles the

patient no longer. But where this is not the case there may be an interval of months or years—during which no symptoms appear.

Sometimes symptoms continue to develop from time to time, especially skin affections and eye affections and periosteal swellings.

(c) *TERTIARY.*

The *tertiary* affections usually attack only a limited area. They have a tendency to extend and to cause destruction of tissue, with consequent contraction and scarring, and do not tend to spontaneous recovery.

They are due to invasion of some part of the body by granulomatous or gummy growths, which often break down and result in obstinate ulcerating surfaces.

These may occur in any organ, more especially in those internal organs belonging to the *nervous system* and *spinal cord*; although, indeed, every structure of the body may become the seat of a tertiary syphilitic growth. The result depends upon the organ attacked, but it can be readily understood that the presence of these tertiary growths quickly disturbs the function of the organ attacked. For instance, gummata of the *liver* may set up a train of symptoms simulating chronic peritonitis, or even malignant disease, and they may lead to dropsy and jaundice, and so on.

Again, tertiary ulceration of the *intestine* may, on healing, result in cicatricial stenosis, or stricture, and hence intestinal obstruction. The *larynx* also is a frequent seat of tertiary Syphilis. Gummatus deposits and ulceration may attack the epiglottis, vocal cords, and other structures, and lead to loss of voice and diffi-

culty in breathing and swallowing. Sometimes tracheotomy must be performed, the patient having to permanently wear a tube, while neglect to perform such operation may result in dangerous symptoms and even death.

Perhaps the most important and the most frequent internal organs to be attacked are those of the Nervous System.

SYPHILIS OF THE BRAIN.

This may take the form of

(a) *Syphilitic meningitis.*

with its train of symptoms, headache, ocular affections, and disturbances of consciousness. Dementia of varying degree is a constant symptom in all severe cases.

Acute maniacal excitement, delusions of various kinds, epileptiform convulsions, and other forms of insanity follow. In cases suitably treated there may be partial recovery, but the patients are left mentally enfeebled. The speech may be thick and slurred. There is loss of will power, and loss of the higher controlling functions of the mind. Sometimes there is a permanent paralysis of the ocular, or some other cranial nerve, blindness, or deafness, hemiplegia or general paralysis resulting.

(b) *Primary Syphilitic Arteritis.*

Here the arteries of the brain become diseased, the blood supply is interfered with, and a clot of blood (thrombus) may form. Paralysis follows, affecting arm, leg, or face, depending upon the situation of the thrombus. It may come on quickly or slowly, following

usually an apoplectic fit. Sometimes the patient dies, or, should the patient recover, he is generally demented and paralyzed.

(c) *Gummata of the Brain* (or Syphilitic tumours) again are frequently associated with insanity of various kinds.

Syphilitic brain disease in all its forms may now and then be accompanied, preceded or followed, by Locomotor Ataxy, or General Paralysis of the insane. At least 90 per cent. of all cases of Locomotor Ataxy are said to be due to Syphilis, and an almost similar percentage of cases of G.P.I.

Among the preventable causes of insanity, Syphilis therefore takes a very prominent place, and as our pathological researches become more advanced, definite syphilitic lesions of the brain are more and more frequently found.

INHERITED SYPHILIS.

Syphilis is a very frequent cause of abortion and miscarriage, and if the child be carried to full term it may be born dead,¹ with or without signs of this disease. Generally if the child be born alive it does not show any signs of the disease at birth.

1. With reference to infant mortality, Dr. Newman gives us the following facts:—

The stillborn infants resulting from syphilis may be 100 per cent. D'Aulnay recorded 19 dead infants out of 19 pregnancies. Ballantyne gives the average results of private and hospital practice as 46 per cent. of the pregnancies which end disastrously, with an infant mortality of 47 per cent.

Fournier states that when infection has occurred before conception, the mortality is 65 per cent., and the morbidity of the actual occurrence of the disease 70; while when infection has taken place after conception, the mortality is 39, and the morbidity 72 per cent. Or again, if infection be derived from the father, Fournier holds that the mortality is 28 per cent., if from the mother 60 per cent., if from both 85 per cent.

In the inherited form the initial manifestation is presumably absent, and after birth the disease appears to begin at the second stage. The child is well and flourishing until the second or even the sixth week of its life. It then gradually wastes, begins to snuffle, and becomes fretful. The skin becomes a dull, dirty colour, and though loose and wrinkled, is very brittle, and easily breaks round the mouth and nose into chaps and fissures, the scars of which remain. A rash then develops, which may spread over the whole body, and affections of the hair, nails, and viscera occur. If the child recovers, no further signs of syphilis develop until the 5—15th year.

At this age syphilis shows itself by the appearance of a number of symptoms which were formerly ascribed to Scrofula. The growth is checked, and the child becomes pale, stunted, weakly, ill-nourished, and of low vitality. The forehead is prominent, and the bridge of the nose sunken.

The permanent teeth, especially the central upper incisors, as was first pointed out by Hutchinson, may be dwarfed, narrowed towards the cutting edge, and notched at the centre of the free border. The cornea of the eye is liable to a form of diffuse inflammation (interstitial

Fournier states that of 90 women infected by their husbands, and who became pregnant in the year following their infection, 50 aborted, or had dead born infants; 38 gave birth to children who soon died, and only two gave birth to children who survived (Ballantyne loc. cit. pp. 188-257).

Syphilis appears to have been declining since 1876, as a cause of death in infants, and in the general population. But though declining, it is one of the most active of all maternal infections in the production of congenital weakness and degeneracy in the offspring.

Numbers of children, moreover die in infancy from what is called bronchitis, but which is in truth, congenital Syphilis of the lung.

One must remember, however, that all statistics with reference to the Infant Mortality due to Syphilis are too low, owing to the fact that the majority of doctors do not give Syphilis as the cause of death in the death certificate. I once knew a young and inexperienced house surgeon, who filled in the cause of death as "congenital syphilis." The result was that she was very nearly sued for libel, and put to a great deal of expense and inconvenience, besides causing enmity between husband and wife. (L. M.)

keratitis), leading to impairment of vision. Deafness may be present, and the bones of the palate and nose may be diseased. There may be ulceration of throat and palate. The viscera may be affected, and cause a variety of symptoms, sometimes leading to a fatal issue.

The course of Syphilis varies very much according to the patient and according to the treatment. In the acquired form it runs its course within $1\frac{1}{2}$ —2 years. Occasionally it is of much shorter duration. When tertiary symptoms ensue the commonest period for their appearance is probably from 3—5 years after infection, but they may be delayed for 10—20 years, or even longer.

Although the infection is usually carried by the discharge from the initial lesion, it may also be carried by the secretions of all the secondary eruptive lesions, especially of those known as mucous patches or tubercles, and also by the blood during the earlier stages of the disease.

One attack usually affords protection against a second. The subject of acquired Syphilis is liable during a variable period to transmit the disease to the offspring, although whether the inherited form be further transmissible to the next generation remains doubtful.

2. GONORRHOEA.

Is one of the most widespread and serious of infectious diseases. The current statement that some 60—80 per cent. of young unmarried men suffer, at one time or another, from it has ceased to evoke comment. It is due to a specific micro-organism, the gonococcus of Neisser, and it is spread by inoculation of this micro-organism;

usually by direct contagion from a surface already the seat of Gonorrhœa. Delicate mucous membranes covered by pavement epithelium are the most readily affected. It is most commonly contracted during sexual intercourse. It also is often seen in the new-born child, as gonorrhœal ophthalmia, the result of infection from the vaginal discharge of the mother.

The symptoms are not usually manifested until four or five days after infection, although they may develop as early as two days, or as late as eight. The shorter the incubation stage the more severe is the disease.

Gonorrhœa differs considerably in the two sexes. In both it leads to inflammation and swelling of the affected mucous membrane. Then a thick creamy discharge makes its appearance; the nearest glands become enlarged and tender and painful. In the more severe cases small ulcers and erosions form, and on healing these are apt to cause strictures.

In women, Gonorrhœa first attacks the lower part of the vagina, and from thence spreads upwards and by continuous extension to the uterus, Fallopian tubes and ovaries, also to the bladder, ureters, and kidneys. It may also—as in men—attack the joints, causing a kind of rheumatism. The disease may become chronic, and ill-health and chronic invalidism result. From time to time fresh inflammation of the ovaries, and more especially the tubes, may light up, and peritonitis may result, due to the escape of pus from the Fallopian tubes. The length of time that the discharge remains contagious is most uncertain. Probably any discharge, however scanty and serous it may have become, may cause disease if increased by accidental irritation.

Gonorrhœal Conjunctivitis

Is a very grave complication, especially if not treated early, as it may destroy the whole eye. About 30 per cent. of all cases of blindness are due to this disease.

Systemic Gonorrhœal Infection

The gonococcus may also be found in the blood of the patient, and thus cause even a rapid and fatal blood poisoning (septicæmia). Forms of *heart disease* (Gonorrhœal Endocarditis, and Pericarditis) have been shown to be caused by the presence of the gonococcus. Joint complications have already been mentioned.

As an example of gonorrhœa perhaps I cannot do better than quote a case that came under my care a short time ago.

The patient, aged 25, had been married two years. On examination, I found her to be suffering from pyosalpingitis and metritis, that is to say, the Fallopian tubes were inflamed, one of them containing a large quantity of pus (matter), and the uterus was also affected. As is usual in such cases, she was childless.

The history she gave me was that two days after marriage, while travelling, she was seized with very great pain and difficulty in micturition. On arriving at the hotel, the doctor who was called in told her she was suffering from inflammation, (it is unnecessary to say that a doctor practically never tells the patient the exact nature of this disease), and since that time she had frequently had severe illnesses, for which she was laid up for weeks. Later, the young husband, to whom I gave the diagnosis, admitted to me that he had contracted gonorrhœa previous to marriage, had had careful treat-

ment, and had postponed his marriage until nine months after his supposed cure. His doctor had from time to time made microscopic preparations of any discharge, and for nine months previous these had shown no signs of the gonococcus micro-organism. He also confessed to having suffered from Syphilis.

I quote this case, partly as descriptive of a very common disease, and partly to show how even after careful treatment, and after being pronounced "cured" for nine months, yet that man was capable of infecting his wife immediately with a very virulent and dangerous form of Gonorrhœa.

3. *VENEREAL SORE.*

This is a virulent local infectious ulcer, communicable by contact of its secretion (which contains the bacillus of Ducrey) with a breach of surface. It is due to a specific virus distinct from Syphilis. It never gives rise to any constitutional symptoms, and its effects are limited to the neighbourhood of the sore itself and the nearest lymphatic glands. Its duration is from 4—6 weeks.

Unlike Syphilis and Gonorrhœa, it is only communicated (or almost only) by sexual intercourse. In uncomplicated cases, the prognosis is always favourable. It has none of the far-reaching and serious results of the other two diseases. In cases in which complications arise, the *results* if untreated may, however, be serious.

And here, again, I must draw attention to the fact that this third venereal disease, although the most easy to diagnose by inspection, is by far the least serious. Syphilis may be difficult, almost impossible to diagnose

by inspection alone. Gonorrhoea impossible to be quite certain about unless careful microscopic preparations are made of the discharge, and unless these are subjected to special staining to distinguish them from other very similar micro-organisms. The venereal sore, the least serious, can easily be diagnosed.

Hence any form of medical inspection in which the physician is rushed for time is bound to be useless, from the diagnosis point of view. And, again, any examination of patients in which there is not ample time for the thorough disinfection, by boiling, of the instruments used for such inspection is apt to be extremely dangerous, and cases of mediate contagion are almost certain to occur.



CHAPTER III.

STATE REGULATION: MEDICAL INSPECTION AND LICENSING.

CHAPTER III.

STATE REGULATION:

Medical Inspection and Licensing.

In olden times, although Prostitution was a recognized institution, we find very little, if any, desire to protect public health from the contagion of venereal disease, and the earliest of such attempts were indeed extremely crude. For instance, an ordinance of James IV. of Scotland, dated September 22nd, 1497, compelled persons infected with big pox (Syphilis) to leave Edinburgh, on pain of being branded with a red-hot iron on the cheek, so as to be recognized for the future.

As, however, venereal disease began to be better understood, a determined attempt was made to check infection. Prostitutes were officially registered; houses of ill-fame were licensed by the police, and were only tolerated in those districts where the "want of them was felt"; and by means of regular and frequent medical inspection (of the women only) it was hoped to prevent the spread of such disease.

All systems of this so-called regulation of Prostitution have been alike in this, that they aim at protecting profligate men from the result of their vice by punishing the women whom they prostituted. They aim at making vice "safe," and they all start with the false assumption that vice is necessary to a man's health.

I cannot do better than quote, with reference to this last question, Sir James Paget's words, addressed especially to medical students:—

“Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft or lying, or anything else that God has forbidden. Chastity does not harm body or mind; its discipline is excellent; marriage can be safely waited for; and among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say that he was better or happier for it.”

Sir Andrew Clark, Bart., in a private letter, employs, if possible, stronger language still in denying the benefit to health or the alleged necessity for Prostitution.

Sir William Gull, and Prof. Humphry, of Cambridge, one of the highest physiological authorities, both concur in this view, whilst the medical faculty of the University of Christiania have officially stated:—

“It is absolutely false to assert that sexual indulgence is necessary for perfect health.”

And again, Dr. Edward Keyes, in his work on Syphilis, published 1908, says: “Sexual intercourse, though undeniably productive of a sense of physical well-being, which renders it desired by all men, and essential to many (once the habit is formed), is not comparable to such physiological needs as breathing air and eating food, but rather to smoking and drinking alcohol. Note, for example, that it is a pleasure which becomes a necessity only from the same intemperate indulgence that makes alcohol or tobacco a necessity. Note, also, that the hold it gets on most men more closely resembles the

morphine or cocaine habit than the milder intoxications of alcohol and tobacco; hence *the only hope of physical purity for most men lies in avoiding the first mis-step.*"

The following declaration was signed by 59 medical men in New York, most of the signatories being men with special opportunities for forming a reliable opinion:—

"In view of the widespread suffering, physical disease, deplorable hereditary results, and moral deterioration inseparable from unchaste living, the undersigned members of the medical profession in New York and its vicinity unite in declaring it as our opinion that chastity—a pure, continent life for both sexes, is consonant with the best conditions of physical, mental, and moral health."

Again medical opinion is shown in a protest against House Bill 88 for Licensing Prostitution in Pennsylvania, and signed by 52 doctors (1874).

"We, the undersigned physicians and surgeons of Philadelphia, members of the College of Physicians, &c., earnestly protest against license, or any sanction by law of *Prostitution*, as a concession to evil for which there is no excuse, a system to which France gave birth in its worst days of misrule, and which M. Lecour, Chief of Police, the man responsible for carrying out this system in Paris, declares to have increased instead of diminishing the evil. The view of society from which such laws can proceed is low and sensual, entirely inconsistent with the maintenance of social virtue and truth. There is neither physical nor social necessity for men or women to yield themselves to a life of evil; and all

law should tend to save them from such a fate. Nor is there any excuse for discrimination in favour of the strong against the weak by setting apart under sanction of law a class of women who are to be held as the instruments of the legalized lust of habitually profligate men. The welfare of society demands that all men should be held amenable to the same standard of morals as is required of women. Therefore we do protest against any recognition of the false and demoralizing claim that this most destructive of vices and crimes is a necessity. We affirm that the evil is a moral and social one, and must be overcome by moral, not legislative, means. The battle to be victorious must be fought with the weapons of pure moral principles."

• It will not be necessary for me to describe all the different laws and regulations which have been evolved in various countries, and at different times, dealing with vice. Sufficient to say that in Great Britain and Ireland the system of State regulation was enacted by a series of statutes passed from 1864—1869. From the latter year until 1883 the system, which was applied to 18 military and naval stations, was in full operation. It was suspended in 1885, and abolished in 1886, as the result of the hard work of a band of men and women led by Mrs. Josephine Butler, and including such friends of ours as Prof. Stuart, Sir James Stansfeld, Mr. Henry J. Wilson, and many others.

Under these Acts any woman suspected of leading the life of a prostitute could be arrested by a policeman in plain clothes and subjected to compulsory and periodical medical examination, and this system is still in

existence in many countries, and in some of our own Dependencies and Colonies.

In all State regulation of vice we find that the medical inspection is authorized and encouraged, not with the honourable desire to treat and cure the prostitute and "make her better," but with the intention of making her fit to "continue her profession." At the end of the medical inspection she is given a card, which enables her to continue prostituting herself, but with the added permission of the State that she may do so. Her profession is State acknowledged, legalized, and sanctioned.

Everywhere we find that the woman is always put in a condition of inferiority to man. The men-made laws are always to the advantage of the man, never the woman.

In 1871 a Bill was introduced into the Legislature of the State of California for the purpose of legalizing Prostitution in the State. It is said that the nature of the Bill became known to the wife of one of the Members, who thereupon drafted another Bill exactly the same as the first, with the exception of one word—the word *man* was in every case substituted for the word *woman*. Several members of the legislature engaged that they would bring forward the Bill as revised if any further progress was made with the original measure. The latter was heard of no more.

The present administration in France and other countries where state regulation prevails, is perhaps even more terrible than the old. In olden times women were tortured, branded, and even murdered if they were no longer needed. In the present day, the law steps in, a private police force (the morals police) is given power

to arrest any girl or woman it chooses to "suspect" of Prostitution. These men may take her to a police station, subject her to a surgical examination by a doctor, and, if she refuses to submit to it, imprison her; if she is found diseased, she is confined in a Lock Hospital until the doctor sees fit to release her (and in such a hospital it is even not unusual to inoculate her with Syphilis for the good of her health or that of others, or of science). In any case she is registered, and her name, whether she is guilty or innocent, remains on the books, and serves as a ready means of blackmail to any police officer who may have a private grudge against her.

The decree of the 12th Messidor Year 8 instituted the present prefecture of police in France. Workmen's guilds were re-instituted at the same time and put entirely under the police; so also the guild of prostitutes.

Such an undertaking Yves Guyot tells us "must bring honour and profit to the prefecture of police. Honour by augmenting its prerogative by furnishing it with information of all sorts and by strengthening its arbitrary power: profit, for services of this kind are always doubly paid for. . . . This new police des mœurs presented themselves as the guardians of morality and of public health. Two doctors were entrusted with the inspection of prostitutes. The exact list was not given to them. They were told to look them out, and make them pay for these compulsory examinations; the isolated prostitute had to pay 2s. 6d. the month, and those in licensed houses 10s. the month. Faithful to their instructions, they only sought out those who could pay. The very lowest houses of debauchery—the most numerous and dangerous and unhealthy, were left. These two men soon tired of their

degrading duties, and they then employed two pupils at £40 the year to work under them. This left them free to go from house to house, levying themselves the sum of money due to them, and that with a severity and urgency which had no limits. They denounced the girls or women who would not pay them, to the police, for the administration only interfered in the matter of receipts when there were any arrears."

Registration of girls under 15 was common.

In the Administrative Note upon the measures of which the public women in Paris were the object, 1864, we find:—

The women who rent tolerated houses, and who are called *maitresses-de-maison*, cannot proceed without authorization of the administrator, an authority which they shall only obtain upon production of the written consent of the proprietor of the house which they wish to tenant, and after research has shown the necessity of a tolerance at the spot indicated.

By means of these so-called optional payments, the Bordeaux Municipality created for itself an annual income averaging about 18,000fcs. (£720) which was voluntarily paid by the prostitutes and applied to the revenues of the dispensary.

As the dispensary only costs 13,000fcs. a year, the town acquired a bonus of about 5,000fcs. (£200) for sanitary inspections. The women who presented themselves at the dispensary without paying, were inspected, but a credit account was opened with them, to such an extent that the dispensary official said one day:—"We have women who owe us so much that they will never be

able to get out of debt, and will be obliged to remain prostitutes all their lives."

I cannot in a pamphlet of this kind give a full description of all the horrors associated with the Contagious Diseases Acts; but I cannot urge too strongly the danger in entrusting *any* set of men with the power which has been given to the morals police who are expected to carry out these Acts.

I need only cite one case to give a fair idea of the abuse this leads to. A young woman was waiting for her husband to come out of a bank in a certain street in Paris. Two agents came up to her, and arrested her, saying no decent woman would wait alone at a street corner. They took her to the police station and locked her up for the night, with, perhaps, some of the worst prostitutes in Paris. Next morning she was taken before the police surgeon and medically examined and registered as a prostitute, and it was only after difficulty that her husband could claim her.

If a woman refuses to be examined, she is imprisoned. If she submits, she undergoes an internal examination, which includes not only inspection, but the use of a surgical instrument called a speculum. I mention this because, in those dispensaries, where such examinations are carried out by the police surgeons these examinations are done so rapidly that proper sterilization and disinfection of the instruments used is impossible, and any venereal disease, as I have explained before, is spread from one patient to the next through the medium of the infected surgical instruments. If she is found healthy she is registered, and given a ticket, on which is written the date of her examination, and that she is free from disease (and

therefore fit to practise Prostitution without danger to the health of her men clients). She is then compelled to come up regularly for medical inspection, twice a week, or once a week according to the bye-laws. If she does not appear, the police des mœurs visit her, and fine or imprison her accordingly.

I think I have said enough to show that if a prostitute is once registered it is almost impossible for her to leave her old life. Wherever she goes the police are on her track, and although certain bye-laws make it possible for her to be struck off the register after a certain time has elapsed, yet during this time she is regularly inspected and watched to see that her intention to change her life is real. If the police agents have any grudge against her, or if she is in their debt, or if they choose to persecute her, she is entirely at their mercy. They can prevent her getting any honest work, and can follow her from town to town. It has frequently also been the case that the police des mœurs have acted themselves as procureurs, and, acting in league with the keepers of brothels, have obtained for them fresh inmates. In the case of innocent girls wrongly arrested, the agents have been known not infrequently to seduce such girls and give them up as prostitutes.

In Belgium and France the so-called white slave traffic has been rife. A professional seducer has, with promises of marriage, induced an innocent girl, more usually one in domestic service, to run away with him to the Continent. There he gives her up to the keeper of some brothel for some such sum as £40—£50.

As regards the brothels themselves, abroad, in most of the towns, the bye-laws have special regulations for them. They are licensed—and are only “tolerated” in

those districts where such are "deemed necessary." A lamp (red for brothel, yellow for accommodation houses) of certain dimensions, has to be hung before the door, and the windows have to be heavily curtained. In many the girls' own clothes are taken from them, and they are supplied often with either scanty or insufficient clothing, which they are made to pay for. If they have no money these are put down to their account. In fact, the one aim of the brothel keeper is to keep the inmate so much in her debt that she can never escape. The men admitted pay the keeper of the house. In some such houses the prostitute receives a check from each man she consorts with, and for each such check she gets a certain sum from the keeper. The girls are, as a rule, not allowed to go out. It is not unusual for a prostitute to receive from 6—25 men in 24 hours. I mention this to show that there is often not much leisure in such a girl's life, nor can she be said to live a life of pleasure, in any sense of the word; in fact, it is practically impossible to continue the life for more than four years, and we must remember that a large percentage of the inmates are girls under 25 years of age.

And this is only a very imperfect sketch of the state of things existing all over Europe.

CHAPTER IV.

INDIA UNDER THE C.D. ACTS.

CHAPTER IV.

INDIA UNDER THE C.D. ACTS.

In India the Contagious Diseases Acts were in operation from 1865—1889, and even after that date many of the abuses arising from them continued. There are in all about 100 military cantonments—plots of ground staked off for the residence of the British soldiers and their officers, and it was in these areas that the Acts, which were known as the cantonment regulations, were in force.

The following facts are quoted from "The Queen's Daughters," by Dr. Kate Bushnell and Mrs. Andrews:—

"There were placed with each regiment (of about 1,000 soldiers) from 12—15 native women, who lived in houses or tents, as the case might be—called *chaklas*. These women were allowed to consort with British soldiers only—and were registered by the cantonment magistrate, tickets of license being given them. Besides the *chakla*, i.e., the Government brothel, there was in each cantonment a prison hospital in which patients were confined against their will. To these Lock Hospitals the women were obliged to go periodically (generally once a week) for medical examination, to see that they were free from any traces of diseases likely to spread from them to the soldiers. When a woman was found diseased, she was detained in the hospital until cured; when found healthy she was given a ticket of license to practise fornication and was returned to the *chakla* for

that purpose. In case a woman tried to escape from the chakla—or from the Lock Hospital—she was apprehended and taken to the cantonment magistrate, who would punish her with fine or imprisonment.

“Even the price of the visits of soldiers to the chakla was fixed by military usage, and was so low that the soldier would scarcely miss what he expended in vicious indulgence.”

The officers sent out in the English towns to secure recruits for the Army held out as an inducement to young men to enlist, the fact that a licentious life in India is so cheap—and that the Government will see to it that no disease will follow their profligacy—which I need hardly repeat was a false promise. When the soldiers marched, these women were taken along in carts with British soldiers to guard them. In charge of them was a superintendent or brothel keeper—called the Malhaldarni, one of her duties being to procure women as desired.

On June 17, 1886, a military order, known amongst the opponents of state regulation as the “Infamous Circular Memorandum,” was sent to all the cantonments of India by Quartermaster-General Chapman, in the name of the Commander-in-Chief of the Army of India. This circular and the evidence relating to it may be found in the Report of the Departmental Committee of 1893.

This order said:—“In the regimental bazaars (chakla) it is necessary to have a sufficient number of women, to take care that they are sufficiently attractive, to provide them with proper houses, and, above all, to insist upon means of ablution being always available.” It proceeds:—“If young soldiers are carefully advised

in regard to the advantage of ablution, and recognize that convenient arrangements exist in the regimental bazaar, they may be expected to avoid the risks involved in association with women who are not recognized (that is, licensed) by the regimental authorities."

In other words, young soldiers are not expected to be moral, but only to be instructed as to the safest way of practising immorality.

This document goes on to suggest that young soldiers should be taught to consider it a point of honour to save each other from contagion by pointing out to their officers women with whom there was risk of disease. It speaks of the need of more women, and the necessity of making the free quarters "houses that will meet the wishes of the women" in order, it is implied, that they may be the more easily lured to live in them.

The official record of what followed, as a result of effort on the part of under officials to carry out these instructions is as might be expected.

The officer in command of the 2nd Battalion Cheshire Regiment, sent the following application to the magistrate of Umballa cantonment:--Requisition for extra attractive women for regimental bazaar, in accordance with Circular Memorandum 21A. "These women's fares," it continues, "by one-horse conveyances from Umballa to Solon, will be paid by the Cheshire Regiment on arrival. Please send young and attractive women as laid down in Quartermaster-General's Circular No. 21A."

Such was the zeal for increasing the facilities for safe vice, provoked by such military methods as described by this memorandum, that the unwillingness of the native women to plunge into a life of shame at the behest of their conquerors received scant consideration.

"A retired soldier living at Lucknow, when speaking of his observations a few years before, said that if a native policeman saw a young girl talking indiscreetly, though innocently, with a man, he would denounce her as a suspected prostitute. She would be brought before the cantonment magistrate, and be registered to live among the soldiers. He said the police made large sums of money by threatening to thus hand over girls to the magistrate and demanding bribes as the alternative of such a horrible fate.

"A Government official vouched for by the editor of the "Bombay Guardian," relates what he saw in four cantonments where the instructions of the infamous memorandum were carried out. He says "the orders specified were faithfully carried out. . . . The Commanding Officer gave orders to his Quartermaster to arrange with the native under official to take two policemen without uniform and go into the villages, and take from the homes of these poor people, their daughters from 14 years and upwards; about 12 or 15 girls at a time. They were to select the best-looking.

"Next morning these were all put in front of the Colonel and Quartermaster. The former made his selection of the number required. They were then presented with a pass or license and then made over to the old woman in charge of this house of vice under the Government. The women already there, who were examined by the doctor and found diseased, had their passes taken away from them, and were then removed by the police out of the cantonment, and these fresh, innocent girls put in their places."

A woman who was found diseased was considered unfit to practise Prostitution, and because of that fact

she was turned out of the cantonment. She was then, of course, free to spread Syphilis as much as she liked, outside. The fate of such destitute women turned out, perhaps 100 miles away from their own homes, with broken caste and often penniless, is too terrible to think of.

In 1886 the C.D. Acts which had prevailed in the military stations of England, were repealed as the result of the crusade led by Mrs. Josephine Butler. Virtually, at the same time they were repealed in India, but it was not until 1888 that a despatch was sent to India by the Secretary of State for India, whose duty it is to attend to such matters, declaring that the system was " indefensible and must be condemned."

A copy of the infamous Memorandum fell into the hands of a gentleman who sent it to England. It was there re-printed and distributed to every member of the House of Commons and met with almost universal condemnation. This resulted in a new law, the Cantonment Acts of 1889, which placed unlimited powers in the hands of the Governor-General in Council to " make rules consistent with this Act, for the prevention of the spread of infectious and contagious disorders within the cantonment."

The late Right Hon. Sir James Stansfeld, M.P., and Professor Stuart, M.P., addressed a letter to the Secretary of State for India concerning the new Act, in which they pointed out that it was merely setting up another system of compulsory examination of prostitutes, and tended again to foster vice.

It was then that Dr. Kate Bushnell and Mrs. Elizabeth Andrews departed for India to ascertain the real state of things there.

Speaking of the *Malhaldarnis* or procuresses and keepers of these chaklas—they report that one Malhaldimi said:—

“ If a girl is not sufficiently attractive to earn a living I send her away and get another in her place. I get the women for the bazaar when more are needed. I go to the cantonment magistrate, and he gives me 5, 10, 20, or 50 rupees as the case may demand.

“ To buy a very young attractive girl I shall be furnished with 50 rupees. There is always plenty of money to get them with.”

In a letter from a staff-surgeon to a Malhaldarni, we find:—

“ You have not brought your women from Meerut and Ferozepore. You will have to do it, or the Colonel will think you have broken faith, as it is now 15 days since you received your appointment.”

The staff-surgeon evidently thought it an easy task to buy or entrap 12—15 girls in a few days.

Almost every cantonment girl Dr. Kate Bushnell ever questioned was held to her wretched life by debts and fines, for which she was liable to be arrested if she managed to escape. Again we find in their report:—

“ We visited a ‘rest camp’ at Meerut. We learnt from official records that the regiment had only been in India two weeks, yet the complete paraphernalia of vice was at hand—14 little tents for women, and near these quarters a huge tent pitched for those who wished to smoke opium. Boys of the age of 18 and upwards supplied by their superior officers,

before they could have made a demand for the same, with every convenience for giving themselves over to debauchery."

And again:—

"In every case the fire of the girls' hatred and indignation all centred upon the heart of the regulation, the examination and the violation of womanhood which these examinations were felt to be.

"Many girls have been sold to the Malhaldarni at 11 years of age. Much has been said of the horror of child marriage in India, and these atrocities should not be minimized; but what shall we say when the robust British soldier has had placed at his mercy a little girl of 14, of the delicate Oriental type, and this done by regular process of law—'to preserve his health.'

During the crusade that followed these revelations, we find that there were two parties.

(1). The regulationists who believe that vice is necessary; (2) the abolitionists who hold that vice is not necessary and that virtue must be demanded.

A memorial signed by 123 British women, of whom over half belong to the titled aristocracy, presented to the British Government, April 24, 1897, declared:—

"We feel it is the duty of the State, which of necessity collects together large numbers of unmarried men in military service, to protect them from the consequences of evils which are, in fact, unavoidable."

A memorial on the other hand of 61,437 British women, presented on July 31, 1897, asserts:—

"No permanent diminution of disease will ever

be obtained by measures which do not strike primarily at vice itself."

In the history of these Acts, one cannot but be struck by the false and mistaken attitude, taken by the men framing them, and the uselessness of these measures in rooting out vice. At the same time we find no sign of any healthy, sane and strong discouragement of vice by the Government. Instead of attempting to provide the soldiers with healthy occupations, and exercise and instruction in the laws of health, much public money was deliberately used to supply these men with opportunity for the worst of vices, and an attempt was made to render such vice free from the disease which naturally follows it. In all of these measures we find a sacrificing of women to the pleasure of men. From what I have said about the pathology of venereal disease, it will be realized that compulsory examination cannot diminish venereal disease; it may stop infection of venereal sore (the least serious of the venereal disorders); it is almost powerless to prevent the infection of the two serious diseases which are so far-reaching in their effects, and so grave in their results.

The further history of the C.D. Acts in India, I need only touch upon. A proposal was brought forward to examine men as well as women. Two wrongs can never make a right, and it is surely not equality of degradation that is wanted! Certain women were, it seems, deceived by the pretence that laws were to be passed which would compel men to attend the periodical examination—but what was the use of women clamouring for such a law, as long as *men enact and enforce all our laws*. Men will never legislate themselves into the degradation and inconvenience of a compulsory

periodical examination, or go to reside in hospitals as long as they are afflicted with disease.

“Will the cantonment magistrate leave his judicial bench to go and sit in the Lock Hospital idly until he is no longer a source of danger to the community?”

Will the Colonel of a regiment leave his regiment until he is cured?”

Lord Lansdowne said in the House of Lords, in 1897:—“I have discussed that proposal with many high authorities, and I am bound to tell your lordships that the conclusion to which I am disposed to arrive, is that the practice of regular inspection did not produce the desired effect, and that it was on the contrary regarded, and rightly regarded, by the men as a brutalizing and degrading practice.”

When Lieutenant-General Lord Sandhurst was questioned before the Royal Commission of 1871 as to the advisability of soldiers being periodically examined by male physicians (not even of the opposite sex, as the poor women have to be subjected to), he replied that he preferred to treat his soldiers as reasonable men, not as brutes. Surely women should show at least equal consideration to women !

Sir George White suggested that women doctors should be appointed to conduct these examinations, but women doctors aim not only at treating and curing disease, but also at helping patients of this kind to leave such a life for good and all. They don't wish to inspect prostitutes to see that they are fit to continue Prostitution.

In the results of the Army Sanitary Commission, we find that the highest British medical authority had,

in 1894, pronounced this prolonged experiment (about 100 years) with licensed vice, a failure:—

“ The facts, so far as we can ascertain them, lead us to the conclusion that a compulsory Lock Hospital system in India has proved a failure, and that its re-institution cannot consequently be advocated on sanitary grounds. In stating this conclusion we may add that we are merely repeating the opinion which the Army Sanitary Commission have uniformly held that venereal disease in the Army of India could not be repressed by such restrictive measures, and in support of this statement we may refer to the Memoranda on the Indian Sanitary Reports which have issued from the office for many years.”

Only a short time ago, I came across an official who has lately returned to England from India. For many years he had charge of the Government chaklas—part of his duty being to see that all these contained the necessary means of ablution, &c.

His testimony, as being that of a man thoroughly conversant with the carrying out of the Cantonment Acts is, I consider, most useful:—

“ I cannot speak too strongly against them. Many a young boy or man comes out to India pure and good. It is the presence of the Government chaklas that first puts it into his head to lead a vicious life. Many resist for a time, but when they see their friends and their superior officers making use of these, and when they are given to understand that the medical inspection makes it safe for them to go, sooner or later they give way and follow the example of the rest. But to start with—they don't want it.”

CHAPTER V.

PRESENT STATE REGULATION IN OUR COLONIES AND DEPENDENCIES.

CHAPTER V.

PRESENT STATE REGULATION IN OUR COLONIES AND DEPENDENCIES.

With reference to the state of affairs in other parts of the British Empire, I cannot do better than refer to the following concise statement published in the *Shield*, September, 1907 :—

STATE REGULATION OF VICE IN THE BRITISH EMPIRE.

BRITISH INDIA.

“ Under the Cantonments Code of 1899, Commanding Officers of the military districts known as cantonments may permit brothels (known as ‘chaklas’) to exist, provided certain sanitary regulations imposed by the Code are observed by the keeper, who is made responsible for the health of the inmates as regards venereal maladies. This responsibility cannot possibly be carried out without periodical surgical examination. Other clauses provide for the surgical examination of prostitutes, and their detention in hospital if found diseased.

“ Amongst many other objections to this system is the fact that the recognition of these houses by the

Government gives a vested interest in them, makes it worth while to invest capital in them, inevitably leads to procuration of girls for the houses, and they become the veritable slaves of the keepers."

GIBRALTAR.

"The system in Gibraltar is carried on under Ordinance No. 1 of 1901, and is similar to that in the Indian cantonments. The keeper of the house is responsible for the health of the inmates as regards venereal disease. The girls and women are practically prisoners on the rock at the will of the keepers."

MALTA.

"Reliable recent information is not at present available."

STRAITS SETTLEMENTS.

"Regulation was first introduced into the Straits Settlements in 1870, under pressure from the Army and Navy Medical Authorities. It has since been extended to the tin mining districts in the Federated Malay States, where large numbers of imported Chinese coolies are employed. The Federated Malay States are under the administration of the Governor of the Straits Settlements.

"Under Straits Settlements Ordinance No. XIII. of 1899, keepers of brothels are made responsible, under heavy penalties, for the health of the inmates. Private hospitals are maintained by syndicates of the keepers, in order to enable them to carry out the provisions of this Ordinance."

HONG KONG.

“ The system in Hong Kong is practically identical with that in the Straits Settlements, and is carried on under Ordinances No. 31, of 1899, and No. 14, of 1900.”

CAPE OF GOOD HOPE.

“ The system at the Cape of Good Hope is carried on under the Contagious Diseases Prevention Act of 1885, which is practically identical with the old English C.D. Act. It is in force in Cape Town, Wynberg, Simons Town, East London, Port Elizabeth, Uitenhage, King William's Town, and Umtata. It has lately been proposed largely to extend it to all mining areas, such as Kimberly, garrison towns, such as Middleburg, and all places where there are large collections of unmarried labourers.”

QUEENSLAND.

“ An Act similar to the old C.D. Acts in England is in force at Brisbane and Rockhampton.”

VICTORIA.

“ In Victoria there is a C.D. Act on the Statute Book, similar to the old C.D. Act in England, but it has never been enforced.”

NEW ZEALAND.

“ An Act similar to the old C.D. Acts in England is on the Statute Book, and was at one time enforced. Clause 3 still permits the Governor to put it in force at any moment, in any district he pleases, by

simple proclamation in the Government Gazette. One of the abolitionist leaders in New Zealand, writing under date September 3, 1906, says:— ‘ Although, through the obstruction of the Legislative Council, the Acts are still on our Statute Books, they are not in operation. On the few occasions that efforts were made to put them in operation, the women were up in arms, and the would-be revivers of the Acts went back into their shells. But we feel the necessity of being always ready. If the Legislative Council were only elective, it would be naturally more in touch with the wishes of the people as a whole, and we should have a chance of repeal; indeed, it would be almost a certainty.’ ”

GUERNSEY.

“ Guernsey, which has a Legislature of its own, quite distinct from England, passed a law in 1895, which is still in force, very similar in principle to the old C.D. Acts in England.”

CHAPTER VI.

THE FUTILITY OF MEDICAL INSPECTION TO PREVENT VENEREAL DISEASE.

CHAPTER VI.

THE FUTILITY OF THE MEDICAL INSPECTION TO PREVENT VENEREAL DISEASE.

I think I have said enough to show that even the most carefully conducted examination may not be sufficient to enable one to be certain that a patient is so far cured of Syphilis or Gonorrhœa as to be unable to infect another, and I have endeavoured to show also that the most careful state regulation is not sufficient to prevent the spread of venereal disease or even to seriously diminish it.

In spite of this futility, medical inspection remains the chief means by which it is attempted to prevent disease.

There are two ways in which it may be utilized. "1.—The system at present in force in the principal countries of Europe regards persons of a particular class and sex as the chief agents in the diffusion of disease, and seeks to prevent it by keeping these persons under constant sanitary supervision—the supervision consisting of the periodical medical inspections already described. The difficulty of enforcing registration and attendance for inspection is, however, very great; and in many countries the police encourage, as far as possible, the aggregation of the women in houses of ill-fame, which are 'tolerated,' or licensed, by the State on the understanding that the mistress of the house insists on the observance of the regulations by her inmates. These *maisons tolérées* are

regarded by many Regulationists as the very core of the system.

2.—The other mode of possible State intervention is to require doctors and others to notify all cases of actually existing disease of this kind, in persons of whatever class or sex, to the health authority, who is to enquire into the means of segregation and treatment (as in the case of other infectious disease), and is empowered to remove the patient to hospital if necessary.

It has been urged in favour of the latter method that it is not open to the objections brought against the former, as being unequal between men and women, or as encouraging immorality by superintending, in its interests, the health of those who minister to it. It may be questioned, however, (1) whether this advantage could be maintained in practice as well as in theory; and (2) whether every scheme of this kind yet proposed does not contain elements likely to defeat its own object and endanger rather than protect the public health. For it means that a patient who believes himself to be suffering from such disease will hesitate to consult a doctor for fear of notification and enforced isolation."

In 1899 a Conference* was held in Brussels by medical experts, 360 members in number, and of 33 nationalities. The work of this Conference was mapped out into six questions. The first four dealt with existing forms of state control the other two invited suggestions as to *legal* measures for diminishing the number of women living by immorality, and the means of preventing the transmission of disease among the population generally.

* See "Preventive Hygiene," a résumé of the Debates of this Conference, 2nd Edition, published by Pewtress & Co.

The result of this Conference was that the following recommendations were passed:—

(I.)—That the Government should use their utmost powers to suppress the prostitution of girls under age.

(II.)—That a permanent International "Society of Social and Moral Prophylaxis" should be constituted, having its headquarters in Brussels, issuing a quarterly journal in French, English, and German, and holding Congresses from time to time; the first Congress to meet at Brussels in 1902.

(III.)—That since a thorough knowledge (*connaissance approfondie*) of venereology is one of the most important means of effectually combating the spread of disease—complete and compulsory courses of instruction in the subject, for all medical students, should be instituted in every University, so as to ensure the training of really competent practitioners.

(IV.)—That guardians of orphans, and others charged with the education of the young, should use every effort to promote their moral development, and to teach them temperance and respect for women of all classes¹.

(V.)—That the utmost rigour of the law should be enforced against *souteneurs*².

(VI.)—That the Governments should appoint in each country a Commission charged to ascertain the amount of these diseases, apart from temporary fluctuations, among the civil population, to enquire

1. This was brought by a Russian delegate, Dr. de Stürmer, from a Russian Medical Congress, where it had been unanimously adopted.

2. i.e., Men who live upon the earnings of prostitutes.

into the existing means of treatment, the distribution of hospitals in various localities, &c., and to collect opinions and formulate proposals as to the best means of preventing the dissemination of the malady³.

(VII.)—That the Governments should find means to warn the public, and especially young persons, of the dangers attending an immoral life.

(VIII.)—That the statistics of disease should be drawn up in all countries on a common basis.

All these resolutions were passed unanimously.

"It is interesting to compare this summary of the conclusions arrived at with the six questions with which the Conference started. The comparison marks the distinction, not, indeed, between points regarded as vital and points regarded as of secondary importance, but between those on which the Conference could and could not agree. None of the resolutions touched the question of "State Regulation" at all. It was felt that if the Conference was to speak with authority it must speak unanimously, and on this subject it was evident that opinions were hopelessly divided. Still, taking the resolutions simply as points of agreement, it is interesting to notice that none of them recommends any form of administrative coercion as applied directly to the communication of disease; and that four of them aim at the prevention of vice, as the root of the whole evil, while the remainder seek to increase the efficiency and accessibility of medical aid, to apply a stimulus to research, and to bring all results into the common treasury."

In the course of the debates held, a profound impression was made by Prof. Fournier's description of the

3. Proposed by Dr. Saundby on behalf of the British Medical Association.

condition of Paris after 100 years of regulation. It was felt that if only such a result could be shown, then very little could be said of a system which resulted in such obvious failure, although, as indeed might be expected, very little was heard of the moralizing influence of Regulation.

The majority of proposals were remarkable rather for the absence of attempts at coercion, and the effort to conciliate the goodwill and win the confidence of patients so as to lead them to seek early and effectual treatment:

1.—Improved medical education was advocated; also

2.—Protection by knowledge: dangers of irregular life should be instilled into young people.

3.—Voluntary hospitals were strongly advocated. Several speakers laid stress on the absence of compulsory detention as an essential of success.

Indeed, if we may learn the lesson of this Conference aright, we are left with a profound disbelief in the efficiency of State regulation to combat disease and a belief that the "only security" as the famous French doctor, Dr. Ricord, is reported to have said, "lies in no-one exposing himself to infection."

CHAPTER VII.

THE CURE FOR PROSTITUTION: THE VOTE.

CHAPTER VII.

THE CURE FOR PROSTITUTION : **The Vote.**

Prostitution is only possible in a class economically dependent upon another. Among free women, who have full liberty, who are able to earn a living wage, and who are therefore independent of all other means of support, it could not exist for a moment.

At the present time women are in large majority ill-fitted by their education, or by their circumstances to earn a living, hence we find that close connection between poverty and prostitution.

Only last week I had as a patient a woman of 32, mother of three children, whose husband had left her three years ago to get work, and make a home for her in Canada. For the last year no remittance had come from him. She had found it difficult to get work hampered as she was with the children, and a few months ago, in desperation, she took up Prostitution as a means of livelihood; she had contracted Syphilis in its most acute form, and it was this that brought her to me. She hates the life, and is trying to give it up, but it remains the only well-paid occupation she can take up, and—as she tells me—she can't bear to see the children starve.

It is hardly necessary for me to cite the numbers of different badly paid trades and professions in which much the same thing is going on. Many girls are given a

less than living wage, but good "opportunities" of eking out that wage. The average wage of a factory girl, Miss MacArthur tells me, is 7s.—8s. the week. As long as honest work is so abominably paid, and as long as men will give the only high wage for their so-called pleasures, so long will Prostitution exist.

What we need therefore is a living wage for every woman. That for the same work she shall get the same pay as that which a man would receive. Not only do we need for every woman an education which will fit her to earn her own bread, but also that she shall be educated in a sense of her own value. We must teach girls that they are as good as their brothers, that they need just as careful an education. This belief in herself, and her value as a citizen, and member of society, would shield her and strengthen her in her hour of difficulty and temptation.

When we study the life of a so-called common prostitute we find that in the first place she was seduced; then, ashamed to return to her home she finds herself alone without credentials or testimonials and unable to find employment. It is then that she is forced to go on the streets.

With reference to this preliminary seduction, we have to remember that, from her earliest days, she has been imbued with the belief in the superior knowledge of the other sex. She has been taught to be obedient and to be affectionate and charming, and above all to be unselfish. She has been taught to regard her future husband as master, and one she must obey. Surely if she falls into the hands of a scoundrel, there is very little chance that she may successfully resist him.

Amongst the hundreds of cases I have come in contact with in my profession, I have been struck with the

helplessness of the young girl, the physical paralysis that creeps over her; her utter ignorance of the result of her acquiescence, and her faith in the man she believes is in love with her. She has been trained from her earliest years in the very qualities which make her an easy prey to the professional seducer or procurer.

We believe that the economic position of women will not be raised until women themselves are represented in our legislature. We believe that our laws will only be equal and just when women themselves have that political freedom and representation which only the vote can bring.

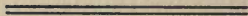
We are now dependent on men for our laws. It is men who have made it possible, nay who have demanded that a whole class of women shall be set aside for their momentary pleasure; who have deliberately trained a whole class of women to exercise for gain those functions which Nature has given to them for the propagation of the race only. Even further, it is these men who have instilled into their womenfolk the idea that sexual indulgence is a necessity to their health—one of the greatest fallacies that ever existed.

Further, we believe that women could never have devised and enforced such a system as State Regulation for Vice, involving as it does the most one-sided brutal legislation it is possible to imagine, and the suppression of a whole class of women to worse than slavery—a system that recognizes the necessity for vice in its worst forms; that acknowledges and tolerates houses of ill-fame, that *can* only be kept going with the help of professional seducers and procurists.

We believe therefore that the time has come when

women must claim their right to help to purify the social life of the people, when it is their duty to study and understand problems which only the combined effort of man and woman can solve, and that the first step in this great much needed reform of the present age—is

THE ENFRANCHISEMENT OF WOMEN.



women must cl
life of the pe
understand
man and v
great mu

TH