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[With Dr. Patterson's Compliments.]

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STATISTICS OF GLASGOW LOCK HOSPITAL,  
SINCE ITS FOUNDATION IN 1805,  
WITH REMARKS ON THE CONTAGIOUS DISEASES ACTS,  
AND ON SYPHILIS.

By ALEXANDER PATTERSON, M.D.,

*Surgeon and Lecturer on Clinical Surgery, Western Infirmary, Surgeon to Glasgow  
Lock Hospital, &c., &c.*

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STATISTICS OF GLASGOW LOCK HOSPITAL SINCE  
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By ALEXANDER PATTERSON, M.D.

(Read before the Glasgow Medico-Chirurgical Society, 3rd November, 1882.)

I WAS summoned to appear before the Select Committee of the House of Commons on the Contagious Diseases Acts, and gave evidence before that body on the 4th April, 1882. My evidence was desired, as understood by me, for the double purpose of exhibiting (1) The working of a Lock Hospital supported by voluntary contributions; and where the patients are admitted without fee or recommendation of any kind; and where no restraint is placed on their leaving; also (2) The effects of the Glasgow Police Act on prostitution, as put into active operation in 1870, by our excellent Chief Constable, on his accession to office.

The following tables were compiled from the carefully kept Annual Reports of the Hospital, which are complete, with the single exception of the year 1812, when none was printed, and here the want was supplied in the *Herald* office, by reference to the file for June of that year.

It will be observed that there were only seven deaths in Glasgow Lock Hospital during the last fifteen years, and of those three occurred last year, one from double pneumonia, from which the girl was suffering on admission, one from abscess in the brain, and one after giving birth to still-born syphilitic twins.

TABLE I.—STATISTICS OF THE GLASGOW LOCK HOSPITAL,  
From its Foundation, 7th August 1805, to 31st December 1881.

YEAR.	NUMBER OF PATIENTS.		TOTAL.	HOW DISPOSED OF.				TOTAL.	AVERAGE SOJOURN.	AVERAGE NIGHTLY NUMBER.	AVERAGE COST.
	Admitted.	From Last Year.		Dismissed Cured.	Irregular.	Died.	Remaining.				
7th August, 1805, to 1806	54	—	54	42	3	—	9	54	—	—	—
1807	57	9	66	53	3	2	8	66	—	—	—
1808	67	8	75	54	—	—	11	—	—	—	—
1809	87	11	98.	84	—	—	13	—	—	—	—
1810	115	13	128.	102	3	2	21	128	62	100/8	17
1811	107	21	128	103	1	1	17	128	68	81/6	20
1812	127	—	—	117	—	—	18	—	53	59/11	18
1813	154	18	172	151	—	—	20	—	47	78/10	20
1814	108	20	128	118	—	1	9	128	53	73/3	16
1815	139	9	148	126	—	—	22	148	52	74/5	20
1816	140	22	162	140	—	—	20	—	50	49/	19
1817	198	20	218	199	—	2	17	218	32	48/7	18
1818	213	17	230	213	—	2	15	230	33	36/10	18
1819	263	15	278	252	—	2	24	278	29	35/10 $\frac{3}{4}$	20
1820	412	24	436	400	2	2	32	436	22	31/9	25
1821	364	32	396	360	10	—	26	396	—	31/	30
1822	319	26	345	300	7	—	38	345	—	28/6	29
1823	345	38	383	342	8	4	29	383	32	24/7	31
1824	424	29	453	404	11	1	37	453	30	29/6	30
1825	388	37	425	374	30	1	20	425	32	28/9	35
1826	323	20	343	314	5	3	21	343	32	26/7	28
1827	300	21	321	295	6	2	18	321	31	31/	26

YEAR.	NUMBER OF PATIENTS.		TOTAL.	HOW DISPOSED OF.			TOTAL.	AVERAGE SOCIURN.	AVERAGE NIGHTLY NUMBER.	AVERAGE COST.
	Admitted.	From Last Year.		Dismissed Cured.	Irregular.	Died.				
1828	245	18	263	236	6	2	19	32	21	33/1
1829	292	19	311	274	2	5	30	36	28	—
1830	314	30	344	304	8	4	27	—	—	28/10
1831	334	27	361	321	9	—	31	30	29	28/5
1832	363	31	394	352	7	3	32	33	30	25/2
1833	366	32	398	349	14	4	31	32	34	29/9
1834	333	31	364	339	12	3	10	29	26	26/8
1835	374	10	384	337	16	7	24	30	31	26/11
1836	267	24	291	260	8	8	15	35	25	32/
1837	293	15	308	280	10	3	15	35	28	34/
1838	353	15	368	335	5	2	26	31	30	37/4
1839	315	26	341	315	3	2	21	31	27	26/6
1840	348	21	369	337	4	4	24	30	29	25/6
1841	412	24	436	403	3	5	25	28	29	22/5
1842	380	25	405	376	3	3	24	28	29	21/3
1843	341	24	365	349	2	2	12	23	22	19/2
1844	379	12	391	355	1	—	35	25	25	19/6
1845	438	35	473	451	3	1	18	19	24	15/5
1846	339	18	357	326	3	1	27	26	25	24/3
1847	250	27	277	246	3	2	26	40	27	40/
1848	335	26	361	328	1	3	29	32	29	27/10½
1849	200	29	229	207	—	1	21	38	21	36/6
1850	321	21	342	308	—	2	32	36	32	26/2½
1851	232	30	262	232	—	2	30	44	26	33/6
1852	250	30	280	267	—	—	13	31	21	25/1½
1853	302	13	315	292	—	2	21	27	23	27/
1854	430	21	451	420	7	—	24	24	29	23/10½

YEAR.	NUMBER OF PATIENTS.		TOTAL.	HOW DISPOSED OF.				TOTAL.	AVERAGE SOJOURN.	AVERAGE NIGHTLY NUMBER.	AVERAGE COST.
	Admitted.	From Last Year.		Dismissed Cured.	Irregular.	Died.	Remaining.				
1855	395	24	419	390	7	—	22	419	27	31	29/9½
1856	451	22	473	427	14	1	31	473	24	35	23/10½
1857	382	31	413	389	4	3	17	413	26	29	23/6½
1858	373	17	390	362	—	5	23	390	29	28	26/0½
1859	368	23	391	370	—	2	19	391	29½	30	26/8½
1860	393	19	412	388	—	3	21	412	31	33	25/9½
1861	407	21	428	400	6	1	21	428	27	35	23/9½
1862	368	21	389	361	—	—	28	389	27	28	27/9½
1863	415	28	443	409	4	1	29	443	27	31	22/2½
1864	465	29	494	462	—	1	31	494	28	35	23/0½
1865	488	31	519	482	6	—	37	519	26	36	22/3½
1866	493	37	530	493	2	2	37	530	26½	38	26/10
1867	482	37	519	499	5	—	20	519	27	36	26/6
1868	593	20	613	587	19	1	26	613	22	37	22/2
1869	598	26	624	600	16	—	24	624	23	38	19/
1870	534	24	558	521	14	—	37	558	23	36	22/
1871	394	37	431	407	—	—	24	431	29½	31½	30/0½
1872	369	24	393	358	—	1	35	393	30	27	35/3
1873	405	35	440	408	—	1	32	440	42	33	39/8
1874	436	32	468	424	—	1	44	468	33	41	36/9½
1875	402	44	446	414	—	—	32	446	32	31	37/4½
1876	424	32	456	421	—	—	35	456	28	35	35/2
1877	422	35	457	430	—	—	27	457	28	33	36/9
1878	426	27	453	435	—	—	18	453	26	30	31/7
1879	343	21	364	335	—	—	29	364	29	28	40/1
1880	385	29	414	390	—	—	24	414	26	29	34/6
1881	349	24	373	347	3	3	23	373	27	29	36/8

In Table II the decennial population periods extracted from the late W. Watson's *Vital Statistics of Glasgow for 1881*, are given from the year 1801, when "the numbering of the people" first took place, and the numbers admitted to the Lock contrasted with the numbers of people. It may be noticed that the highest number treated in any one year was 624 in the year 1869. At that time the house was so much pressed for accommodation that 57 patients were at one time received and treated in 35 beds. In the following year, 1870, the number of beds was increased to 60, but after the police proceedings were instituted, the number of patients declined, and the whole number of beds has never since been required.

The number of such patients has in fact greatly decreased, while the population of the city (and suburbs) has largely increased:—*e. g.*, In 1869, with a population of about 570,000, there were 624 Lock patients. In 1881, with a population of about 704,436, there were 373 Lock patients only.

It may be said that the Police Acts, by putting down the larger brothels, have simply scattered their inhabitants over a wider area, and that clandestinity has increased in proportion, and that they have lessened neither vice nor disease. The proof of this assertion is not forthcoming. Hidden prostitution does not afford immunity from disease, and I feel certain that they would resort to the Lock as well as admitted prostitutes—in fact, there cannot be the smallest doubt that numbers of those who come into hospital as unavowed prostitutes are simply what are termed clandestines.

If that were true, then the number of inmates in the Lock hospital would have increased in proportion to the growth of the city, as they would still come in from the suburbs, as they did from the centre of the city. *The very reverse is the fact.*

Why should not the unfortunates, whether pursuing their avocation, clandestinely or otherwise, in the city or suburbs, come into the Hospital now, as they did in 1869? Admission is as free now as then, and there is no more restraint in leaving now than there was in 1869. A few girls of the superior class who have means, pay a guinea each on admission. In 1870 between twenty-five and thirty such females paid; in 1881 there were only eight who so paid. It is to my mind tolerably evident that prostitution relatively to our population is not increasing—the reverse, I am inclined to think, is the fact.

TABLE II.—STATISTICS OF THE GLASGOW LOCK HOSPITAL,

*From its Foundation, 7th August 1805, to 31st December 1881.*

Number of Admissions for 75 Years.		Number of Irregulars.	Number of Deaths from all Causes.	Average Cost for Each.	Population of the City.	Average Sojourn	Average Deaths.	Comparison of Admissions with the Population.
1801	—	—	—	—	77,385	—	—	—
1805-1810	380	9	4	—	—	—	—	—
1811	107	1	1	81/6	100,749	68	0·935	1 in 941
1811-1820	1754	2	9	—	—	—	—	—
1821	364	10	—	31/	147,043	44	—	1 in 404
1821-1830	2950	83	22	—	—	—	—	—
1831	334	9	—	28/5	202,426	32½	—	1 in 606
1831-1840	3012	79	36	—	—	—	—	—
1841	412	3	5	22/5	255,650	29½	1·214	1 in 621
1841-1850	2983	15	15	—	—	—	—	—
1851	232	—	2	33/6	329,096	29½	0·862	1 in 1419
1851-1860	3344	32	16	—	—	—	—	—
1861	407	6	1	23/9¾	395,503	26¾	0·246	1 in 972
1861-1865	1736	10	2	—	—	—	—	—
1866	493	2	2	26/10	—	26½	0·406	—
1867	482	5	—	25/6	477,782 City,	27	—	—
1868	593	19	1	22/2	101,930 Suburbs,	22	0·169	—
1869	598	16	—	19/	—	23	—	—
1870	534	14	—	22/	—	23	—	—
1871	394	—	—	30/0½	593,554	29½	—	1 in 1506
1872	369	—	1	35/3	—	30	0·271	—
1873	405	—	1	39/8	—	42	0·247	—
1874	436	—	1	36/9¾	510,816 Pop. of City,	33	0·229	—
1875	402	—	—	37/4¾	193,620 Pop. of Suburbs,	32	—	—
1876	424	—	—	35/2	—	28	—	—
1877	422	—	—	36/9	—	28	—	—
1878	426	—	—	31/7	—	26	—	—
1879	343	—	—	40/1	—	29	—	—
1880	385	—	—	34/6	—	26	—	—
1881	349	3	3	36/8	704,436	27	0·860	1 in 2018

Total Admissions for 75 years,	25,070	Average percentage of Irregulars	
Total Irregulars	318	for 75 years,	1·2684
Total number of Deaths, ,,	122	Average percentage of Deaths,	
Average Sojourn, - - -	27½	for 75 years,	0·48662

The Population of the City in the year 1821 was 147,043, and there were 364 patients admitted in that year. In 1881 the population is 704,436, and at the same rate there ought to have been 1,744 patients admitted for that year, whereas 349 were admitted



DIETARY SCALE.

Sunday,—	Porridge and Milk twice daily—	Rice and Milk—	Bread.
Monday,	do.	do.	Broth and Beef do.
Tuesday,	do.	do.	Rice and Milk do.
Wednesday,	do.	do.	Pea Soup, do.
Thursday,	do.	do.	Broth and Beef do.
Friday,	do.	do.	Rice Soup do.
Saturday,	do.	do.	Broth and Beef do.

Tea is given to a few for particular reasons, about 9-10 patients daily.

The Surgeons may order what they please, and it is at once supplied.

Stimulants are seldom used unless in extreme cases. The entire quantity used is so trifling that no average can be drawn. £2 sterling covers the stimulant expense for last year.

The principle of perfect freedom of admission to all who apply, without line or recommendation of any kind, and no restraint in leaving beyond kindly advice, is followed to the letter. I have often noticed that females, however abandoned, rarely altogether lose the sense of shame, and that on a medical visitor, a stranger, being present, the younger women especially, come into the examination room with great reluctance. So well is this feeling understood in the Hospital, that when some time ago a large number of students made their desire known to come in class form, the Directors very properly withheld their sanction. I fancy that with the Contagious Diseases Acts the last remnant of modesty would be quickly driven away from the youngest inmate, and thus all hope of reclamation destroyed. My respected colleague, Dr. Dunlop, and myself, make it an invariable rule to treat our Lock patients with the greatest kindness, and with the same delicacy exactly that could be shown to any private patient, and we seldom have much trouble with them. In a *very few* cases of young girls with acute inflammation of the parts, chloroform is administered prior to using the speculum. It can be well imagined that, if one persisted in introducing an instrument in such circumstances, without an anæsthetic, the girls would not be likely to remain long in the Hospital.

About ten or eleven years ago, some of the Managers deemed it advisable to assume powers to detain a patient by means of an “undertaking” to remain until cured, to be signed by her on admission. The plan was tried, but it was found that the patients got frightened, and the authorities were informed that women refused to sign, and would not come in; and that others, after signing, refused to abide by their “undertaking,” consequently the scheme was abandoned in less than twelve months.

## GLASGOW LOCK HOSPITAL.

## DIRECTIONS TO THE PATIENTS ON THEIR ADMISSION.

Name, \_\_\_\_\_, the \_\_\_\_\_ Day of \_\_\_\_\_, 187\_\_\_\_

You, being admitted a Patient into this Hospital, are to observe the following Directions :—viz.,

I. You are to remain here until you are discharged.

II. You are to behave yourself *soberly, decently, and regularly*, avoiding all swearing, quarrelling, and the like, and exactly observing the rules of the house; for, on any complaints of misbehaviour, you will be discharged, or sent to the Police Office.

III. You are to get out of bed at Seven o'clock in Summer, and Eight o'clock in winter; and immediately wash and clean yourself before breakfast.

IV. You are to make your own bed, assist in cleaning the Ward, and do any other services in your power for those who are not able to help themselves; also to assist in the Washing House on such days as may be named by the Matron.

V. You are to go regularly to bed, by Seven o'clock in the Evening in winter, and Eight in summer.

VI. YOU ARE NOT TO GO OUT OF THE HOSPITAL, ON ANY PRETENCE WHATSOEVER, UNTIL YOU ARE REGULARLY DISCHARGED; and if, after this caution, you go out, you will not be suffered to return into the house.

VII. You are to attend, quietly and orderly, Divine Service, as required, to the instructions given in the Wards by the Chaplain of the Hospital, or by such as may be appointed by the Directors.

VIII. You are not to receive any liquor or provisions not supplied by the Hospital—tea, bread, butter, and sugar, excepted; nor to bring into the Hospital any books, without leave of the Chaplain.

IX. You are to attend to any orders that may be given by the Matron, Superintendent or Nurse.

*Having heard read the above Directions and Conditions, on which I have been admitted to the LOCK HOSPITAL, I now agree to abide by them in all respects.*

Name, \_\_\_\_\_

Occasionally a patient asks for dismissal before she can be considered well, when she is quietly and kindly reasoned with as to the impropriety of her leaving, and usually she remains. Of course, if she insists on getting away, she cannot be detained. When such a case does occur, our very judicious Superintendent, Mr. Condra, places every obstacle in the way of re-admission of that patient, and this is found to have a salutary effect. In my opinion, if you forced girls to come in, and detained them against their will in Hospital, you would act most unjustly. You practically *imprison* them, and for what reason? Because they may be suffering from disease inflicted upon them by the opposite sex.

TABLE III.—GLASGOW LOCK HOSPITAL.

This Table gives the number and occupation of the patients admitted during the ten years beginning 1st January 1870, and ending 1st January 1880.

Mill Girls, . . . . .	1,381	Shop Girls, . . . . .	19
Domestic Servants, . . . . .	1,057	Ragstore Workers, . . . . .	18
Prostitutes, . . . . .	496	French Polishers, . . . . .	18
Machinists, . . . . .	152	Barmaids, . . . . .	12
Washerwomen, . . . . .	122	Shirtmakers, . . . . .	12
Bleachfield Workers, . . . . .	92	Rope Workers, . . . . .	11
Needlewomen, . . . . .	85	Brick Workers, . . . . .	11
Housewives, . . . . .	79	Fancy Box Makers, . . . . .	11
Hawkers, . . . . .	75	Tobacco Spinners, . . . . .	10
Charwomen, . . . . .	66	Stay Makers, . . . . .	10
Farm Servants, . . . . .	51	Hair Workers, . . . . .	9
Dressmakers, . . . . .	48	School Girls, . . . . .	9
Warehouse Girls, . . . . .	48	Calenderers, . . . . .	9
Bookfolders, . . . . .	44	"From Home," . . . . .	15
Pottery Workers, . . . . .	36	Various Employments, . . . . .	66
Tailoresses, . . . . .	28		
Confectioners, . . . . .	27		240
Milliners, . . . . .	20		3,907
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	3,907	In all, . . . . .	4,147
			<hr/>

Occupation of the 66 Various.

Ballet Girls, . . . . .	5	Painter, . . . . .	1
Japanner, . . . . .	1	Match Makers, . . . . .	2
Fishmongers, . . . . .	6	Bead Workers, . . . . .	2
Rope Workers, . . . . .	4	Biscuit Bakers, . . . . .	3
Picture Colourer, . . . . .	1	Knitters, . . . . .	2
Cigar Maker, . . . . .	1	Candle Makers, . . . . .	3
Boot Finishers, . . . . .	7	Printers, . . . . .	4
Fringers, . . . . .	2	Brass Cutter, . . . . .	1
Pit Workers, . . . . .	3	Lead Workers, . . . . .	2
Message Girls, . . . . .	2	Store Girls, . . . . .	5
Telegraph Clerk, . . . . .	1	Stewardess, . . . . .	1
Bottler, . . . . .	1	Sailmaker, . . . . .	1
Dairymaid, . . . . .	1	Furrier, . . . . .	1
Rivetter, . . . . .	1	Glass Workers, . . . . .	2

Those marked "from home" include children with hereditary disease and those who had just left home for the hospital.

This table gives the number and occupation of the patients admitted in ten years, and is both curious and interesting, as exhibiting the immense variety of employments at which young females are engaged in a large city. In the *British Medical Journal* for 6th May, 1882, there appears a somewhat peculiar report of my evidence before the Committee—"During a period," it states, "of ten years—from 1870 to 1880—there were only 500 prostitutes admitted to the

hospital, against 1,100 domestic servants; and 1,300 mill-hands, besides hundreds of women of other trades and occupations. Therefore, considering the class of patients that resort to the hospital, 'it is not surprising,' as Dr. Patterson says, 'that they are, as a rule, quite willing to remain till cured.'" Those two sentences are most misleading. The reader is led to infer that the vast majority of admissions consist of a different "class of patients" from ordinary prostitutes. I regret to see that I have been misunderstood here. It was distinctly stated in my evidence, regarding the table referred to, that those were the occupations which the females themselves gave on admission, but that their statements were not reliable. They gave the occupation at which they had last wrought, possibly years before, and probably at which some of them still worked, taking to prostitution as a means of augmenting their very small wages—and that, when better, they would return to their daily employment. What the table was furnished for was to show how the vast majority refrained from classing themselves as "avowed prostitutes," and I fail to see what good can accrue from branding them with the broad arrow, and avowing them prostitutes by Act of Parliament.

During the last twenty-five years, and most probably since the establishment of the hospital, there has not been a single Jewess admitted as a patient. As bearing somewhat on the question in hand, I may be permitted to state that for fourteen years I held the office of surgeon to the Glasgow Hebrew Society, and that during the currency of that period, on an average, not more than one patient per annum presented himself with venereal disease in any form; there was not a single case of delirium tremens in the Hebrew community, and only one or two deaths from phthisis. The Hebrews are amongst the most moral, as they are indisputably the healthiest class in our city.

*Statistics of 500 cases as regards age*, and which may be taken as an average over all. The occupations mentioned in the preceding table must be considered as their former means of living. As an example, taking the first fifty cases which we came across, only sixteen had given up their employment within six months previous to admission, and the remainder were over six months. Three or four more than a year, three over two years, three over three, one over nine years, and yet these all call themselves mill girls, domestic servants, &c., &c. As regards age of those who had given up their employment over six months,

the ages given run from fifteen to thirty-nine, the latter being exceptionally old, the average might be stated about twenty. Of those who had given up their employment within six months, the ages ran from 15 to 22; the average about 18. In some cases marked "school girl," one as low as seven years of age is given by the surgeon as having contracted the disease herself. The others, called school girls, ranged from seven to fourteen years of age. As regards those who gave no occupation, or called themselves "prostitutes," the oldest was 22 years of age, the youngest 15, and the average about 18 years.

With regard to the ages of the Queen's women, as they are termed, a report ordered to be printed by the House of Commons, in July 1882, gives the following results, and from them we may infer something of the hardening effect produced on the unfortunate females by these Acts.

From returns showing the ages of known common women in the several districts at the time the Acts were first put in operation:—

In 1866, of 2,613 women the average age was 21 years 4 months.

In 1881, of 1,796 women the average age was 25 years 10 months,  
a difference of  $4\frac{1}{2}$  years.

Women.	26 and under 31.	31 and over.	
In 1866...2,613	267, $10\frac{1}{4}$ per cent	99 $3\frac{3}{4}$ ,	14 per cent above 26.
In 1881...1,796	429, $23\frac{3}{4}$ per cent	386 $21\frac{1}{4}$ ,	45 per cent above 26.

It is stated that this increase in the ages of the registered prostitutes "is attributable to the improved health of the women, and their freedom from neglected disease, which, in former times, cut short not only the career, but the life of the prostitute at an early age." This seems to me an extraordinary statement, and one totally inconsistent with facts. Deaths among prostitutes in Glasgow are extremely rare now, and have been gradually decreasing during the last thirty years; and I have already shown the average age of the females is very much lower here, although we have no Contagious Diseases Acts. I should attribute the fact, which has nothing to do with the lengthening of their lives, to this, that they apparently remain prostitutes for life, when they find themselves well looked after and licensed by the State, thus giving an apparent varnish of respectability to their miserable calling, as well as to the fact that their customers have increased, and likewise their remuneration.

*Contagious Diseases Acts.*—The Contagious Diseases Acts were passed with two objects, the diminution of venereal disease and the increased efficiency of the military and naval services.

John Milton tells us that “When the law falls to regulate sin, and not to take it utterly away, it necessarily confirms and establishes sin.”

The fundamental idea of the Acts is, that prostitution is a necessary evil, a position to which no Christian can assent; and any Act of Parliament morally wrong can never be politically right. The Acts are a distinct State recognition and licensing of vice, and it is now found that whilst disease has not been lessened in the females, vice is alleged to have increased in the male sex; a result which might have been anticipated when men are taught by Government that they can commit sin with impunity. “The licensing of any class of criminals is impolitic and sinful; and the Government that countenances the continuation or existence of public brothels, fails in performing its duty.”—Tait, p. 300. In 1842, Tait, *Magdalenism*, p. 314, makes the following statement:—“The licensing system has no advantages that may not be obtained without giving countenance to the continuance of prostitution in any form.” In corroboration of which opinion this extract from the *Minority Report of Proceedings of Select Committee*, 1882, p. 78, may be adduced:—“That the ordinary law under the administration of the local police is able to effect reductions both of brothels and also of prostitutes in an ‘unprotected’ place, even greater in number than the decreases respectively claimed in the subjected districts, is conclusively shown by the evidence of the chief constable of Glasgow. . . . Upon the whole, then, Glasgow furnishes, in respect of prostitution, as remarkable an example of police administration as it does of hospital operation, without any of the auxiliary powers of the Contagious Diseases Acts, and with results more beneficial in all respects.”

This is the result of the Acts, so far as the females are concerned—“That after eleven years’ complete operation of the Acts (*i.e.*, 1870-1880) the annual ratio per cent of cases of disease among the registered women was higher in 1880 than in any previous year of such period, and had been steadily increasing since the year 1875,” *Report*, p. 76.

*Medical Objections.*—The following are some medical objections to the probability of success attending such Acts:—

1. Any attempt to arrest the progress of a disease, common to both sexes, by the examination and seclusion of the diseased of one sex only, appears to me to be manifestly absurd. How

are all the first attacks of venereal disease in the female contracted? Obviously from the male sex.

2. The very great difficulty of distinguishing the exact nature of the discharge in the female.

3. The fact that a woman can, in many instances, so prepare herself for examination, by washing and cleansing herself, as to deceive most men as to the presence or absence of gonorrhoea.

4. The extreme difficulty of always detecting the infecting sore. In fact, in the ordinary prostitute, we do not very often see a well marked hard chancre.

5. Mediate contagion—where a woman may be merely the vehicle of disease conveying it to many men, yet, on examination, there may be nothing visibly the matter with herself.

6. The probability of a woman being perfectly clean to all appearance, yet having previously contracted disease, it makes its existence tangible a day or two after examination, and she goes on infecting until next examination day.

7. The ordinary secretions of a syphilitised woman may give constitutional disease; at all events when mixed with the smallest quantity of blood.

8. No system of Registration can prevent clandestine prostitution.

Inspector Anniss, whose duties are to carry out the Contagious Diseases Act in the Devonport and Plymouth district, questioned by Dr. Cameron, M.P. (*B. Book*, 1881, p. 167):—

“The number of brothels in the district before the commencement of the Act amounted to about 400 in round numbers, did it not?—It did.

“And at the date of your last information how many were there?—When I left Plymouth on the 25th inst. there were 70.

“As the right honourable gentleman who examined you last remarked, they have been reduced, roughly speaking, to about one sixth?—Yes.

“What is the population of your district?—It would be now taking all the villages, nearly 180,000.

“You are aware that in Glasgow there are no Contagious Diseases Acts?—I am.

“Should you be surprised to learn that there, in a population many times greater than that of your district, there are only 38 brothels?—I am not surprised to hear that, it is in print; but I would be surprised to find that it was a fact.

“Would you be surprised to know that that is the evidence given by the chief constable of Glasgow?—I should not be

surprised to hear it; I presume it is the fact. Of course I accept that.

“The chief constable of Glasgow, in the evidence from which I am quoting, before the Committee which some years ago sat upon the Sale of Intoxicating Liquors on Sunday (Ireland) Bill, mentioned that in 1849 there were in Glasgow 211 brothels; in 1874 there were 204; and at the date of his evidence, in 1877, the number had been reduced to 38; and he explained this reduction as having occurred through the powers which licensing laws and local Acts gave him?—I do not know Glasgow at all, and therefore I cannot speak of it.

“You consider the reduction of brothels a great improvement?—I do, clearly.

“Then should you not consider that the state of Glasgow in respect of brothels shows a vast improvement over the state of Plymouth?—The difference as stated would be in favour of Glasgow.

“The actual state of things being 70 brothels to 180,000 inhabitants in Plymouth, against 38 brothels to 500,000 inhabitants in Glasgow; which shows the best?—Clearly Glasgow.

“And there are no Contagious Diseases Acts there?—No.”

In Paris, where the Contagious Diseases Acts have been in force for many years, and where they were carried out with the utmost rigour, they have been found to be totally useless, in so far as retarding the spread of syphilis is concerned. They have been abolished, and no examinations by State medical men have been practised since December, 1881.

In Hong-Kong the British Government license is issued in these words:—“Chinese women for the use of Europeans only.”

In 1868 the 2nd Battalion, 5th Fusiliers, 648 men, was stationed at Aldershot and Dover, half-time at each place, and both protected districts, when 126 cases of venereal disease occurred. In 1870 the same battalion, 599 men, stationed at Glasgow and Ayr, had only 103 cases in the twelve months.

The alleged saving to the State is about 5.38 in the 1,000 men. The working of the Contagious Diseases Acts costs £30,000 a year, or £110 per man; there being about 50,000 men in the subjected districts.

This is the number of Cromwell's army, a body of men whose backs no enemy ever saw, and one would be curious to know his opinion of such Acts. I think it would be that of his great secretary, Milton.

*Alteration in the Character of Syphilis.*—Within the last



twenty-five years syphilis, according to my observation, has become much less virulent in type. We scarcely ever see a case of necrosis of the tibiæ, few cases of destruction of the nasal bones, and the corona veneris is looked upon as a great curiosity. It may, possibly, be open to question if in many cases of bone destruction, mercury, which in former times was administered so lavishly, were not the cause—and that the cure proved worse than the disorder. Cases of gangrene, destroying the prepuce and glans penis are seldom observed; and cases of hospital gangrene, attacking open buboes and laying bare the femoral vessels in their sheath, a sight which five and twenty years ago was not extremely rare, have now entirely disappeared. Rapidly destructive phagedænic ulceration of the soft palate we meet with occasionally, and here, with regard to this form of disease, I should like to enter my protest against the application of nitric acid or caustics of any description, and also against the use of gargles. In all forms of phagedænic or gangrenous destruction of parts in syphilis, *opium* is our sheet anchor.

For example, in a case of acute phagedænic ulceration of the palate, with the ulcer in the palate surrounded by a lurid red, undefined, and rapidly spreading border, give the patient one grain of opium every eight, or six, or four hours, according to the strength and age of your patient; and, so far as my experience has gone, there will be no cause to regret the practice. The opium alone will arrest the progress of the disease. Phagedæna may attack the primary sore, whether it be the Hunterian or the soft chancre; and if mercury is being administered in the case of the hard sore, it should be at once stopped, as the state of constitution which determines the state of the sore, in my opinion, precludes the use of mercury; however, its use may be resumed when the sore shall have assumed the healthy aspect.

The immense improvement in the sanitary state of the city of Glasgow, within the last twenty-five years, has no doubt had much to do with altering the character of syphilis, especially in checking epidemics of the more virulent forms of the disease. A man, living in a dark, damp, ill-ventilated dwelling contracts a primary sore. With such indifferent hygienic surroundings, the sore is likely to assume the phagedænic type, exactly in the same way that if you place a number of patients with open wounds in an hospital ward, ill-ventilated and overcrowded, erysipelas, pyæmia, and hospital gangrene may make their appearance.

*Syphilitic Warts*, if such ever existed, must have entirely

disappeared. I do not think that I have ever seen a case. Venereal warts are of every day occurrence, but these, in my opinion, are always the result of gonorrhœa and want of cleanliness in the female, and in the male, from balanitis, or the retention of pus beneath the foreskin. They are always local, and amenable to local treatment. Of course you will not mistake them for mucous tubercles, which are constitutional, demanding for their cure constitutional treatment.

*Curability of Syphilis.*—The question as to the active and complete eradication of syphilis from the constitution is one frequently put by the patient to his medical attendant, and is one which, I fear, cannot be answered, in every case, in the affirmative, no matter how long the course of treatment may have been continued. Before giving up obstetrical practice, I had attended upwards of two thousand cases of labour, and in a number of those it so happened that the husbands, when unmarried men, were known to have had syphilis. Cases came under observation where five, six, or seven years had elapsed from the contraction of the disease until marriage, and when all symptoms had been absent for years, yet abortions and children distinctly syphilitic were the result of marriage. In some cases the child is born, to all appearance healthy, when at a period somewhat about a year after birth it is seized with convulsions of an epileptiform character, accompanied by bulging of the anterior fontanelle, and squinting—with symptoms much resembling those of tubercular meningitis, with this in addition, that in some cases mucous tubercles make their appearance on either side of the anus—these are curable by anti-syphilitic remedies. In another case, the child attains the age of two or three years when that remarkable disease—syphilitic pemphigus—makes its appearance. In still another, between, perhaps, the years of seven and twelve, circular bald patches form on the head. And again, the child may reach early adult life when an eruption resembling rupia, covers the whole body and limbs, and in connection with this a curious form of ulceration takes place on the posterior surface of both thighs. If you can fancy the shoe of a donkey made red hot, stamped with the open end downward upon each, it may convey an idea of the shape of the ulceration. This I have observed only a few times, and, as I think, only in cases where the constitution was deeply tainted.

In many cases of syphilis, treated in the ordinary manner,

the patient is apparently perfectly cured, and remains so for twenty or thirty years, until declining years and failure of constitutional vigour occur, when the long quiescent malady reappears in the form of tertiary disease.

A remarkable phase of tertiary syphilis that I have not observed described in books takes place in connection with the ankle joint. The tissues, lying over the lower end of the fibula, become puffy and painful, without discoloration, the pain being increased on deep pressure; this swelling, under appropriate treatment, may disappear, possibly only to return again. The bone becomes affected, if not primarily so, and the diseased action spreads into the ankle joint, demanding, in some cases at all events, amputation of the foot. I have witnessed a number of such cases, where the history was clearly traced.

Years ago, a patient aged 33 came under my care, suffering from tertiary disease of the bones of the nose, and also from a tight organic stricture of long duration. He had been married for ten years, and hitherto there had been no family. It was stated that both diseases were contracted at the same time, and at the age of 21 years. Anti-syphilitic remedies were prescribed, and the stricture was dilated; his wife became pregnant, the first child was still-born, the second lived for a few weeks, the third reached adult life, while the fourth and last was born acephalous.

In the *International Encyclopædia of Surgery*, vol. i, page 241, in the article on Scrofula and Tubercle, two cases of the former are given, and the author states that "Each of them is typical in its kind." One, "A woman, whose age was only fifty-nine, but who was prematurely old. She was white haired, anæmic, weak, and withered. The first phalanx of her left forefinger was greatly enlarged, and covered with thin, red skin, glazed and ulcerated. Sinuses passed directly into the interior of the bone, which was as if blown out into a thin walled cavity, containing a soft material, in which were numerous grits of bone. On the upper aspect of each foot was a circular ulcer, with thin, red, undermined edges, through which rough and carious bone could be reached. And over the left patella were two small ulcers, implicating the skin and subcutaneous tissue, but not connected with disease of bone. Her history was free from any record of specific disease. She had been always delicate, and about five years ago had become completely blind from amaurosis. Within the last two years abscesses and ulcers had formed, first on the finger and then on the feet; and tiny fragments of bone had

come away at intervals. She was kept under observation during several weeks, and was well fed and warmly clothed. Quinine and iron were administered, and the wounds were dressed with a slightly stimulating ointment. But she made little or no progress towards recovery." Referring to both cases, the writer says—"No one would, I imagine, be disposed to deny that these patients were suffering from scrofula." I am inclined to think that the author has been rather unfortunate in his selection of an example.

It appears to me that the patient whose case is given here so distinctly, was not suffering from scrofula. The case was, to my mind, undoubtedly one of tertiary syphilis, in which the woman had had the primary contamination, possibly thirty years previously, and such cases are by no means uncommon, but they are not curable by quinine and iron. I have taken the liberty of making such a lengthy quotation, because the case, in my opinion, presents a phase of syphilis by no means rare, and also, because the book is only in process of publication, and according to the preface the writers "*are believed to be specially qualified to give authoritative instruction, each upon the particular subject which he has undertaken.*"

*Gonorrhœa.*—Fournier and other French writers, and a number of our own authors, inform us that gonorrhœa is often due to accidental causes, and not to direct contagion; that it may be produced by the secretions of a perfectly healthy female, also from leucorrhœa and the menstrual discharge. If gonorrhœa occurred in this way, it would probably be much more common than it is; and whilst it may not be definitely stated that it cannot arise in this manner, it may, I am inclined to think, be affirmed, that in such a case it will be very slight—not at all a well marked purulent discharge, and that a few days will suffice for its cure. All that I can say is, that of many cases of gonorrhœa, alleged to have been contracted in this way, I have never been able to verify a single instance.\*

\* I have here to record my thanks to Mr. John Macintyre, M.B., for the very valuable assistance rendered me in the compilation of these tables.—A. P.