

T.D.R. No. 33471

Annual Report on
The Lock Hospitals
of the
Naval Service
For the year 1873



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Selections from the Records of the Madras Government.

No. XLIII.

ANNUAL REPORT

ON

THE LOCK HOSPITALS

OF THE

MADRAS PRESIDENCY.

FOR THE YEAR

1873.

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MADRAS:

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1874.

(1,940,) giving an average period for each patient in hospital of 28.64 days. The following table allows of comparison for the last six years :—

Year.	No. Treated.	Average Daily Sick.	Average Stay in Hospital.	Remarks.
			Days.	
1868	1,292	127.80	36.10	In G.O., 4th August 1873, No. 2,550, the stay in 1871 was entered as 32.21, and for 1872 as 27.58, but the numbers of those who had died had been inadvertently omitted from the calculation.
1869	1,278	125.23	35.76	
1870	1,439	125.66	31.84	
1871	1,548	137.86	32.50	
1872	2,003	140.19	25.64	
1873	1,940	152.25	28.64	

The increased length of time that the patients remained under treatment in 1873, as compared with the previous year, was not, seemingly, due to any increased virulence in the type of disease, for all the Medical Officers report that the character of the ailments was milder; but the Medical Officers at Bangalore, and at Bellary, tell of the admission of women from out-villages, who came of their own accord for treatment, in advanced stages of disease; of 28 such, admitted at Bangalore, 5 died. The Medical Officer at Kamptec also notices the case of one woman admitted into hospital on the 15th of June 1872, and who was not discharged until the 11th of July 1873. A few cases like these are sufficient to account for the generally increased average of days under treatment.

5. The substance of the information regarding the working of these institutions, and the influence they have exerted in diminishing venereal diseases among British Troops, will be found in the nine tables appended, viz. :—

A—shows the total admissions and deaths, and the average daily sick, in each, and all the Lock Hospitals.

B—the admissions for venereal disease among European Troops, from 1865 to 1873, inclusive.

C—a regular return of admissions during 10 years, at stations, where no Lock Hospitals existed.

D—a return of admissions from 1869 to 1873, inclusive, from stations where Lock Hospitals had been established.

Ea—a return of admissions of British Troops, in the Presidency Town of Madras, for the years 1863 to 1867, inclusive before the establishment of the Lock Hospital;

El—and from 1869 to 1873, both inclusive, after the opening of Lock Hospitals at the Presidency.

F—a return of admissions and diseases in the Lock Hospitals at the Presidency, from 1869 to 1873, inclusive.

G—a comparative return of venereal affections of British Troops, and of women admitted into Lock Hospitals, at 11 stations for the five years, from 1869 to 1873.

H—a detailed statement of sanctioned establishments.

K—a statement of expenditure.

6. Table A shows that the numbers of the women under treatment in 1873, fell short of those treated in 1872 by only 63.

The number admitted for primary syphilis has steadily increased, and the ratio they bear to the total admissions, has been above the average of the past six years.

Years.	Total Admissions exclusive of Remained.	Cases of Primary Syphilis exclusive of Remained.	Ratio per 1,000 of Cases of Primary Syphilis to Total of Admissions.
1868	2,186	404	340.64
1869	2,164	523	453.60
1870	1,388	544	422.36
1871	1,940	534	361.60
1872	2,001	774	407.15
1873	1,921	803	440.96

7. Table B shows the ratio of total admissions, to total strength, among European Troops, at stations where there are Lock Hospitals, to have been more favorable. For 1872 it was 164.27 per mille; for 1873 it was 149.81 per mille.

Four stations show a falling off, viz., Bangalore, Bellary, Kamptec, and Wellington.

Eight stations show an improvement, viz., Cannanore, Madras, Rangoon, Secunderabad, St. Thomas' Mount, Secetabuldee, Thayetmyo, and Trichinopoly.

The greatest progress was made at Secetabuldee, and at Secunderabad. At the latter station there is a Lal-Bazaar, in which all the common women reside, and the facilities for carrying out the Act are greatly promoted thereby; but it must also be mentioned, that there is no large native city in the vicinity of Trimmulgherry, where the troops are located, and that the facilities for clandestine prostitution, are consequently somewhat less there, than at many other stations.

8. Table C gives an analysis of the prevalence of venereal diseases amongst European Troops at stations, where there were no Lock Hospitals. The returns include a period of 10 years for the following stations, viz., from 1864 to 1873 :—

	Total Strength.	Total Admitted.	Total Died.	Total Invalided.
Poonamallee	1,695	698	2	...
Calicut	761	91	...	...
Mallapooram	907	79	...	...
Ramandroog	459	59	...	...
Tonghoo	4,160	488	...	27
Total ...	7,985	1,418	2	27

Ratio per 1,000 of admissions to strength ... 177.58

" " of deaths " ... 0.25

" " of invalided " ... 3.38

The two following cover nine years:—Palaveram from 1864 to 1868, inclusive, and from 1870 to 1873, inclusive; Port Blair from 1865 to 1873, inclusive.

	Strength.	Admitted.	Died.	Invalided.
Palaveram	710	59	...	...
Port Blair	970	88	...	...
Total ...	1,740	147	...	...

Ratio per 1,000 of admissions to strength... 34.48

The three following are for seven years each:—

	Strength.	Admitted.	Died.	Invalided.
Sectabuldee (1864 to 1870)	396	98	...	...
Chindwarrah (1864 to 1870)	277	178	...	...
Rangoon (1864 to 1870)	5,166	1,622	1	60
Total ...	5,749	1,898	1	60

Ratio per 1,000 of admissions to strength ... 330.14

" " of deaths " ... 0.17

" " of invalided " ... 10.43

Singapore, from 1864 to 1868, inclusive, four years—

Strength 537

Admitted 49

Died

Invalided

Ratio per 1,000 of admissions to strength ... 91.24

Penang, three years (1864 to 1867) included—

264 men, 27 admissions, none died or were invalided.

Ratio per 1,000 of admissions to strength ... 102.27

9. Table D embraces a series of returns for stations where Lock Hospitals had been established for the five years, from 1869 to 1873, inclusive.

	Aggregate Strength.	Total Admitted.	Total Died.	Total Invalided.
Bangalore	8,698	1,223	1	16
Bellary	4,394	1,028	...	19
Cannanore	3,552	385	1	10
Kamptee	4,779	1,130	2	12
Rangoon	2,581	408	...	12
St. Thomas' Mount	2,077	416	...	9
Secunderabad	11,292	1,929	1	55
Wellington	1,855	220	...	...
Trichinopoly	1,410	286	...	2
Total ...	40,638	7,024	5	185

Ratio per 1,000 of admissions to strength ... 172.84

" " of deaths " ... 0.12

" " of invalided " ... 3.32

From Thayetmye the returns are from 1870 to 1873, inclusive.

Strength, 2,117. { admitted...167... Ratio per 1,000 ... 78.88
invalided...10 ... " ... 4.72

The returns from Sectabuldee are for the years 1871, 1872, and 1873.

The strength was 132; the admissions 26. No deaths or invalided.
Ratio per 1,000 of admissions to strength, 196.96.

From Statements C and D it appears that decided benefit has resulted from the establishment of the Lock Hospitals; but, as the returns do not cover the same periods, nor relate to the same stations, the contrast is not so effective as it might be. Two stations are, however, included in both tables, viz., Rangoon and Sectabuldee. The returns for Rangoon for the seven years before the establishment of the Lock Hospital there give a ratio per 1,000 of admissions to strength of 313.97; after the establishment of the lock for the five years, from 1869 to 1873, inclusive, the ratio falls to 153.07. Similarly at Sectabuldee, from 1864 to 1870, the ratio was 320.26; but from the three years 1871, 1872, and 1873, it falls to 196.96.

10. Table E shows a similar result as regards the European Troops stationed at Madras itself. Before the establishment of the Lock Hospitals the total strength from 1863 to 1867, inclusive, was 3,795.

A ratio per 1,000	of admissions to strength of...	373.12
" "	of deaths	1.58
" "	of invalided	9.22
" "	of deaths to admissions	4.23
" "	of invalided	24.71

Ratio per 1,000	of admission to strength...	... 175.27
" "	of deaths " ...	0.00
" "	of invalided " ...	5.73
" "	of deaths to admission ...	0.00
" "	of invalided to admissions ...	33.12

For 1873 the total treated was 835, the average daily sick 89.75, and the number of women on the register 135. There is a considerable increase in the number of cases of syphilis which came under treatment, 221 against 117 in 1872; but by far a greater proportion of the increase was due to gonorrhoea, of which there were 519 cases treated against 205 in 1872. The general public must derive great benefit from the withdrawal from amongst them of this mass of contagious disease. The benefit to the European Troops is well shown in the remarks of the Health Officer which will be quoted hereafter.

A careful examination of their return shows many instances in which there is no correspondence in the admissions of the two classes, though they do bear a generally relative proportion the one to the other. For instance, taking the total admissions in any year for *primary syphilis*—

In 1869	the troops show	595	admissions;	the Lock Hospital	528
" 1870	" "	497	" "	" "	514
" 1871	" "	546	" "	" "	564
" 1872	" "	655	" "	" "	774
" 1873	" "	630	" "	" "	803

1869—admitted of troops 235 cases; in Lock Hospitals 6 cases.

1869	admitted	243	12
1870	"	281	23
1871	"	255	52
1872	"	222	70
1873	"		

As the exact numbers of the women on the registers are not known for the first four years of the period under consideration, it is not possible to give an effective numerical comparison, but the ratio per 1,000 of admissions to strength, for all venereal complaints among the troops was as follows:—

[illegible]

The ratio per 1,000 of admissions to strength for primary syphilis amongst the troops was	...	...	65.92
The same amongst the common women was	...	...	954.81
The ratio for secondary syphilis (troops)	...	...	23.60
" " (women)	...	...	83.23
" " gonorrhoea (troops)	...	...	57.94
" " (women)	...	...	1,000.00

There having been, by a curious coincidence, 841 admissions for this complaint in the average strength of 841 women, Madras Lock Hospital excluded.

13. Table H gives the details of the sanctioned establishments. No changes of consequence were made on the arrangements for the previous year. For Rangoon, an Hospital Assistant, at Rupees 60 a month, was granted, and at St. Thomas' Mount the rank and amount of the pay, of the Hospital Assistant was increased from Rupees 25 to 60, and the services of one female cooly, at Rupees 5, and of one waterman, at Rupees 4, were dispensed with. At Seetabuldee one Hospital Assistant, at Rupees 25, was struck off, and at Secunderabad reductions were made in the pay of one Bheestie, one Cook, and one Sweeper.

14. Table K gives the details of expenditure, the total of which was Rupees 31,057-12-4 against Rupees 28,603-8-1 in 1872, an increase of Rupees 2,454-4-3. The items in which increases occurred were—

Allowances to Medical Officers	Rs. 111 0 8
Medical Subordinates' salaries	1,178 9 5
Toties	119 8 0
Perishable articles	668 14 5
Washing	69 10 10
Diets	602 5 1
Total	Rs. 2,750 0 5

Decreases took place in the following :—

Female coolies	Rs. 26 7 3
Peons	42 0 6
Cooks	4 1 5
Waterman	36 9 7
House-rent	186 12 5
Total	Rs. 296 12 2

The cost per patient, was Rupees 16-0-2 against Rupees 14-4-5 in 1872. This increase, as well as that under diets and washing, is accounted for by the longer average stay of patients in hospital. The increased salaries have been accounted for in the statement of establishments. The house-rent at Trichinopoly was saved by the transfer of the hospital to an old building in the south-east corner of the fort, formerly used as a Zillah Jail, and subsequently as a Lunatic Asylum. The building is reported to be sufficiently large and convenient for all the requirements of the sick.

The dieting of each patient was highest at Wellington, where it reached Rupees 24-11-5, and lowest at Rangoon, where it was only Rupees 11-0-1.

15. The working of the Lock Hospital in Madras has been very satisfactory, and the union of the Vepery and Black Town Hospitals

has, as was anticipated, effected a considerable saving. The total expenses for 1873 were Rupees 15,714-1-1 against Rupees 24,373-10-7 in 1872, showing a total saving of Rupees 8,659-9-6. The cost of dieting each patient has been reduced by nearly one-half. In 1872 the average cost was Rupees 35-6-4. In 1873 it was only Rupees 18-13-1. The average stay of each patient in hospital was 41 days, and the daily cost was Annas 7-4. The particulars of expenses are shown in the last column of Table K; from it the items on which the savings were effected at once appear.

16. The Act seems to have been fairly worked as regards registration. The average number of women on the register was 784-16, and the increase was progressive for every month throughout the year. In this respect there has been a greater measure of success than has been achieved at any other station. At several, the numbers borne on the registers are somewhat less than in 1872. At Bangalore they fell from 924 in 1872 to 77 in 1873. At other stations, as at Kamptee, the numbers have at best remained stationary. It may be that the women may probably learn to appreciate the advantages they derive from registration; when ill, they are housed and carefully tended; the character of their maladies is materially mitigated, and much life is saved; but the restraints imposed by the system are apt to be felt as irksome by the thoughtless class who share in its advantages.

17. These remarks naturally lead to one of the most difficult parts of the subject of Lock Hospitals, and one on which there is great conflict of opinion. I allude to clandestine prostitution. In each yearly report it has been noticed that the soldiers do not restrict themselves to association with registered women; and, as the Army Sanitary Commission observed, when noticing my report for 1872, this is the main difficulty in working these institutions. But for years past the military cantonments of the Madras Presidency have not enjoyed the quiet which the soldiery ought to possess. For the past 20 years in Secunderabad, Bangalore, Bellary, St. Thomas' Mount, new barracks and hospitals have been almost continuously under construction, bringing amongst the troops a very numerous floating population of classes of society in which the women are notoriously non-domestic, and the great influence that changes in Indian society occasion is well illustrated by what occurred at Bangalore at the close of 1873. A Camp of Exercise was then formed in that neighbourhood, and the registered women were asked if they wished to accompany the camp, but they all declined; nevertheless, in one European Regiment, during the 30 days they were in camp, there were 11 fresh cases of venereal disease; and, on this, the officer in charge of the Lock Hospital observes: "There cannot be a doubt that the hospital must be of service in preventing the spread of venereal disease, as also to those

who are placed under treatment therein; but it must be acknowledged these present but a very small amount of those who support themselves by the trade in this large cantonment and consort with European Soldiers. I have, he observes, before stated, and still hold the same opinion, that the registered women are not those with whom Europeans consort and contract disease; and until a stricter and more especial espionage on that class of women is adopted, I do not think it practicable the European Soldier can ever be efficiently protected from venereal disease. In confirmation, as above suggested, that the registered women are not those with whom the European Soldiery consort, I may state that, at the request of the Deputy Inspector-General of Police Mysore, these women, as they attended hospital, were all asked if they would wish to attend the Camp of Exercise, which every one of them refused to do; and, in proof that the soldier contracts venereal disease elsewhere than from them, I may state that, in conversation on this subject with an Officer Commanding a European Regiment in camp, I learnt from him that some 11 fresh cases of venereal had been admitted into hospital since the regiment's arrival at camp. The proposed and long-talked-of establishments of regimental Lal-Bazaars appears to have fallen through. I can suggest no system likely to be so beneficial to the soldiery for protection against venereal complaints."

The officer in medical charge at Bellary says "that, owing to the promiscuous intercourse of the men with women other than registered prostitutes, and the difficulty experienced by the police in their detection, venereal disease has been very prevalent, especially in the 48th Regiment, and not only this, but even amongst the registered prostitutes a great many avoid the examination by absenting themselves from their dwellings and by using many artifices and subterfuge, thus evading the detection by the police when reported upon for non-attendance."

I recognized the importance of attention to this subject, and communicated by letter, No. 6,832, of the 11th November 1873, with the Acting Inspector-General of Police, who issued a confidential Circular to all Superintendents in military cantonments, with a list of 36 questions (copy attached) bearing on these points. The replies were forwarded to me on the 16th of February 1874 with a letter, No. 622, in which he says: "the delay in replying to my letter, No. 6,832, dated 11th November 1873, had been caused by the necessity of reference to the Police Officers in the various military cantonments. Their replies to a set of questions put by Colonel Drever, Acting Inspector-General of Police, were then forwarded for my perusal and information, together with the questions themselves for reference. From these, Bellary appears to be the only cantonment in which venereal disease is prevalent amongst the soldiers in any marked degree. Yet the town

police at Bellary are, as a force, remarkably efficient; and, after a careful perusal of the papers, it seems to be the universal opinion that the disease is contracted by soldiers in Bellary, *not* from registered prostitutes, but from a mixed class of women (such as sweepers, grass-cutters, servants, &c.) who prostitute themselves occasionally when opportunity offers in or near the precincts of the barracks. This being so, the matter becomes one of great difficulty. It would, he continues, in my opinion, be objectionable, for many obvious reasons, that the police should be constantly engaged in spying upon the soldiers in their country walks; nor would this avail if it be true that opportunities chiefly occur in the precincts of the barracks themselves. The matter seems to be one which can best be dealt with by the regimental authorities. The chief duty of the police is to deal strictly with the registered women and to act under Sections 6 and 29 of the Rules when unregistered women are found to practise prostitution. On the former point, he says, I would refer you to the explanation of the Superintendent of Police with regard to the apparent non-attendance of a large proportion of registered women. On the latter point it is of course necessary that evidence should be clear. That 'women found loitering about under suspicious circumstances' should be arrested and dealt with as registered prostitutes is, in my judgment, an impracticable measure. The agitation in England on this matter, however misplaced, sufficiently indicates that it must be dealt with very cautiously." * *

18. Captain Briggs, the Acting Superintendent of Police in the Bellary District, writing on the same subject, mentions points of importance, which may be shown in the following extracts from his replies:—

"It is a fact scarcely to be questioned that the men of Her Majesty's 48th Regiment associate comparatively little with loose women of the classes in the bazaars registered as prostitutes, many of these, no doubt, being married females, and only *occasional* prostitutes. It is only when a woman openly and systematically prostitutes herself that she can be brought up in consequence; occasional prostitutes who practise with secrecy may, therefore, escape, and the police, however vigilant, fail to obtain evidence against them; it does not follow that these women are not as likely to be infected as habitual prostitutes. The registered women, among other devices to escape attendance at the periodical examination by the Garrison Surgeon, occasionally applied to the Cantonment Magistrate for leave of absence, which was never refused. In several instances, however, it was discovered by the police that these individuals, thus nominally absent, were in the pettahs plying their trade. Till this evasion was brought to light, it had been the Cantonment Magistrate's practice to furnish the Garrison Surgeon, before each inspection, with a list of prostitutes absent on leave, and in such cases the Surgeon did not report them as absent; but to check

this shirking of examination, the Cantonment Magistrate ceased to furnish such lists even when women were actually granted leave; by this means, if they were professedly on leave and actually present, the Garrison Surgeon kept reporting them as absent, being in ignorance of the leave being given; and, on their being so reported, the Cantonment Magistrate issued warrants for them on the principle that, if they were 'in town,' they would be apprehended, but if not, the warrant would be unable to reach them. Though this served the purpose for which it was intended, it manifestly renders the Garrison Surgeon's return incorrect, and lowers the per-centage of warrants served to those issued, and blame is attached to the police in an undue measure. * * *

"The Cantonment Magistrate continues Captain Briggs, has personally informed me, within the last three days, that this practice still continues. Till within the last three years, Bruce pettah (the civil pettah of Belary) was not included under the provisions of the Cantonment Act. Cowl-Bazaar (the military bazaar), on the other hand, always has been under the Act, and the prostitutes in the latter seldom feel it much hardship to attend to be registered, though they find it a burden having to be medically examined.

"The Town Inspector, Mr. Shortt, who has given much attention to the subject, is of opinion that the women (registered) of Bruce pettah are little resorted to by the men of Her Majesty's 48th Regiment, who have to walk nearly three miles to reach it, and I question whether there is any actual result from registering these. On the other hand, the enforcement of the Act in Bruce pettah meets, and always has met, with the greatest resistance, and the Bruce pettah women form by far the larger portion of absentees from periodical inspections.

"One of the few Police Officers, who can safely be entrusted by the Superintendent of Police with a special sannad under the Cantonment Act, proceeds to arrest No. 1 of a list of women who are included in a single warrant of Bruce pettah, and immediately the others get wind of the fact and abscond or shelter in the house of any of their numerous admirers; sometimes going for weeks together to out-villages."

"It cannot be expected, then, that a Head Constable, who has abundance of other arduous work to attend to, can find all these.

"The section of the Cantonment Act which permits the police to arrest without warrant a woman publicly soliciting in the limits of the cantonment is, and always has been, in abeyance."

19. Brigadier-General Woods, Commanding Ceded Districts, in his letter to the Quartermaster-General of the Army, No. 94, 3rd November 1873, says:—* * * "The sudden increase, from 33 to 51 cases, which occurred in Her Majesty's 43rd Foot in September last, resulted from an examination made for the detection of the disease by the Medical Officer

at health inspection, when Dr. Bolton, in his weekly report, stated that 'it was evident the men do not report themselves sick as they ought to do.' Viewing this point as one of discipline, I immediately caused the Medical Officer's remarks to be communicated to the Officers Commanding the Regiment with a request that steps might be taken to induce the men to report themselves to the Medical Officers whenever they had reason to suspect they had contracted disease.

"Lieutenant-Colonel Travers, in reply, stated that he had enjoined Dr. Bolton to be more careful in the medical weekly inspection of the regiment; that it was a sad truth that the men did avoid hospital, and that, if any cause existed which deterred them from reporting sick, that cause should be removed; that he had altered an order, the carrying out of which, he was informed, was one cause which kept the men from hospital, and that the other cause was that every man, on going into hospital for venereal disease, was put upon *'spoon diet'*, 'which to a man with a simple sore represents hunger'; that for the second time he had told Dr. Bolton of this; and that, in his (Lieutenant-Colonel Travers') opinion, 'men should be induced to go to hospital, and the hospital made as pleasant to them as possible.'

"In regard to the failure to arrest registered women who do not attend regularly at the Lock Hospital for medical examination, I certainly thought with His Excellency that the police were mainly to blame. I, therefore, brought the seeming inefficiency of police control to the Superintendent's notice on two occasions: once in August and again in September last. I may here remark that this examination which takes place *once a week* is considered an intolerable burden by the registered women, and there can be no doubt all who can go beyond jurisdiction do so to avoid it. The Cantonment Committee was so satisfied on this point that, at one of their meetings, it was proposed to restrict such examinations to once a fortnight, in the expediency of which the Medical Officer in charge of the Lock Hospital fully concurred, but regretted he could not make any alteration, as he acted under special instructions from the head of his department. There is no record of this circumstance, but I can vouch for its correctness.

"In reply, however, to the above-mentioned references to the Superintendent of Police, that officer stated his intention to issue 'sannads' to some additional Head Constables, in the hope of reducing the evil complained of; but expressed himself as by no means sanguine as to results, alleging that the principal cause of failure was doubtless owing to the fact that sweeper-women, grass-cutters, servants, and native women attached to the barracks, &c., are generally easy to be procured, and that to obtain proofs against such persons is generally impossible,

* This is the practice to which the Medical Officers of British Regiments have recourse.

as they are only occasional prostitutes as circumstances permit. Admitting this to be the case, still it does not account for the small number of arrests.

"Nevertheless, as regards the European Soldiers, I am disposed to attach considerable weight to the statement, for such is privately reported to be the case; and I am assured by the Cantonment Magistrate that the great majority of registered prostitutes in Bellary consort only with natives, and have nothing whatever to say to the European Soldier.

* * * *

"If Medical Officers are strict in their weekly examinations, if Commanding Officers invariably punish those who conceal the disease, if the regimental police do their best to check improprieties occurring in out-buildings, &c., near the barracks, and if on the principle of paragraph 4 of letter from the Officiating Secretary to the Government of India given in Proceedings, Madras Government, dated 3rd June 1873, No. 1,847, the district police are, by an Order of Government in the Judicial Department, instructed to patrol daily from 5 to 10 p.m. when required by the military authorities in a wider cordon round the lines and among the adjacent rocks, with authority to arrest any woman found loitering about under suspicious circumstances, there cannot, I think, be a doubt that the disease will soon be brought under some control. But I think nothing short of these measures will effect the object in view."

* * * *

Before passing away from the Cantonment of Bellary, which has always been notorious for the amount of venereal ailments amongst the soldiers, it is proper to mention that it is in the Canarese-speaking country, the great bulk of the people being of the Vira-saiva religion, and the number of common women in small towns and hamlets is greater perhaps than in any other part of the world. Recently I brought this subject to the notice of Government in the following letter, No. 446, dated 22nd November 1873:—

TO THE CHIEF SECRETARY TO GOVERNMENT, PUBLIC DEPARTMENT.

SIR,—2nd-class Apothecary E. S. Mayley, of the Collector's Establishment, Bellary, has accompanied the Collector when on tour through the district, and for the past two years Mr. Mayley has sent me sanitary reports on the villages and towns through which he has passed. In the first report he brought to notice the large extent to which contagious diseases prevailed in the district, and I, therefore, requested him to extend his inquiries during his next tour, and to give the native

practitioners some insight into the modes followed in Europe for the treatment of such ailments.

(b.) His inquiries on the present occasion have impressed upon him the belief that it is the numerous Bassava women in that part of the country who are the propagators of disease. He has sent me the enclosed return showing the population of the four western taluqs of the Collectorate and the numbers of the prostitutes in them.

(c.) According to that return the adult male population is 26,705, and the prostitutes in their number

Bassava Women.	Dumar Women.	Common Prostitutes.	Total.
2,287	1	53	2,291

2,291, or one to every 11.6 adult males. The total population of all ages and of both sexes is 82,497, so that there is one prostitute to every 36.1 of the

population. The common prostitutes, however, are very few in number, being only 54, of whom 1 is of the Dumar race, 2,237, of the total 2,291, being Bassava women.

(d.) The Bassava, Jogni, or Murli are women who have been devoted to an idol. At any period from birth to maturity they are taken to an idol and devoted; the ceremonies, as also the deity or object selected, vary in different parts of the country; sometimes it is the idol Kandoba, sometimes a knife; but the devoted women are invariably under age, because a grown-up woman is not deemed acceptable. It is a religious rite, but it is not any particular sect or race or caste who make their young women Bassava, the people who do so being generally some of the non-aryan races of the country. This will be seen by an examination

Bedara or Hamdar Pindarah	1,499
Kubbari Bosta or Bariah	375
Madaga or Chackler	284
Mala or Pariah	49
Dasari (probably Pariahs)	13
Koombar (Shepherds)	10
Bujara (a Sudra race)	7
Total	2,239

of the tabular statement, from which I place on the margin the names of the communities who thus devote their women, the greatest part of the number being from that predatory race

who gave their name to the Pindarah of the last and present centuries. This is a custom altogether different from that followed by the Kaiklaver weaver race in this neighbourhood, some of whom still continue to devote their eldest daughters to the temple service, because, when the non-aryan make their girls Bassava, though the ceremony has a religious aspect, the sole object is to let them be prostitutes under the cloak of the marriage with the idol.

(e.) Were this a practice followed by any particular race or sect, it would be politic on the part of Government to await a movement of the

people, but no such representation can be hoped for from amongst these races, because they are wholly illiterate. The subject has probably been before Government, and, if repression of the practice be under consideration, the laws may properly reach parties who thus devote infant and immature girls to a life of prostitution. The ceremony is usually quite public, and cannot be performed without the police being aware of it.

(f.) At a recent visit to Conjeveram, when inquiring as to the weaver race of people of the Chingleput District devoting their eldest daughter to the temple, I learned that the Kaiklaver weavers are beginning to evade the custom. I enclose a letter on this subject received from Native Surgeon Ruthnum in medical charge of Conjeveram.

(g.) Along with the return now attached, Mr. Apothecary Mayley sent a report which contains matter of much value, and worthy of being made known to all the Subordinate Medical Officers attached to Collectors' establishments, and I will dispose of it separately.

19. With reference to the above, I may observe that there cannot be any difficulty in allotting a house in Bruce pettah at which the women of that more remote part of Bellary can be assembled, and thereby save them the long miles of journey to the Cowle Bazaar; and I will see to this. When I was serving with the Hyderabad Subsidiary Force, this plan was introduced by Captain Tweedie, and the residents at Trimulgherry and those at Secunderabad, three miles apart, were separately assembled at the two places.

20. Major Cunliffe, Superintendent of Police, Chingleput District, writes:—

"Without close inter-communication between regimental and police authorities, little or nothing in the way of prevention can be accomplished.

"The Medical Officer reports he has vainly endeavoured to induce men to give up names of women who give them disease; and till that be done, no joint action between the military and the police can be of any avail. He also suggests that clandestine prostitutes be watched, as they are the ones who give disease, not the registered ones.

"The Officer Commanding Mount reports that he has nothing to add to the above; that the Provost Non-commissioned Officer and one of his men patrol the bazaars after sunset.

"I would wish that all cases of venereal be reported to me or my Inspector with the probable date of its being caught; also whether the patient had opportunities of leaving cantonment at ~~any~~ ^{any} or must have caught it in bounds.

"Speedy report is required, and, if possible, information from the man himself. Female servants and grass-cutters, no doubt, practise prostitution, though they have an honest trade; information about these

might be given by a Non-commissioned Officer. Poonamallee has no Lock Hospital; some regulation regarding it is required."

21. Surgeon-Major Corbett, R.A., in medical charge, St. Thomas' Mount, says:—

"During the past 12 months I have endeavoured my utmost to check venereal by inducing the men to point out the women, but in 19 cases out of 20 have failed in my endeavours. It seems a point of honor amongst them not to do so, notwithstanding my having pointed out that it is for their welfare, as well as that of their comrades, in protecting them against disease; and, until this point can be overcome, no joint action can be of any avail."

22. In the matter suggested by Major Cunliffe that the name should be sent to him of each woman admitted into hospital, there cannot be any difficulty, and I will order this to be done, and each Medical Officer should send to the Cantonment Magistrate a list of all absentees.

23. Captain Gordon, Superintendent of Police, Trichinopoly, says:—

"Highest number registered this year is 55, and 12 struck off.

"In a large town like Trichinopoly the soldiers find no difficulty in obtaining women; it would require a large body of police to follow up each individual."

24. Major A. Balmer, Superintendent of Police, Coimbatore, writing of Wellington, says:—

"The police have orders to get information regarding all women who prostitute themselves to soldiers unregistered; and when found out, on information, charge sheet is laid before Cantonment Magistrate who issues a summons or warrant, and finds them about Rupees 15 if the charge be proved against them." The Commandant and the Cantonment Magistrate say they are ~~not~~ ^{not} that the police of the station do all that can be expected of them in this respect. The Lock Hospital at Wellington is an unenclosed building, and the inmates can readily have communication with people outside; therefore, I do not think there would be any use in attaching a policeman to the hospital as an orderly. A more suitable site has been selected, and plans and estimates are now before Government for a Lock Hospital enclosed by a high wall, which, I think, might well be guarded by the depot men who have little or no duty to perform."

25. Captain Trotman, the Acting Superintendent of Police at Cannanore, reports that:—

"The Lock Hospital is so situated on one side by the Taluq Cutcherry and on the other by a bungalow occupied by a married officer at the back of the native lines and in front by the main road leading to Telli-cherry. It is neither retired nor secluded. It is built on high ground. The inmates, when out in the verandahs, are exposed to public view.

"The number of women on the register seems very small, and no

doubt many prostitutes are unregistered. On the other hand the result obtained is so far good that the number of Europeans (I believe even of sepoys) who have contracted disease is excessively small.

"On the admission of a soldier with venereal disease, he is asked if he can identify the woman from whom he contracted it; and, if he answers affirmatively, he is accompanied by a Non-commissioned Officer and a Police Constable to the house or houses frequented by the woman and upon her identification, she is required to attend for inspection at the Lock Hospital. This measure is frequently thwarted by the statement that the intercourse was held out of doors with a woman who cannot be now recognized. I can suggest no remedy for this difficulty."

26. I now proceed to make extracts from the reports of the different Medical Officers, which will serve to illustrate the working of each institution, and which will also exemplify the concurrence of opinion or the fact of the prevalence of clandestine prostitution and of some suggested remedies. I shall then proceed to make a few deductions suggested by a careful review of the whole subject. In the preparation of these reports and returns, and also of the weekly registers, one plan has not hitherto been followed, but I am now issuing a Circular to request the general adoption of the forms recommended by the Sanitary Commissioner with the Government of India, published with his review of Lock Hospital Reports of the Bengal Presidency for 1872.

27.—BANGALORE.

Extract from the Report by Surgeon-Major Youns.

"Remained on the 31st December 1872 ..	44
Admitted	419
Total treated	463
Discharged	405
Died	9
Remaining on the 31st December 1873 ...	49
Average daily number of sick	474

"During the year 1873 the working of the institution has been satisfactory as far as the regular attendance of registered women is concerned, but this has again fallen off in strength from that of the year 1872, when an average of 92½ were borne on the register, to 77.01 in 1873. A total of 463 women have been treated during the year, 44 remaining on the 31st December 1872 and 419 fresh admissions. Of the 419, 28 presented themselves voluntarily without interference of the police, 17 of whom were villagers in a very advanced stage of disease, 5 dying from its effects, together with a child born in the hospital, who survived but a few days. The business of the hospital has been conducted as heretofore, each prostitute being examined at least once a week. The diseases of those borne on the register have been of

a mild type and yielded readily to treatment; but of those who applied voluntarily, the disease was of a far more malignant nature, having advanced unchecked, and the sufferers only presenting themselves when in a hopeless state of misery and disease. There cannot be a doubt that the hospital must be of service in preventing the spread of venereal disease as also to those who are placed under treatment therein, but it must be acknowledged these present but a very small amount of those who support themselves by the trade in this large cantonment and consort with European Soldiers. I have before stated, and still hold the same opinion, that the registered women are not those with whom Europeans consort and contract disease; and, until a stricter and more especial espionage on that class of women is adopted, I do not think it practicable the European Soldier can ever be efficiently protected from venereal disease. The proposed and long-talked of establishments of Regimental Lal-Bazaars appears to have fallen through. I can suggest no system likely to be so beneficial to the soldier for protection against venereal complaints. There has been a slight excess of venereal among the soldiers during the year under report. In 1872 out of an average strength of 1,768 there were 123 admissions from primary syphilis and 112 from gonorrhoea, making a total of 235. For 1873 out of a strength of 1,793 there were 122 admissions from primary syphilis and 123 from gonorrhoea, making a total of 245."

28.—BELLARY.

Extract from the Report by Surgeon-Major Brett.

"The number of admissions for the above period has been 49, viz., syphilis, primaria, 31; gonorrhoea, 18. The cases for the most part yielded more or less readily to treatment. The gonorrhoeal patients were soon cured and dismissed. The average number of registered prostitutes, has been 69. The per-centage of admissions to strength of venereal, &c., amongst the European Soldiers for the period under review, has been as follows:—

48th Regiment.			G-18th, Royal Artillery.		
Syphilis, primaria	...	14	Syphilis, primaria	...	10
" secundaria	...	4	" secundaria	...	2
Gonorrhoea...	...	5	Gonorrhoea...	...	6
Total ...		23	Total ...		18

"With respect to the working of the Act for prevention of syphilis, &c., amongst the soldiery, I regret to say that, owing to the promiscuous intercourse of the men with women other than registered prostitutes and the difficulty experienced by the police in their detection, venereal disease has been very prevalent, especially in the 48th Regiment.

29.—CANNANORE.

Extract from the Report of Surgeon-Major Cox, M.D.

Remained, on 31st December 1872	4
Admitted during the year 1873	64
Total	68
Discharged	61
Died	...
Remaining on 31st December 1873	7
Average daily number of sick for the year	5.13
Average annual strength of registered prostitutes.	24.58

"The number of cases admitted during the year was 64 against 50 in the previous year, showing an increase of 14; of the 64 admissions, 1 was an East Indian, 24 Hindoos, 11 Mahomedans, and 28 Native Christians and others. The average number of prostitutes on the register was 24.58 against 23.83 in 1872. There were 17 new registrations during the year—a number that is remarkably small for a town like Cannanore, where clandestine prostitution is supposed to be carried on to a large extent. The attendance of prostitutes at the Lock Hospital for weekly examination has been more regular than in the previous year. Forty-five women were reported to the Cantonment Magistrate for irregular and non-attendance against 66 in 1872; eight women were fined to the amount of Rupees 13; and the rest (some of whom left the station) underwent simple imprisonment. The following descriptions of venereal diseases were admitted during the year under notice:—1 chronic rheumatism; 8 primary, 1 secondary, and 1 tertiary syphilis; 30 gonorrhoea; 1 bubo; 7 uterine catarrh; 12 ulcer of os uteri; 1 metritis; 1 recto-vaginal fistula; and 1 not yet diagnosed; 57 discharged, and 7 remain. The average daily sick was 5.13 against 4.75 in 1872; total 64."

30.—KAMPTREE.

Extract from the Report of Surgeon-Major Arnold Smith.

"The conduct of the patients and that of the registered prostitutes has been good, and I have had very little trouble to contend with in carrying on the work of the institution. All the prostitutes on the register are examined in my presence every Wednesday morning. Those who are unable to attend from temporary sickness are seen by the Hospital Assistant the day previously on their reporting to the Matron their inability to attend, and any who are absent without leave are reported to the Cantonment Magistrate, and are brought up by the police, should they continue "contumaciously" to absent themselves. I make a point, however, of always accounting for all on the register each Wednesday as either "present," "sick at home," "in hospital," or "absent without leave," and their names are thus entered in a register ordered to be kept up by the Surgeon-General, Madras Army. I have found this

register a most useful document; for, by its assistance, the history of any woman on the register can be at once traced through every week in the year. The examination is a searching one, and no disease could pass undetected. The attendance is, as a rule, regular, and the women submit willingly and cheerfully to the examinations, and I have had no complaints to make regarding their behaviour. It appears to me that they have begun to look upon their weekly attendance as part of the duties of their vocation, and are settling down to it as a habit. There are 45 women who have never been once absent, and four never found diseased. The average number on the register, although in excess of the past year by three, has decreased by seven on the average for the past five years. The number on the register is not what it should be, as it is difficult to believe that 36 1st-class prostitutes represent the number with which an average of, say, 800 Europeans alone cohabit during the year.

"During the year there have been 213 admissions into hospital, which, with 12 which remained from 1872, make a total of 225 cases treated. The greatest number of times the same woman has been admitted is eight. The average daily sick has been 16.25. There have been no deaths. The above figures give a per-centage to strength of 269 admissions and 20.4 daily sick.

"The admissions have been made up of the following diseases:—primary syphilis 90, secondary syphilis 6, gonorrhoea 100, ulcer 5, condylomata 2, ulcer of os uteri 8, and two women kept under observation. As a general rule, the type of the disease has been excessively mild, and easily amenable to treatment. In some instances, however, the type of disease was found to be excessively obstinate in resisting all remedies. The following table enables us to contrast the prevalence of venereal disease amongst the registered prostitutes during the past year with that for previous periods:—

Years.	Admissions.				Daily Sick.	Deaths.	Per cent. to Strength.	
	Syphilis, Primary.	Syphilis, Secondary.	Gonorrhoea.	All Diseases.			Admissions.	Daily Sick.
1868	70	...	66	136	14.25	1	142.3	12.7
1869	63	...	120	183	15.0	...	212.6	14.9
1870	67	4	83	154	16.25	...	171.1	18.0
1871	29	5	102	133	9.5	1	198.0	13.1
1872	23	...	176	233	12.25	1	306.5	16.1
Average	50.4	1.8	103	174	13.4	6	205.1	14.9
1873	90	6	100	213	16.25	...	269	20.4

"The above return shows a startling increase in the amount of venereal disease during the past year, more especially in the prevalence of syphilis. The number of these cases is 67 more than that of last year, and 40 more than the average for the five years, and at no time since the year 1866 has such an amount of syphilitic disease been admitted. Cases of gonorrhoea are below the average. The increase of disease has not been confined to one class of prostitutes, but has been pretty equally divided between those supposed to consort only with Europeans and those only with natives, the greater proportion, however, being amongst the first class.

	Admissions.	Average Strength 1012 3.	
		1st Class.	2nd Class.
Primary syphilis	...	48	42
Secondary do.	...	4	3
Gonorrhoea	...	51	49
Ulcer of os uteri	...	4	4
Ulcers	...	1	4
Warts	...	...	2
Observation	...	2	...

"It is extremely difficult to give a positive reason for this excessive increase of disease, other than the supposition that the European Troops have been more than usually diseased by women who are not borne on the register, and have thus spread disease generally. Such a reason is not a satisfactory one it must be admitted, as the same cause has been yearly in existence; but whatever it may be, it has worked equally prejudicially upon the health of the British Troops stationed in Kamptee, and it is to the consideration of the subject that attention must now be drawn. Weekly and monthly returns are regularly received from the Senior Medical Officer, British Troops, showing the admissions from venereal disease, and it is from this source the following information has been compiled.

Return showing the Prevalence of Venereal Disease amongst the British Troops at Kamptee for 1873.

Months—1873.	Royal Artillery—Average Strength 240 8.						H. M.'s 44th Regiment—Average Strength 771 7.						All British Troops—Average Strength 1012 3.		
	Primary Disease.			Secondary Disease.			Primary Disease.			Secondary Disease.			Total Venereal Diseases.	Total Secondary Diseases.	Total Primary Diseases.
	Total.			Total.			Total.			Total.			Total Venereal Diseases.	Total Secondary Diseases.	Total Primary Diseases.
	Syphilis, Primary.	Gonorrhoea.		Syphilis, Secondary.	Bubo.		Syphilis, Primary.	Gonorrhoea.		Syphilis, Secondary.	Bubo.		Total Venereal Diseases.	Total Secondary Diseases.	Total Primary Diseases.
January	1	2	3	1	1	1	4	7	11	...	...	...	11	12	14
February	1	1	1	1	1	1	12	4	14	...	...	...	9	10	11
March	1	1	1	1	1	1	7	2	15	...	...	...	21	15	21
April	1	1	1	1	1	1	7	3	16	...	...	...	11	16	22
May	1	1	1	1	1	1	7	3	19	...	...	...	11	13	16
June	1	1	1	1	1	1	8	3	11	...	...	...	14	12	13
July	1	1	1	1	1	1	8	3	11	...	...	...	17	12	29
August	1	1	1	1	1	1	8	3	11	...	...	...	13	12	14
September	1	1	1	1	1	1	8	3	11	...	...	...	8	11	13
October	1	1	1	1	1	1	10	2	12	...	...	...	14	14	10
November	1	1	1	1	1	1	19	2	21	...	...	...	25	22	18
December	1	1	1	1	1	1	19	2	21	...	...	...	25	22	18
Total	6	11	17	4	1	5	90	48	138	29	9	38	176	155	198
Ratio per MHS to Strength.															
24	45	70	91	20	4	16	116	62	178	37	11	49	238	153	42
195															

"From this it will be observed that out of an average strength of 1012.5 men, there have been 155 admissions from primary disease and 43 from secondary affections, making a total of 198 cases during the year 1873.

"Of these 97 have been cases of primary syphilis and 59 cases of gonorrhoea.

"It is remarkable how much less prevalent primary syphilis has been amongst the Artillery than the Infantry, there having been only six admissions in the former against 90 in the latter, or a rate per mille of only 24 admissions amongst the Artillery to 116 per mille in the Infantry. The total admissions from primary disease have been at the rate of 153 per mille of average strength and 42 per mille secondary disease, making a total of 195 admissions per mille. To enable a contrast to be made between the above statistics for 1873 and those for previous periods, I have compiled similar tables to the above for five years 1868—72. From these tables the following results have been obtained and are condensed in the following return:—

Years.	ROYAL ARTILLERY.										INFANTRY.										ALL BRITISH TROOPS.		
	Primary Diseases.					Secondary Diseases.					Primary Diseases.					Secondary Diseases.					Total Venereal Diseases.	Total Secondary Dis- eases.	Total Primary Diseases.
	Syphilis, Pri- mary.		Gonorrhoea.		Total.	Syphilis, Secun- dary.		Bubo.		Total.	Syphilis, Pri- mary.		Gonorrhoea.		Total.	Syphilis, Secun- dary.		Bubo.		Total.			
	per mille.	Adm.	per mille.	Adm.		per mille.	Adm.	per mille.	Adm.		per mille.	Adm.	per mille.	Adm.		per mille.	Adm.	per mille.	Adm.				
1868	55	102	158	17	25	42	200	69	65	135	23	94	113	208	185	23	94	96	305	233	145	51	197
1869	153	132	286	11	64	351	94	107	123	327	48	371	277	371	327	48	371	48	371	327	222	52	274
1870	78	81	160	31	23	54	215	172	172	330	40	40	32	82	196	31	25	57	273	249	87	335	426
1871	143	131	274	35	2	37	312	50	32	82	40	40	32	82	196	31	25	57	273	249	113	84	197
1872	62	134	197	18	18	18	215	178	79	196	31	25	57	273	249	87	11	49	286	153	153	42	195
Average	98	116	215	30	12	43	258	178	79	196	31	25	57	273	249	87	11	49	286	153	153	42	195
1873	24	45	70	16	4	20	91	116	62	178	87	11	62	178	178	87	11	49	286	153	153	42	195

Ratio per Mille of Strength.

"From this the following fact will be observed that, although there is an increase in the total amount of venereal disease during 1873 of 58 admissions on last year (a year of exceptional small amount of disease), still there has been a decrease of 24 cases on the average of the past five years, or at the rate of 51 per mille of strength. The total admissions from primary disease have been 21 less than the average, and secondary affections 3 less, or a rate per mille of 41 and 9 per mille, respectively. The reason for the great prevalence of venereal disease in Kamptee, given by every Medical Officer of experience who has had charge of this institution, has been the enormous amount of clandestine prostitution which prevails in and out of cantonment limits. My belief is that there is a very large proportion of women practising public prostitution in this cantonment, but who manage to evade being compelled to register from sufficient proof being wanting to establish a charge against them before the Cantonment Magistrate. Complaints have been made to me constantly by those on the register against what they justly considered the unfairness of certain women practising prostitution in the bazaar without being compelled to register. As names of such women were constantly given in to me, I, in consultation with Captain Brooke, late Cantonment Magistrate, promised to ascertain from the chowdran and the registered women the names of all women residing in the different bazars whom they knew to be unregistered public prostitutes. After a great deal of trouble and inquiry, I submitted a list of 60 names of women who were said to be living by prostitution. The result, however, was not encouraging; for out of the total number only four were brought on the register, one first class and three second class. Many of them were dancing girls, and were excused on this account; others said they were married; others were kept by men; and others nominally kept small shops: in fact, on applying legal tests, it was found that the "Act" failed to touch their cases, and they continue to live as they have done. I would here state that I believe the Cantonment Magistrate did all that the law permitted him to do in these cases, but one cannot help regretting that the Act does not admit of a little expansion; for I believe there would be very few women on the register at all if each one brought forward the plea that she was kept by a man, and exempted on these grounds. Another great source of disease is the number of women employed about the barracks at all seasons of the year, some as punkah-pullers, others as married soldiers' ayahs, &c. It is estimated that there are at least 200 such women employed in the European barracks during six months of the year. This was brought to the notice of the General, and I believe the economy derived from female labor was the cause for not interfering with the arrangement. Another cause of disease is that derived from importation by the soldiers themselves. A

detachment from the regiment here is stationed at Seetabuldee, and relieved monthly. Although a Lock Hospital exists at that place, it cannot be doubted that the facilities for promiscuous intercourse are greatly increased by the neighbourhood of the large native city of Nagpore, and I cannot help thinking that disease is often spread in Kamptee in this way. Health inspections for venereal disease are not now adopted in European Regiments, except in the cases of drafts joining, which, I think, is to be regretted; for, if the soldier is to be protected against the public prostitute, *vice versa*, it is necessary to protect the public prostitute against the soldier, and thus against the regiment as a body.* Many other reasons might be given, which are not, however, peculiar to Kamptee; but this is certain, the soldiers do consort with a large number of women who are not on the register, and are diseased by such. I make this statement advisedly, as it has more than once happened that a large number of admissions from venereal have been admitted into the Regimental Hospital during weeks when there has not been a single case of disease amongst the registered prostitutes out of hospital. This I brought to notice at the time of its occurrence in a letter, dated 12th August 1873, to the Deputy Surgeon-General. I also cannot help thinking that the police do not assist in carrying out the Contagious Diseases Act in the way they should do; whether this arises from ignorance on their part, or other causes, I am not aware; but I quote the following cases which occurred during the year in support of this statement:—On the 22nd April 1873 a Police Constable was admitted into the Detail Hospital suffering from primary syphilis. I asked him whether he knew where he got the disease, and whether he could point out the woman. He immediately, without hesitation, told me the name of the woman and her residence; and on a report of the matter being made to the Cantonment Magistrate, the woman was brought for examination to the lock, found badly diseased, and admitted on the register. The Constable was quite ignorant of his having committed any offence; but here was an instance of an official to whom assistance is looked for in carrying out the law, not only helping to break it, but possibly spreading disease. I now make it a practice to examine all Constables admitted in hospital as to whether they are suffering from venereal disease or not. I have also had occasion to complain to the Magistrate of the careless way detective reports on supposed clandestine prostitutes were carried out. On the 30th June I pointed out that a woman, who was reported dead by the police, was actively carrying out her vocation in the bazaar; also that inaccurate information was given to the Magistrate regarding certain women reported as public prostitutes. Such instances as those alluded to

* While writing this report, Surgeon-Major Macqueen, Her Majesty's 4th Regiment, has examined the whole of his corps, and found no concealed disease.

certainly convey the impression at least of carelessness on the part of the police force, and that the circumstances regarding the women reported were not always investigated by the Inspector with the care which the subject demanded. These matters were noticed in a letter, No. 68, dated 28th August, to the Cantonment Magistrate. I am not aware that any special measures have been taken for the detection of disease. During the first part of the year the duties of detecting clandestine prostitution were, I believe, part of the duties of the whole cantonment force; but latterly one Constable has been selected to whom these special duties have been delegated. The Lock Hospital Nurse, in addition to her hospital duties, goes to the bazaars every second day and looks out for cases of clandestine prostitution. She also attends the Regimental Hospitals, to assist in pointing out women from whom soldiers may have contracted disease. The system of getting soldiers to point out the women who disease them has been found to utterly fail. My predecessor asserts that out of 19 cases reported, only two women on examination were found diseased, and on the 20th of January a woman was sent to me for examination as having communicated syphilis. Not only was the woman quite healthy, but she is a prostitute who has never once been on the sick list during the whole year. Past experience does not justify the perpetuation of the system, as it simply causes trouble and annoyance to all parties. My impression is that the soldier considers it a matter of honor not to report the woman who actually diseases him. Exceptions, however, do sometimes occur, for on the 9th August 1872 a clandestine prostitute was pointed out by a soldier, and on examination found diseased, and she was brought on the register. During the year it came to my notice that the registered prostitutes were sometimes in the habit of evading coming to hospital when diseased by obtaining permission to leave the station, and then returning without being observed. To prevent this evil, I suggested to the Cantonment Magistrate that the women should be brought to the Lock Hospital under the following circumstances in addition to the weekly examination. He concurred in this recommendation as far as he was able to do so."

- 1st.—Before obtaining leave to quit the station.
- 2nd.—Immediately on their return.
- 3rd.—Before taking their names off the register.

31.—RANGOON.

Extract from the Report by Surgeon-Major H. GRIFFITH.

"The Lock Hospital is situated in civil limits in the immediate vicinity of the town. The site is free and open, and, in my opinion, the best available, although it has been objected to as being too public. There is accommodation for eight Europeans and 42 Natives. The accommodation was found to be too limited for the number of patients seeking admission, and it was deemed advisable to erect another ward for reception of 14 more patients; this was done during the year. The registration of prostitutes is entirely conducted by the Magistrate, assisted by a special Police Establishment. There is a Police Inspector detailed to assist in conducting the registration of prostitutes and in conducting all prosecutions and legal proceedings. The system of obtaining information against women from soldiers, seamen, and civilians who have contracted the disease in the town still obtains to a great extent. Such information has invariably proved valueless. They are valueless, because soldiers and sailors are not particular in confining their attentions to one woman, and therefore are often unable to tell with truth by what woman they have been infected. They are further proved to be valueless from the fact that the majority of the women so accused are found free from contagious disease. The informations are very often mischievous, because they open the way to partiality and favoritism on the part of the police, and their natural tendency, if much relied upon as a means of bringing women up for examination, is undoubtedly towards bribery and corruption. I am inclined to think that there is a good deal of clandestine prostitution in Rangoon, but I cannot say that it is owing to neglect on the part of the police; on the contrary they have never been more active as is shown by the increasing number of women on the register, and of arrests for breaches of the Act, and of the improved sanitary condition of the girls who are submitted to inspection. The mischief (as regards Burmese women) is social, and does not depend on police supervision, which, as it is at present organized, cannot reach and destroy it. The main difficulty is one of a financial nature. A large staff of police is required, and at the head of each police organization a man of superior talents and position, who will supervise the whole external working of the Act. It will be observed here that the establishment consist of one Inspector and two Peons only.

"The following table will show the progress of registration during the year:—

Months.	Europeans.	Natives.	Total.
January ...	3	7	10
February ...	3	3	6
March ...	4	25	29
April ...	1	26	27
May ...	2	17	19
June ...	4	12	16
July ...	1	20	21
August ...		18	18
September ...		24	24
October ...	2	34	36
November ...		11	11
December ...	3	12	15
Remaining on the Register, 31st December 1872 ...	23	209	232
Total ...	7	315	322
Removed from Register ...	20	524	554
Remained 31st December 1873 ...	17	192	209
Remained 31st December 1873 ...	13	333	345

"The women have been much more regular in their attendance at examinations during the past year. The average monthly number on the register during the year was 342, and deducting from this number a monthly average of, say, 40 in hospital, it follows that 302 should be brought up for their fortnightly examination. From the returns, however, we find that during the twelve months ending 31st December 1873 a monthly average of 283 women attended the examination. Thus only a monthly average of 19 known and registered as prostitutes evaded the periodical examination. Out of a total of 228 women who absented themselves during the year, 86 were brought up before the Magistrate and punished. Some of these were sick, and could not attend, but the majority absconded and were subsequently removed from the register. It has been noticed that the arrival of coolies and women from Masulipatam and other places on the Madras Coast in which syphilis exists introduces a fresh supply of virus among the women, and so leads to the increase of disease. The importation of sailors into the port during the shipping season and the rise in the percentage of admissions into hospital among the women apparently coincide. We find that during the busiest months of the year, viz., April, May, and June, the number of monthly admissions was as high as 52, whereas, when there was scarcely a ship in the river, the admissions into hospital fell as low as 22. There is no doubt that venereal diseases in women who have been for a length of time subjected to compulsory inspection are far less severe than in those who have not; and from the experience I have had during the last three years, it may be safely affirmed that a system of compulsory inspection of women known to be prostitutes associated as it is in the adequate provision for their seclusion and treatment when

found diseased is of the greatest advantage; that the early treatment which it necessitates has a most beneficial influence on the character and duration of their disease, that it saves many from local mutilation and many from permanent loss of health. Four cases only of secondary and tertiary disease were admitted. The operation of the Act has proved a greater success with the civil population than with the army if the attendance at the General Hospital is to be a guide. We find from the following table that of in-patients there were 64 admissions against 80, and that of out-patients 430 against 900 of the previous year.

Statement showing the Number of Patients treated from Venereal Affections in the Rangoon General Hospital during the year 1873, as compared with the previous two years:—

Years.	Primary Syphilis.	Secondary Syphilis.	Gonorrhoea.	Total Treated.	Increase.	Decrease.
<i>In-patients.</i>						
1871 ...	35	46	12	93	...	...
1872 ...	28	43	9	80	...	13
1873 ...	27	32	5	64	...	16
<i>Out-patients.</i>						
1871 ...	537	449	494	1,420	...	...
1872 ...	298	296	306	900	...	520
1873 ...	202	74	154	430	...	470

32.—SECUNDERABAD.

Extract from the Report by Surgeon-Major J. H. TRIMNELL.

Remained on the 31st December 1872 ...	84
Registered during the year ...	12
...	96
Number who have removed their names and absconded ...	7
Number who have been put out of the cantonment limits on account of incurable disease ...	1
Number who have been granted leave ...	10
Number who have died in and out of hospital ...	...
Remained on the register on the 31st December 1873 ...	88

NUMBER OF SICK.

Remained on 31st December 1872 ...	5
Admitted during 1873 ...	108

Recovered - ...	...	...	104
Remaining on 31st December 1873	...	...	9
Daily average number of sick	...	...	8.25
Average number of days in hospital	...	...	26
Average cost of each patient dieted in hospital per day	...	...	Rs. 0 3 0
Average cost of each patient for contingencies	...	...	Rs. 0 0 4.6

"From the weekly returns furnished by the Deputy Surgeon-General, British Medical Service, through the Deputy Surgeon-General, Indian Medical Department, it appears that there has been a considerable diminution in the number of admissions for venereal disease during the past year among the British Troops at this station, as compared with the preceding year. The total admissions under this head was 270 against 488 in 1872. The decrease in the admission for primary syphilis is very marked, 82 against 228; but, as no distinction is drawn of those which were cases of chancre, the starting pointing of true syphilis, and chancroid, the soft or non-infecting sore, no comparison can be instituted as to the extent to which the constitution of the soldier was affected in each year. In secondary syphilis there is a decrease as regards the actual number admitted, but the presence of secondary symptoms in so large a proportion as 62.2 per cent. of those primarily affected, while in the previous year it was only 34.2 per cent., is very striking. It suggests the inquiry as to the reason why the treatment of the initial lesion did not prevent the development of secondary symptoms in an equal degree in each year; and it would also be interesting to know to what extent the secondary symptoms had come on before the primary disease had disappeared, and the average number of days each case was under treatment, information which is not supplied in the returns referred to. The women were fairly regular in their attendance. A few have been absent from sickness, and when this has been found to be the case, they have not been reported; but when there has not been the excuse, their non-attendance has been brought to the notice of the Cantonment Magistrate, who, on inquiry as to the cause, has either fined or imprisoned the culprits.

33.—SAINT THOMAS' MOUNT.

Extract from the Report by Surgeon-Major D. KEARNEY.

"I have no doubt in my own mind that clandestine prostitution exists to some extent, and that venereal disease, instead of being propagated by registered prostitutes, is communicated to them; and this fact is borne out, not only by the observation that twice during the year the registered prostitutes were found free from disease during a

whole week. The prevention of the evil, therefore, necessarily requires extra vigilance either on the part of the police or by the adoption of some other system which might lead to the more careful detection of the registered prostitutes. One important fact will also be observed from the annual return of the sick of the police that during the year there were alone admitted from among this body, no less than 10 cases of primary syphilis, 1 case of secondary syphilis, 3 cases of gonorrhœa, 1 of phimosis, and 2 cases of bubo, and in not a single instance from amongst them could it be ascertained how the various diseases were contracted. Some of the men stated that the diseases were contracted in the town of Madras, and others again stated that they had contracted their respective diseases while on out-duty in the mofussil, and that they were, moreover, unable to state positively, or point out accurately, the individual who communicated the disease to them; there can be no doubt, therefore, that there must exist a considerable extent of clandestine prostitution cognizable to the police, either in the surrounding villages, or in various parts of the mofussil within their range. Among the Native Troops, consisting of two companies, there were admitted during the year only one case of primary syphilis and two cases of gonorrhœa. In one instance among them the prostitute was detected, and subsequently registered; in the other two cases I regret to state that the men were unable to point out the source of communication.

34.—SEETABULDEE.

Extract from the Report by Surgeon T. V. AXLEN.

"Remaining in hospital on the 31st December 1872.	5
Admitted in the year 1873	117
Total	122
Discharged	117
Died in hospital	...
Remaining on the 31st December 1873	5
Average daily sick for the year	4.92
Number of prostitutes on the register on the 31st December 1872	37
Number added to the register in 1873	28
Number removed from the register	45
Number remaining on the register on the 31st December 1873	20

"Ninety-two cases of gonorrhœa, 22 cases of primary syphilis, and 3 cases of secondary syphilis have been admitted. On an average each

case of gonorrhoea was 16 days under treatment, each case of primary syphilis 17 days, and each case of secondary syphilis 14 days. The greatest number of times any one woman was in hospital during the year was 15. Examinations were held twice a month in January, and once a week from February to December.

"The average number of prostitutes attending each examination throughout the year has been 3·8; the number found to be diseased 2·65 (32·79 per cent. of those examined); and the average number reported for non-attendance 18·28, or 58·49 per cent. of the registered prostitutes. From the above it will be seen that the attendance of the registered prostitutes at the periodical examinations throughout the year has been most irregular, and I think more stringent measures should be taken by the civil authorities to enforce regular attendance at the examinations. In the last Annual Report it was stated that there was a number of unregistered women practising prostitution within the limits to which the Act extended, and it was urged that steps should be taken to have these women brought on the register. This, however, does not appear to have been carried out, as only 28 names have been added to the register during the year, and the number remaining on the register on the 31st December 1873 was only 20, as compared with 37 at the close of the previous year.

The number of admissions during the year exceeds by 42 that of the previous year; this is due entirely to the increase in the number of admissions for gonorrhoea. The admissions for syphilis show a slight decrease on the preceding year. The type of disease appears to have been of a milder form, judging from the average number of days that each case was in hospital. There has been a decided decrease in the number of admission for venereal disease contracted at Nagpore in the detachment of Her Majesty's 44th Regiment in the Hill Fort, Seetabuldee, for the past year, viz., three against seven; but, as the detachment is relieved every month, it must be difficult in many cases to say whether disease has been contracted at Kamptee and brought to Seetabuldee, or *vice versa*.

36.—THAYETMYO.

Extract from the Report by Surgeon W. E. BUTLER.

"It will be seen from the following statement, compiled from the weekly returns, that there has been an appreciable diminution of cases of venereal among the troops during the past year, as compared with those since the establishment of the hospital.

Table I. showing the Average Strength and Admissions from Primary Venereal Affection among the European and Native Troops from 1868 to 1873.

	1868.		1869.		1870.		1871.		1872.		1873.	
	Strength.	Admissions.	Strength.	Admissions.	Strength.	Admissions.	Strength.	Admissions.	Strength.	Admissions.	Strength.	Admissions.
Royal Artillery. Her Majesty's European Infantry.	500	111	500	88	500	24	533	56	528	24	583	14
Native Infantry	No records.								691	4	633	5
Total ...	500	111	500	88	500	24	533	56	1,219	28	1,236	19

Table II. showing the Number of Cases of Primary Venereal Disease treated at the Civil Dispensary for the last eight years.

	PRIMARY AFFECTION.		Total.
	In. Patients.	Out. Patients.	
1866...	4	60	64
1867...	11	91	102
1868...	10	132	142
1869...	17	205	223
1870...	8	74	82
1871...	10	64	74
1872...	4	52	56
1873...	3	28	31
Total ..	67	707	774

"It will be seen by the above that the numbers are comparatively large, but this may be accounted for in part by many of the cases coming in from the jungle boats, &c., and other places en route from Upper Burmah. It having been found that many unlicensed prostitutes carried on their trade secretly under pretence of selling fruits, &c., an order was issued that no women were to be allowed in the lines without a legitimate object, and this has been fairly carried out; but yet, notwithstanding every precaution, there can be little doubt that a considerable amount of this description of the trade is still carried on. In the Burmah town too, in which syphilis is always more or less rife, there are many unregistered prostitutes, and it is with the greatest difficulty they can be secured, it being a practice with them to extract a promise of secrecy; and in almost every case of the occurrence of disease, the persons affected assert that they were either in such a state of inebriety at the time as to

incapacitate them from identifying the woman; or else they pick out women from amongst those registered, who, on examination, are found to be in a healthy condition. The only practicable plan has been to employ a trustworthy person to visit their haunts, and enter into a bargain, and on its settlement to secure the women. By this means many have been apprehended, and with hardly an exception every one has been found to be extensively diseased. Every means are taken to induce the men affected to point out the female from whom they contracted the disease, and they are sent before the Cantonment Magistrate with this object, and this is frequently attended with successful results. The registration of prostitutes has been fairly successful. During the past year the monthly average of registered females was about 18, the greatest number in any one month being 21 in December, and the least 15 in August.

"These are entirely confined to the Burmese, there being none of any other caste. The area in which the Act is put in force extends to the Burmese town, the cantonment, and its neighbourhood. This area would, in the ordinary course of things, be sufficient; but it is found that many cases of venereal disease are transported from above the frontier and the towns on the banks of the river Irrawaddy; and, owing to the unlicensed prostitution carried on in the town, it is almost impossible to eradicate the disease. The enforcement of the Act has, notwithstanding these drawbacks, yielded remarkably favorable results. The average number of registered prostitutes has been the same as last year, but there is a slight increase on previous years; this may be influenced by the establishment of a Lock Hospital at Prome and the introduction of the Act there, it having been their custom formerly to escape to that town to avoid apprehension. This number, however (18), does not bear a sufficiently large proportion to the number of the garrison, and there is every reason to believe that a considerable amount of illegal prostitution is carried on in the town. There have been no absentees from the periodical examinations, except on account of sickness, and in such cases they have always been visited in their quarters, and the statements verified.

"Ten absconded from hospital whilst under treatment; of these, one was registered, five were re-captured and brought before the Cantonment Magistrate. The women are examined weekly, and those found diseased are admitted into hospital, and any cases of a suspicious character are detained for observation until a correct diagnosis can be arrived at. Every means are taken to render the examination as private as possible and as little obnoxious to the patients as the circumstances will allow, they being called in singly and examined by me in the presence of the assistant and matron, the presence of the latter being calculated to give them more confidence, especially in the cases of those registering for the first time.

From statistics showing the amount of disease among the women since the opening of the hospital, it will be seen that there is an increase of syphilis as compared with other years, there being 18 cases during the past year. This increase may, in part, be accounted for by the admission of five unlicensed females who, being found to be suffering from syphilis, were admitted into hospital, and the re-admission of one registered female who had absconded, thus reducing the number to 12 cases among those registered. The origin of these cases may probably be imputed to boatmen plying on the river among whom the disease is said to prevail, and also to Barman men from the interior and town, among whom the disease is also prevalent, but whom the law does not reach. The enforcement of the Act may be said, on the whole, to have met with fair success; but, as already pointed out in the body of this report, there can be little hope of diminishing the number of cases to any great extent, owing to the closeness of the frontier of Ava, from which many cases are brought down and communicated. The registered prostitutes, as a rule, do not seem to have any great objection to the working of the Act, and appear to appreciate the benefits derived from it, and are very willing to submit to treatment.

36.—TRICHINOPOLY.

Extract from the Report by Surgeon-Major JOHN FITZGERALD.

"Remained 31st December 1872	...	...	...	2
Admitted during the year	...	...	...	93
			Total	95
Discharged, cured	...	...	...	79
Do. relieved	...	...	...	...
Do. no better	...	...	...	...
Do. absconded	...	...	...	1
Died	...	...	...	2
Remaining 31st December 1873	...	...	...	13
Average daily number of sick for the year	...	...	...	6.29

The Medical Officer states that "for the year under review there were treated 95 cases, which shows a marked increase on the previous year, 44. Of these cases, 51 for primary syphilis, 12 secondary syphilis, 22 gonorrhoea, 6 leucorrhoea, 4 for diseases of uterus. The diseases, as a whole, were of a milder character, and more amenable to treatment than the previous year, the two deaths in the return being attributed to secondary causes, as debility combined with dropsy and diarrhoea; it might further be remarked that many of those unfortunate women have their health thoroughly undermined by privation and the vicissitudes of the life to which they are exposed.

"The number of prostitutes at present on the register is 42, and I regret that this number shows no improvement on the previous year. Moreover, it cannot possibly represent the amount of prostitution which is carried on in a densely-populated native town like that of Trichinopoly and its environs. For this vital defect for the registration of prostitutes I am unable to suggest any remedy, but it may possibly be owing to laxity in the work and the paucity in the number of police (3) employed in this duty, and also to the negligence of men (military and others) to come forward and show the women by whom they were diseased."

37.—WELLINGTON.

Extract from the Report by Surgeon-Major J. M. HYNÉ.

The Medical Officer mentions "that the number of prostitutes on the register increased from 25 on 1st January to 33 on 31st December. The average number of prostitutes on the register during the year has been 33·97 against 18·16 in 1872, nearly double; the average number attending the weekly examination has been 27·8 against 16·16 in 1872; the average number absent on each examination has been 4 against 1·6 during 1872; but the number examined on each occasion has been nearly double. The number found diseased at the periodical examinations and detained for treatment has been 45, against 16 in 1872; so, although there has been a large gain in efficiency under heads 1, 2, 3, and 5, there has been more absence from the examinations than in 1872. The average daily number of prostitutes in hospital for the year has been 6·38 against 4·53 in 1872. The admissions have been 79 against 39 in 1872; 26 have been admitted for primary syphilis (all simple venereal ulcer), 1 for secondary syphilis, 1 for condylomata of the vulva, 30 for gonorrhoea, and 21 for leucorrhoea.

"The admissions by months have been as follow:—

	Primary Syphilis.	Secondary Syphilis.	Gonor. rhoea.	Leucor. rhoea.	Condylomata Vulva.	Total.
January ...	2	...	7	...	...	9
February ...	2	...	6	...	...	8
March ...	4	...	6	...	...	10
April ...	3	1	3	...	...	7
May ...	6	...	5	6	...	17
June ...	3	...	...	3	...	6
July ...	2	...	1	3	...	6
August ...	1	...	...	...	...	1
September ...	...	...	...	5	...	5
October ...	...	...	...	3	...	3
November ...	1	...	2	1	1	5
December ...	2	...	...	...	...	2
Total ...	26	1	30	21	1	79

"The figures for the first five months represent a kind of outbreak of venereal disease among the registered prostitutes. On it being found that some of them became diseased between the fortnightly examinations, weekly inspections were adopted with great benefit.

Working of the Act with regard to the Troops.

"The following table represents by months the admissions into the Depot Hospital for primary venereal disease contracted at or about Wellington:—

	Primary Syphilis.	Gonor. rhoea.		Primary Syphilis.	Gonor. rhoea.
January ...	2	...	July ...	1	...
February ...	...	...	August ...	2	2
March ...	1	...	September ...	2	4
April ...	1	1	October ...	3	1
May ...	8	...	November ...	2	2
June ...	2	1	December ...	...	1
Total ...			25 12		

"The following remarks," adds the Medical Officer, "are extracted from my Annual Report upon the Convalescent Depot for 1873. Regarding the amount of venereal disease I am sorry that I cannot give as favorable a report as I was able to do last year. During 1872, with a mean strength of 291, there were only three cases of primary syphilis and three cases of gonorrhoea locally acquired; but, during the past year, 25 cases of syphilis (nearly all simple venereal ulcer) and 12 of gonorrhoea have been contracted at this station, the mean strength having been 450. During the first half of the year there was a good deal of disease among the registered prostitutes. The largest number admitted into the Lock Hospital in any one month was 17 in May; and it is curious that the largest number (8) of admissions for primary venereal disease in any one month at the Depot Hospital was during May also. The outbreak of venereal disease was doubtless not limited to the women on the register. I am convinced in my own mind that the clandestine prostitutes had a corresponding proportion of disease among them. The amount of venereal disease among the registered women was exceedingly small during the last half of the year, but the men came into hospital at the rate of about four a month during that period."

"The bulk of these latter cases among the men, I am certain, were not contracted from registered prostitutes. It is to be noted, with reference to this point, that, while five cases of soft chancre were admitted into the Depot Hospital during September and October, no sore of any description whatever was detected among the

registered women during those two months, and they were regularly inspected by myself every week. So there is evidently an extraneous source of disease apart from the licensed prostitutes. Every care has been taken in supervising the working of the Act. The Act itself is as comprehensive and stringent as circumstances will permit, and in no country, nor by whomsoever administered, can these Acts come into contact with the *whole* of the actual prostitution; but in India the execution of the Act specially labors under one serious attendant defect—for knowledge of a woman's mode of life we are dependant upon the native police. I think another reason why there has been an increase of venereal disease during last year is that there has probably been an additional amount of venereal intercourse. A much larger proportion of the depôt has been made up of young soldiers than in former years, and it is not too much to suppose that they consort with women in a much greater ratio than the older men (mostly enfeebled by the effects of disease) who constituted the strength of the depôt in former years. And there is this to be said, the figures which, *compared with past years*, constitute an unfavorable result for Wellington, would, if they could be shown for some other places for *any year*, be regarded as promising and satisfactory.

"Finally, although the review for the year is disappointing, I have no suggestion to offer for future action. It is within the natural range of events that uniformity cannot be expected year by year in statistics of disease at one station, and it is very possible that the average mean for a series of years, including the one into consideration, may still represent a favorable result. Meanwhile, it is sufficient that all reasonable and legitimate use is made of the means at command for obviating the spread of these diseases and for mitigating their severity when they occur."

Concluding Remarks.

38. A careful examination of the returns and a consideration of the observations in the reports on which this summary is founded in my opinion warrants the conclusion that the Lock Hospitals are working fairly well.

The primary object of their institution was the welfare of the European Soldier. That he does benefit the returns show. The general public, however, benefit in a much larger degree. Were it not for the fresh importations of the contagion, we might hope to eradicate the disease.

39. At present I would not advocate fresh legislation, unless on one point, viz., the extension of the limits within which the Act comes in operation at the Presidency town to a distance of three miles beyond the municipal boundaries.

40. A more steady perseverance in carrying out the Act is however required. When a woman is found publicly soliciting or known to be prostituting herself, it should be no bar to registration that she is married or kept, or that she keeps a shop. When the fact is proved, she should be registered, and it seems to me to be quite within the powers of the Magistrate so to order it. Some misconception appears to have existed on this point.

41. As a rule, the police seem to perform their duties as well as circumstances permit, and I would not advocate that more should be imposed upon them, or that they should be placed in a position likely to produce any bad feeling between themselves and the soldiers. It does seem to me, however, that more in the way of prevention might be done by the regimental police.

APPENDICES.

A.

Return of Sick Treated in the under-mentioned Local Hospitals for 1873.

Stations	Bangalore.	Bellary.	Cannanore.	Kamptee.	Rangoon.	Secunderabad.	St. Thomas' Mount.	Trichinopoly.	Wellington.	Total.
Average Daily Sick	4723	88	513	1625	4013	825	35	620	638	16235
Diseases.	Returned.	Admitted.	Returned.	Returned.	Returned.	Returned.	Returned.	Returned.	Returned.	Returned.
	Died.	Admitted.	Returned.	Admitted.	Returned.	Admitted.	Returned.	Admitted.	Returned.	Died.
Chronic rheumatism.	23	42	1	4	13	4	20	1	2	1
Primary syphilis.	10	5	1	6	4	1	2	1	1	803
Secondary do.	38	5	1	1	1	1	1	1	1	13
Tertiary do.	1	1	1	1	1	1	1	1	1	70
Carcinoma	1	1	1	1	1	1	1	1	1	1
Gonorrhoea	5	30	3	6	16	64	3	22	3	47
Bubo	1	1	1	1	1	1	1	1	1	1
Condylomata	1	1	1	1	1	1	1	1	1	1
Ulcer os alari	1	1	1	1	1	1	1	1	1	1
Leucorrhoea	1	1	1	1	1	1	1	1	1	1
Recto-vaginal fistula	1	1	1	1	1	1	1	1	1	1
Martius	1	1	1	1	1	1	1	1	1	1
Ulcus	1	1	1	1	1	1	1	1	1	1
Debilitas	1	1	1	1	1	1	1	1	1	1
Debilitas tremens	1	1	1	1	1	1	1	1	1	1
Observatio	1	1	1	1	1	1	1	1	1	1
Total	44	419	7	80	29	5108	116	2	6	119182112

B.

Table of Admissions from Venereal Affections among European Troops from the year 1865 up to 1875.

Stations.	1865.			1866.			1867.			1868.		
	Strength.	Admissions.	Ratio per cent. of Admissions to Strength.	Strength.	Admissions.	Ratio per cent. of Admissions to Strength.	Strength.	Admissions.	Ratio per cent. of Admissions to Strength.	Strength.	Admissions.	Ratio per cent. of Admissions to Strength.
Bangalore	2246	626	28.3	1885	203	10.7	1745	199	11.40	1671	329	19.68
Bellary	1341	289	25.2	797	197	24.7	793	241	30.39	553	197	35.38
Cannanore	839	88	4.5	708	139	19.6	647	110	17.0	715	83	11.60
Kamptee	1196	259	21.6	1016	280	27.4	1080	272	25.66	1086	255	23.61
Madras	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	...	...	...	...	...	...	...	...	...	...	...	...
Secunderabad	2580	281	14.7	2630	648	24.6	2798	353	12.72	2316	449	19.38
Saint Thomas' Mount	430	197	45.8	409	85	20.7	433	178	30.29	428	152	35.51
Secunderabad	...	...	...	...	...	...	...	...	...	...	...	...
Thyestery	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly	224	47	15.9	217	39	17.9	212	67	31.60	219	76	34.70
Wellington	710	96	13.3	280	78	27.8	271	50	18.47	261	60	22.94
Total	9448	1932	20.45	7942	1678	21.12	8079	1493	18.48	7241	1561	21.55

B.—(Continued.)

Table of Admissions from Venereal Affections among European Troops from the year 1865 up to 1873.

	1869.			1870.			1871.			1872.			1873.		
	Strength.	Admissions.	Ratio per cent. of Admissions to Strength.	Strength.	Admissions.	Ratio per cent. of Admissions to Strength.	Strength.	Admissions.	Ratio per cent. of Admissions to Strength.	Strength.	Admissions.	Ratio per cent. of Admissions to Strength.	Strength.	Admissions.	Ratio per cent. of Admissions to Strength.
Bombay	1,653	214	12.90	1,512	208	11.47	1,636	244	14.61	1,769	271	15.31	1,793	285	15.89
Bellary	864	107	22.80	918	141	15.35	880	106	12.98	794	246	30.98	935	335	35.71
Cannalore	674	85	12.61	672	80	11.90	835	85	10.30	749	79	10.54	632	56	8.86
Kempton	758	237	31.26	1,003	278	27.71	1,014	276	26.62	939	149	15.91	1,005	195	19.46
Madras	...	...	...	...	...	...	...	...	...	666	50	13.51	701	78	11.12
Rangoon	...	...	...	...	...	...	315	189	20.73	842	120	14.25	934	119	12.67
Sacandrabud	2,037	395	19.20	2,049	297	14.49	2,233	484	21.67	2,359	496	19.38	2,394	367	10.73
Saint Thomas' Mount	486	137	28.18	452	107	23.67	391	45	11.50	398	77	19.34	330	50	14.28
Scutabulce	...	...	...	...	...	...	88	10	26.31	47	12	25.53	47	4	8.51
Thyemys	478	95	17.85	432	28	6.49	539	76	14.10	582	40	7.11	584	33	5.63
Trichinopoly	283	124	43.82	272	33	12.18	249	28	11.24	310	47	15.16	291	44	15.12
Wellington	392	57	14.54	409	44	10.75	325	40	12.30	282	12	4.25	447	67	14.98
Total	7,653	1,541	20.13	8,019	1,216	15.16	8,375	1,560	17.33	9,977	1,639	16.42	10,106	1,514	14.98

Return of Venereal Affections among the British Troops for 10 years at Stations where no local Hospitals existed.

Station	TONGAMALLEE.										Total	
	1864	1865	1866	1867	1868	1869	1870	1871	1872	1873	1865	1873
Years	163	281	200	181	137	139	155	174	147	128	1685	1685
Strength	...	...	...	...	...	...	...	...	...	...	...	...
Diseases.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.
	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.
	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.
	...	...	...	...	...	...	...	...	...	...	...	...
Primary syphilis	12	27	16	9	14	26	7	7	6	2	126	126
Secondary do.	49	30	29	28	68	79	63	44	38	20	446	446
Gonorrhoea	15	10	14	10	18	17	7	11	4	3	102	102
Bubo	3	7	8	...	4	3	...	...	...	...	24	24
Total	83	74	67	47	104	125	77	62	46	27	688	688
PALAVERAM.												
Station	1864	1865	1866	1867	1868	1869	1870	1871	1872	1873	Total	
Years	181	104	44	52	61	...	103	81	42	95	763	763
Strength	...	...	...	...	...	...	...	...	...	...	...	...
Diseases.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.
	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.	Invalid.
	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.	Died.
	...	...	...	...	...	...	...	...	...	...	...	...
Primary syphilis	...	1	...	1	8	150 troops		4	...	...	24	24
Secondary do.	...	3	...	1	...	...	...	...	...	...	4	4
Gonorrhoea	...	1	...	3	...	...	...	...	...	...	22	22
Bubo	...	...	...	...	...	...	...	...	...	...	...	...
Total	6	5	5	6	13	...	9	7	1	10	59	59

C.—(Continued.)

Return of Venereal Affections among the British Troops for 13 years at Stations where Lock Hospitals existed.

[illegible]

v.—(Continued.)

Venerable of Venereal Affections among the British Troops for 10 years at Stations where no Lock Hospitals existed.

Station		PORT BLAIR.												Total.
Years		1864	1865	1866	1867	1868	1869	1870	1871	1872	1873			
Strength		...	92	110	109	113	114	112	111	114	102	977		
Diseases.														
Primary syphilis...		Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Died.	
Secondary do. ...		Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Died.	
Gonorrhoea		Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Died.	
Bubo		Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Died.	
Ulcers, syphilitic ..		Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Died.	
Total		Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Died.	
		24	28	17	12	7	85	...	...	...	...	...	...	

Station		TONGHOO.												Total.
Years		1864	1865	1866	1867	1868	1869	1870	1871	1872	1873			
Strength		...	483	467	398	319	321	332	378	464	469	4,160		
Diseases.														
Primary syphilis...		Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Died.	
Secondary do. ...		Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Died.	
Gonorrhoea		Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Died.	
Bubo		Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Inval.	Died.	
Ulcers, syphilitic ..		Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Died.	
Total		Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Admitted.	Died.	
		74	77	47	50	53	12	25	30	61	59	1	488	

Return of Venereal Affections among the British Troops for 10 years at Stations where no Lock Hospitals existed.

Station		PENANG.														Total.	
Years		1864	1865	1866	1867	1868	1869	1870	1871	1872	1873						
Strength		76	75	74	39	...	...	...	...	...	...					264	
Diseases.		Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.
Primary syphilis	...	No	...	6	...	...	...	...	...	...	...					6	...
Secondary do.	...	...	...	...	...	...	...	...	...	...	...					2	...
Gonorrhoea	...	...	3	...	3	...	...	...	...	...	...					16	...
Bubo	...	...	...	...	...	...	...	...	...	...	...					3	...
Total	...	...	3	16	8	...	...	...	...	...	...					27	...
Station		SINGAPORE.														Total.	
Years		1864	1865	1866	1867	1868	1869	1870	1871	1872	1873						
Strength		143	140	134	107	13	...	...	...	...	...					537	
Diseases.		Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.
Primary syphilis	...	No	...	8	4	1	...	...	...	...	...					21	...
Secondary do.	...	...	1	...	...	...	...	...	...	...	...					3	...
Gonorrhoea	...	...	4	...	8	...	...	...	...	...	...					19	...
Bubo	...	...	2	...	1	...	...	...	...	...	...					6	...
Total	...	...	15	18	14	2	...	...	...	...	...					49	...

Return of Venereal Affections among the British Troops for the five preceding years at Stations after the establishment of Lock Hospitals.

BANGALORE.													
Station	...	...	...	...	...	...	...	...	...	...	...	...	Total.
Year established—1855	...	...	...	...	...	...	...	...	...	...	...	...	...
Strength	...	...	...	...	...	...	...	...	...	...	...	...	8,638.
Diseases.	...	...	...	...	...	...	...	...	...	...	...	...	...
Primary syphilis	...	...	...	...	...	...	...	...	...	...	...	...	471
Secondary do.	...	...	...	...	...	...	...	...	...	...	...	...	197
Gonorrhoea	...	...	...	...	...	...	...	...	...	...	...	...	513
Balanitis	...	...	...	...	...	...	...	...	...	...	...	...	8
Phimosis and paraphimosis	...	...	...	...	...	...	...	...	...	...	...	...	3
Bubo	...	...	...	...	...	...	...	...	...	...	...	...	30
Total	...	...	...	...	...	...	...	...	...	...	...	...	1,222
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...									

D.—(Continued.)

Return of Venereal Affections among the British Troops for the five preceding years at Stations after the establishment of Lock Hospitals.

CANNANORE.													
Station	1869	1870	1871	1872	1873	Total.							
Year established—1869	...	...	...	...	...	...	...	...	...	...	...	...	...
Strength	674	672	625	749	632	3,552							
Diseases.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Died.	Invalid.	Admitted.	Died.	Invalid.	
	29	2	32	2	7	101	45	1	10	101	45	1	10
	10	15	15	...	4	47	213	4	...	213	4	...	...
	31	...	29	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...
	15	...	4	...	...	...	19	...	...	19	...	...	...
Total	85	2	80	2	79	365	1	3	56	365	1	10	
KAMPTEE.													
Station	1869	1870	1871	1872	1873	Total.							
Year established—1861	...	...	...	...	...	...	...	...	...	...	...	...	...
Strength	756	1,003	1,014	999	1,005	4,779							
Diseases.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Died.	Invalid.	Admitted.	Died.	Invalid.	
	92	1	133	8	54	166	41	1	102	537	1	12	
	19	1	44	...	33	97	73	...	31	108	1	...	...
	86	...	97	...	58	...	...	...	62	376	3	...	...
	40	...	4	...	1	...	...	...	1	46	...	...	...
	237	1	278	8	149	270	1	1	196	1,130	2	12	
Total	237	1	278	8	149	270	1	1	196	1,130	2	12	

D.—(Continued.)

Return of Venereal Affections among the British Troops for the five preceding years at Stations after the establishment of Lock Hospitals.

RANGOON.													
Station	1869	1870	1871	1872	1873	Total.							
Year established—1871	...	...	...	...	...	...	...	...	...	...	...	...	...
Strength	...	...	815	842	934	2,591							
Diseases.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Died.	Invalid.	Admitted.	Died.	Invalid.	
	...	...	63	...	29	...	68	...	2	160	...	12	
	...	...	56	...	54	...	10	...	...	120	...	...	...
	...	...	49	...	35	...	33	...	...	117	...	...	...
	...	...	1	...	2	...	7	...	...	9	...	...	...
	...	...	169	...	120	...	119	...	2	408	...	12	
Total	...	...	169	5	120	...	119	2	408	...	12	...	
SAINT THOMAS' MOUNT.													
Station	1869	1870	1871	1872	1873	Total.							
Year established—1860	...	...	...	...	...	...	...	...	...	...	...	...	...
Strength	456	452	391	308	350	2,077							
Diseases.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Invalid.	Admitted.	Died.	Invalid.	Admitted.	Died.	Invalid.	
	49	...	9	...	24	...	8	...	...	138	...	...	...
	12	...	7	...	15	...	7	...	...	53	...	...	...
	74	...	26	...	38	...	33	...	...	216	...	...	...
	2	...	3	...	...	...	2	...	...	10	...	...	...
	137	...	45	...	77	...	50	...	...	416	...	9	...
Total	137	...	45	2	77	...	50	...	...	416	...	9	...

D.—(Continued.)

Return of Venereal Affections among the British Troops for the five preceding years at Stations after the establishment of Lock Hospitals.

SECUNDERABAD.															
Station ...	...	...	...	...	1869		1870		1871		1872		1873		Total.
					Admitted.	Died.	Invalided.	Admitted.	Died.	Invalided.	Admitted.	Died.	Invalided.	Admitted.	
Year established—1859	...	...	...	...	...	...	2,049	...	2,233	...	2,559	...	2,394	...	11,992
Strength	...	...	...	...	...	2,057	...	...	...	...	...	...	...	...	...
Diseases.															
Primary syphilis	...	...	...	...	150	...	104	...	155	...	230	...	83	...	722
Secondary do.	...	...	...	...	83	...	81	...	81	...	75	...	51	...	371
Gonorrhoea	...	...	...	...	153	...	107	...	244	...	178	...	116	...	800
Balanitis	...	...	...	...	...	...	...	...	...	...	7	...	4	...	11
Phimosis and paraphimosis	...	...	...	...	...	...	...	...	...	...	4	...	3	...	7
Bubo	...	...	...	...	7	...	5	...	4	...	2	...	...	...	18
Total	...	...	...	...	395	...	297	...	484	...	496	...	257	...	1,929
THAYETMYO.															
Station ...	...	...	...	...	1870		1871		1872		1873		Total.		
					Admitted.	Died.	Invalided.	Admitted.	Died.	Invalided.	Admitted.	Died.		Invalided.	
Year established—1869	...	...	...	...	...	432	...	539	...	562	...	584	...	2,117	
Strength	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Diseases.															
Primary syphilis	...	...	...	...	...	...	2	...	18	...	6	...	7	...	83
Secondary do.	...	...	...	...	...	...	10	...	17	...	6	...	7	...	40
Gonorrhoea	...	...	...	...	...	...	16	...	33	...	27	...	9	...	90
Balanitis	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Total	...	...	...	...	...	...	28	...	76	...	40	...	23	...	167

D.—(Continued.)

Return of Venereal Affections among the British Troops for the five preceding years at Stations after the establishment of Lock Hospitals.

WELLINGTON.													
Station ...	1869			1870		1871		1872		1873		Total.	
Year established—1869	...			...		...		...		...		...	
Strength	392			409		325		282		417		1,855	
Diseases.	Admitted.	Died.	Invalided.	Admitted.	Died.	Invalided.	Admitted.	Died.	Invalided.	Admitted.	Died.	Invalided.	Admitted.
	8			14		12				31			70
	34			13		15				13			77
	5			16		13				17			54
	10			1						5			7
											1		12
Total	57			44		40				67			230
TRICHINOPOLY.													
Station ...	1869			1870		1871		1872		1873		Total.	
Year established—1859	...			...		...		...		...		...	
Strength	288			272		249		310		261		1,410	
Diseases.	Admitted.	Died.	Invalided.	Admitted.	Died.	Invalided.	Admitted.	Died.	Invalided.	Admitted.	Died.	Invalided.	Admitted.
	65			12			13			10			59
	18			3			6			2			23
	80			17			9			30			162
										1			2
											1		3
Total	134			33			28			44			280

D.—(Continued.)

Return of Venereal Affections among the British Troops for the five preceding years at Stations after the establishment of Lock Hospitals.

SEETABULDEE.														Total.	
Station	...	...	...	...	...	...	...	...	...	...	...	...	...		
Year established—1871	...	...	...	...	...	...	...	...	...	...	...	...	...		
Strength	...	...	...	...	...	...	...	...	...	...	...	...	132		
Diseases.	Admitted.		Died.		Invalided.		Admitted.		Died.		Invalided.		Admitted.	Died.	Invalided.
	...	...	...	...	...	...	...	...	...	...	...	...			
Primary syphilis	...	...	...	...	...	...	...	...	...	...	...	...	18	...	...
Gonorrhoea	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...
Total	...	...	...	...	...	...	...	...	...	...	...	...	26	...	...

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E a.

Return of Venereal Affections among the British Troops stationed where Lock Hospitals existed for five years preceding the establishment of Lock Hospitals.

Station	MADRAS.												Total.
	1867		1866		1865		1864		1863		Total.		
Year established—1867	719		609		709		915		843			3,795	
Strength	...		...		...		...		...		...		
Diseases.	Admitted.		Died.		Invalided.		Admitted.		Died.			Invalided.	
	...		...		...		...		...				
Primary syphilis	93	1	128	...	73	...	46	...	89	...	429	1	
Secondary do.	84	4	32	...	33	1	56	3	65	2	220	31	
Gonorrhoea	100	...	93	...	67	...	80	...	81	...	421	...	
Bubo	41	1	45	...	67	...	69	...	65	...	288	3	
Ulcers, syphilitic	5	...	10	...	31	...	12	...	...	...	58	...	
Total	273	6	308	...	271	1	263	3	301	2	1,416	35	

59

E 6.

Return of Venereal Affections among the British Troops for the five preceding years at Stations after the establishment of Lock Hospitals.

Station	MADRAS.											
	1869			1870			1871			1872		
	1873			1874			1875			1876		
Year established—1863	...			...			...			...		
Strength	821			735			734			666		
Disease.	Admitted.		Invalided.	Admitted.		Invalided.	Admitted.		Invalided.	Admitted.		Invalided.
	Died.		Invalided.	Died.		Invalided.	Died.		Invalided.	Died.		Invalided.
Primary syphilis	61	...	...	41	...	...	45	...	...	27	...	...
Secondary do.	28	...	7	29	...	5	39	...	3	18	...	3
Gonorrhoea	85	...	...	44	...	...	53	...	...	39	...	...
Bubo	31	...	...	20	...	...	9	...	...	3	...	...
Phimosis and Paraphimosis	...	...	...	...	...	...	...	...	...	1	...	...
Total	205	7	134	5	127	3	90	3	78	634	21	...

Return of Sick of Lock Hospital in Madras from 1869 to 1873.

Station	BLACK TOWN.											
	1869			1870			1871			1872		
	1873			1874			1875			1876		
Years	...			...			...			...		
Average	68.75			61.25			59.25			59		
Diseases.	Admitted.		Died.	Admitted.		Died.	Admitted.		Died.	Admitted.		Died.
	Remained.		Died.	Remained.		Died.	Remained.		Died.	Remained.		Died.
Syphilis, primary	34	185	4	43	81	8	25	28	1	9	65	2
Do. secondary	6	23	...	3	12	...	5	23	...	9	34	3
Do. tertiary	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea	...	...	2	16	92	2	13	127	1	13	192	1
Bubo	...	...	...	...	...	...	1	1	1	...	5	1
Leucorrhoea	...	...	...	3	86	...	2	43	...	4	43	...
Os uteri	...	...	...	4	20	...	8	44	...	8	56	...
Bluet, non-syphilitic	...	...	...	...	14	1	2	11	...	1	1	...
Observatio	...	...	...	...	8	...	...	5	...	29	...	...
Other diseases	...	...	...	2	2	...	...	3	...	4	...	...
Total	71	631	7	71	238	11	56	290	2	45	429	5

G.

Comparative Return of Venereal Affections amongst British Troops and amongst Women admitted into Lock Hospitals at Stations for the past five years from 1869 to 1878.

	Bangalore.			Pollary.			Cannore.			Kampsee.			Rangoon.			St. Thomas' Mount.		
	British Troops.			British Troops.			British Troops.			British Troops.			British Troops.			British Troops.		
	Admitted.	Invalided.	Died.	Admitted.	Invalided.	Died.	Admitted.	Invalided.	Died.	Admitted.	Invalided.	Died.	Admitted.	Invalided.	Died.	Admitted.	Invalided.	Died.
1869.—Strength.	1,658	...	...	864	...	...	674	...	...	758	...	...	...	...	...	486	...	...
Primary syphilis	85	56	284	707	3	53	11	29	3	92	11	9	63	...	...	49	...	...
Secondary do.	30	1	...	20	4	2	10	...	...	19	1	...	...	...	...	12	...	...
Tertiary do.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal warts	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rheumatism syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea	81	8	135	44	8	56	31	6	38	88	...	6120	...	...	...	74	...	...
Bubo	...	...	...	26	1	1	15	...	...	40	...	1	...	...	...	2	...	...
Ulcers, syphilitic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Metritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leucorrhoea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fistula recto-vagina	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Protrusion recti	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cancer	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulcers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Itch	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Observatio	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	214	154	419	7197	411	112	3	85	2	9	67	237	1	116	185	137	3	23

1870.—Strength.	1,812	...	...	918	...	...	572	...	...	1,003	...	...	...	...	...	452	...	...
Primary syphilis	92	39	258	4	60	12	29	32	1	25	133	9	67	...	...	48	...	...
Secondary do.	54	1	...	11	...	8	2	15	2	1	44	18	4	...	...	12	...	...
Tertiary do.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal warts	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rheumatism syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea	58	11	174	67	3	4	12	29	7	23	97	13	83	...	...	41	...	...
Bubo	4	...	...	3	...	...	1	4	...	...	4	...	...	...	...	3	...	...
Ulcers, syphilitic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Metritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leucorrhoea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fistula recto-vagina	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Protrusion recti	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cancer	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulcers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Itch	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Observatio	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	203	450	466	411	316	48	80	2	8	49	278	523	151	...	...	107	...	12248
1871.—Strength.	1,635	...	...	880	...	...	872	...	...	1,014	...	...	...	...	...	391	...	...
Primary syphilis	51	40	173	8	29	10	35	1	33	6	15	156	4	29	...	9	...	6
Secondary do.	38	1	...	15	...	9	1	5	3	5	...	41	1	2	...	7	...	2
Tertiary do.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal warts	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rheumatism syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea	151	3	...	...	...	26	...	...	...	1	32	73	...	...	...	26	...	...
Bubo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulcers, syphilitic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Metritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leucorrhoea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fistula recto-vagina	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Protrusion recti	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abscess	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cancer	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulcers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Itch	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Observatio	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	244	419	456	11109	910	86	2	85	9	7	53	270	1	111	143	45	...	218200

* Died from phthisis pulmonalis.

G.—(Continued.)

Comparative Return of Venereal Affections amongst British Troops and amongst Women admitted into Lock Hospitals at Stations for the past five years from 1869 to 1873.

	Bangalore.				Bellary.				Cannanore.				Kamphee.				Rangoon.				St. Thomas' Mount.			
	Admitted.	Invalided.	Admitted.	Died.	Admitted.	Invalided.	Admitted.	Died.	Admitted.	Invalided.	Admitted.	Died.	Admitted.	Invalided.	Admitted.	Died.	Admitted.	Invalided.	Admitted.	Invalided.	Admitted.	Died.		
1872.—Strength.	1,769	...	794	...	749	...	...	...	999	...	843	...	...	...	...	...	398	...	...	...	...	...		
Primary syphilis	121	21	241	5	137	6	44	2	54	3	23	1	29	16	262	1	24	2	23	...	...	...		
Secondary do.	37	1	30	8	21	1	...	...	23	1	...	...	54	5	3	...	15	2	3	...	...	...		
Tertiary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Gonorrhoea	105	7	182	64	...	15	...	...	58	7	176	...	35	...	317	...	38	3	99	...	...	...		
Bubo	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...		
Fistula and Paraphimosis	3	...	...	...	...	...	...	...	3	1	...	...	2	...	...	...	...	...	...	...	...	...		
Balanitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Condylomata	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Discharge uteri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Metritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Atrocias	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Ulcers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Gleets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Observatio	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Total	271	1	839	481	216	1	6	60	2	79	1	3	7	50	...	...	149	1	11	233	1	...		
1873.—Strength.	1,793	...	77	...	938	...	76	...	632	...	25	...	...	...	...	...	350	...	...	...	...	...		
Chronic rheumatism	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Primary syphilis	122	20	202	2	191	6	43	...	102	4	90	...	68	13	253	...	8	...	...	...	...	...		
Secondary do.	38	410	39	6	59	2	3	...	31	1	6	...	10	...	4	...	7	1	...	...	...	...		
Tertiary do.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		

Carcinoma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..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G.—(Continued.)

Comparative Return of Venereal Affections amongst British Troops and amongst Women admitted into Lock Hospitals at Stations for the past five years from 1869 to 1873.

Comparative Return of Venereal Affections amongst British Troops and amongst Women admitted into Lock Hospitals at Stations for the past five years from 1869 to 1873.

[illegible]

1870.—Strength.											
	2,049	...	...	...	...	...	...	...	...	...	...
Primary syphilis	104	1	5	85	...	...	...	...	...	...	...
Secondary do.	81	6	1	...	...	...	...	...	...	...	...
Tertiary do.	...	...	...	...	...	...	...	...	...	...	...
Veneral warts	...	...	...	...	...	...	...	...	...	...	...
Rheumatism syphilis	107	15	87	1	...	...	...	...	...	...	...
Gonorrhoea	5	1	...	...	...	...	...	...	...	...	...
Bubo	...	...	...	...	...	...	...	...	...	...	...
Ulcers, syphilitic	...	...	...	...	...	...	...	...	...	...	...
Ulcer	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...
Crusts	...	...	...	...	...	...	...	...	...	...	...
Garden-worm	...	...	...	...	...	...	...	...	...	...	...
Rheumatism	...	...	...	...	...	...	...	...	...	...	...
Observatio	...	...	...	...	...	...	...	...	...	...	...
Total	2,049	...	...	...	...	...	...	...	...	...	...

1871.—Strength.											
	2,233	...	...	...	...	...	...	...	...	...	...
Primary syphilis	155	7	85	...	...	...	...	...	...	...	...
Secondary do.	51	7	1	...	...	...	...	...	...	...	...
Tertiary do.	...	...	...	...	...	...	...	...	...	...	...
Veneral warts	...	...	...	...	...	...	...	...	...	...	...
Rheumatism syphilis	244	4	10	...	...	...	...	...	...	...	...
Gonorrhoea	4	...	...	...	...	...	...	...	...	...	...
Bubo	...	...	...	...	...	...	...	...	...	...	...
Ulcers, Syphilitic	...	...	...	...	...	...	...	...	...	...	...
Hemorrhoids	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea	...	...	...	...	...	...	...	...	...	...	...
General dropsy	...	...	...	...	...	...	...	...	...	...	...
Melries	...	...	...	...	...	...	...	...	...	...	...
Cervical ulcer	...	...	...	...	...	...	...	...	...	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...
Observatio	...	...	...	...	...	...	...	...	...	...	...
Total	484	7	4	105	...	...	...	...	...	...	...

H.

Detailed Statement of the Sanctioned Establishment of Lock Hospitals in the Madras Presidency for the year 1873.

Stations.	Medical Off.			Hospital			Nurses or Matrons.			Wards or Met.			Liberaries or Watermen.			Cooks.			Sweepers.			Peons.			Remarks.
	On Rupees 100.	On Rupees 50.	On Rupees 40.	On Rupees 30.	On Rupees 20.	On Rupees 10.	On Rupees 7.	On Rupees 6.	On Rupees 5.	On Rupees 4.	On Rupees 3.	On Rupees 2.	On Rupees 1.	On Rupees 1.	On Rupees 1.	On Rupees 1.	On Rupees 1.	On Rupees 1.	On Rupees 1.	On Rupees 1.	On Rupees 1.	On Rupees 1.	On Rupees 1.	On Rupees 1.	
Bangalore	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	a One scavenger cart.
Bellary	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	b Conservancy cart.
Cannanore	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	c Reduced to Rs. 5 from April 1873.
Kamptee	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	d do. 5 do.
Rangoon	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	e One fifth cart.
Secunderabad	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	f Dispensed with from Aug. 1873.
St. Thomas' Mount	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	g Do.
Secunderabad	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	h One Peon's service dispensed with from August 1873.
Thyssenyo	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Trichinopoly	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Wellington	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

K.

Statement of Expenses.

1873.

Stations	Bangalore.	Bellary.	Cannanore.	Kamptee.	Rangoon.	Secunderabad.	Saint Thomas' Mount.
Average Daily Sick	47 25	8 3	5 13	16 25	40 13	8 25	3 5
Medical Officer's allowance	Rs. A. P. 1,200 0 0	Rs. A. P. 600 0 0	Rs. A. P. 600 0 0	Rs. A. P. 1,200 0 0	Rs. A. P. 600 0 0	Rs. A. P. 112 0 8	Rs. A. P. 600 0 0
Medical Subordinate's salary	720 0 0	300 0 0	495 0 1	322 4 3	720 0 0	480 0 0	720 0 0
Nurses	144 0 0	120 0 0	120 0 0	120 0 0	480 0 0	84 0 0	120 0 0
Female Cooks	...	57 9 3	...	60 0 0	144 0 0	60 0 0	35 15 6
Peons	144 0 0	60 0 0	60 0 0	120 0 0	...	132 0 0	95 15 6
Cook	92 9 7	60 0 0	60 0 0	60 0 0	168 0 0	64 8 0	60 0 0
Waterwomen	160 0 0	60 0 0	...	48 0 0	...	69 0 0	38 6 5
Toty	60 0 0	59 8 0	60 0 0	60 0 0	468 0 0	108 12 0	60 0 0
Perishable as. tea, &c.	839 4 8	103 4 0	13 12 6	78 1 0	184 14 2	70 13 10	54 13 3
Washing	125 4 6	25 10 6	13 12 6	23 13 0	81 8 5	48 0 0	33 8 4
Diet	2,536 5 1	430 15 11	319 1 11	1,140 2 0	2,435 14 11	554 3 0	104 8 10
House-rent	420 0 0	...	285 0 0	...	...	...	...
Total	6,461 7 10	1,876 14 8	2,108 0 7	3,232 4 3	5,282 5 6	1,783 5 6	1,223 6 10
Average Cost per Patient	13 15 3	21 9 2	31 0 0	14 5 10	11 0 1	15 12 6	16 0 5

K.—(Continued.)

Statement of Expenses.

1975.

Stations ...	Sectabuldee.	Thelunyo.	Trichinopoly.	Wellington.	Total.	Madras, Civil. Black Town.
Average Daily Sick	492	585	629	638	15225	8975
Medical Officer's allowance	600 0 0	600 0 0	600 0 0	600 0 0	7,312 0 8	806 10 8
Medical Subordinate's salary	505 6 5	480 0 0	448 5 8	480 0 0	5,671 0 5	4,260 0 0
Nurses	...	240 0 0	72 0 0	120 0 0	1,620 0 0	1,860 0 0
Female Coolies	120 0 0	...	...	...	477 8 9	60 0 0
Peons	120 0 0	...	126 0 0	72 0 0	929 15 6	168 0 0
Cook	60 0 0	168 0 0	84 0 0	60 0 0	937 1 7	204 0 0
Waterwomen	48 0 0	...	72 0 0	...	515 6 5	144 0 0
Toly	60 0 0	144 0 0	60 0 0	60 0 0	1,200 4 0	264 0 0
Perishable articles, &c.	63 4 0	21 1 6	52 11 8	177 10 9	1,740 0 11	1,622 14 1
Washing	10 15 0	24 4 0	15 6 6	30 6 6	432 9 3	144 0 0
Diet	405 3 0	264 8 11	224 8 10	500 10 5	8,915 12 10	6,180 8 4
House-rent	600 0 0	...	...	...	1,308 0 0	...
Total	2,592 12 5	1,941 9 5	1,755 0 8	2,100 11 8	31,057 12 4	15,714 1 1
Average Cost per Patient	21 4 0	23 10 10	19 7 7	24 11 5	16 0 2	18 13 1

APPENDIX.

38

Report by the Health Officer of Madras upon the Working of the Contagious Diseases' Act in Madras for the year ending 31st March 1874.

HEALTH OFFICE,
MADRAS, 16th April 1874.

No. 10.

To

THE DEPUTY SURGEON-GENERAL, I. M. D.,
Presidency and Northern Districts.

SIR,—I have the honor of submitting the following report upon the working of the Contagious Diseases' Act, ending 31st March 1874.

2. On account of the alterations occurring in the detective branch of the establishment, the amalgamation of the Vepery and Black Town Hospitals, and the superintendence of the Lock Hospital being made over to the Health Officer, no report was submitted last year.

3. Prior to the working of the Contagious Diseases' Act being placed under the Medical Department, a quarterly statement of the working of the Act from 1st January 1872 was submitted to the Sanitary Commissioner. Re-registration of common prostitutes, at the suggestion of the Surgeon-General, took place early in the official year 1872; and many registered common prostitutes were found to have left Madras, or retired beyond the limits of the Municipality to which only the Act extends.

4. Government, in their Order, No. 1,162, dated 18th October 1872, were pleased to amalgamate the two Lock Hospitals of Vepery and Black Town, which took place 1st November 1872, at an annual saving of about Rupees 12,000. In my letter to Government suggesting the above I further stated I was prepared to show a still greater saving if I were permitted to re-organize the detective establishment.

5. The Sanitary Commissioner, in his letter to Government, No. 1,727, dated 4th December 1872, pointed out the inefficiency of the pensioned Apothecaries employed, under the Rules of the Act, for conducting the weekly examinations, and also of the Inspectors and Goomastahs belonging to the detective establishment. I gave the same opinion to Government in my letter, No. 166, dated 4th November 1870, but on account of the recent introduction of Act XIV. into Madras, it was considered at the time not advisable to interfere with the quiet working of the Act.

6. Dr. Cornish, in his report above quoted, pointed out to Government, during the absence of the Health Officer on leave, the very difficult duties the Health Officer had to conduct, and how oppressively the Act may become even by the special agency employed.

7. The detective establishment before re-organization consisted of six pensioned Apothecaries upon Rupees 50 each, 7 Inspectors, and 31 Goomastahs, amounting, inclusive of the Apothecaries, to Rupees 1,089 per mensem.

8. In May 1873 the services of the pensioned Apothecaries were dispensed with, and an Apothecary, with carriage allowance of Rupees 50, was appointed

as an Examiner, assisted by a Matron upon a salary of Rupees 80. I pointed out the inadvisability of appointing a Matron for such duties, but at the instance of the Surgeon-General a fair trial was given, which ended in failure, and Mr. Hall, the Apothecary of the Lock Hospital, is the only Examiner on the detective establishment.

9. Mr. Hall performs his duties most zealously, displays great skill, and is perfectly acquainted with the responsible duties he has to perform; but the work is becoming onerous without any one to relieve him, especially as the heavy work of the hospital also falls upon him. I therefore request that Rupees 80, sanctioned in Government Order, No. 495, dated 14th May 1873, be allowed to an Assistant Examiner in the detective branch only, who will assist in the weekly examinations in the several districts.

10. The contagious diseases of females are not readily detected, nor the character of disease known without experience, and great distress may be given to a family by slight mistake in diagnosis.

11. The study and cure of syphilis has of late years engaged much attention, and its treatment has undergone a complete revolution for the better.

12. The Surgeon-General, in his annual report, dated 27th September 1872, shows the average ratio of venereal cases admitted into hospital amongst British Troops in Fort Saint George before the introduction of the Act.

In 1868 as being	...	...	...	...	38.4 per 1,000.
In 1869 it was...	...	...	...	...	24.9 do.
In 1869-70	...	...	...	...	18.1 do.
In 1870-71	...	...	...	...	17.3 do.
In 1871-72	...	...	...	...	13.5 do.
In 1872-73	...	...	...	...	11.1 do.

showing a progressive decrease.

13. In the three years ending 1870-71 primary syphilis and gonorrhoea had been reduced 8.14 amongst the British Troops in the garrison, whilst within the same period in the General and Civil Hospitals in Madras it had fallen from 1,723 to 905. These results speak for themselves.

14. Satisfactory as these official results are, how much more so to the freedom from disease in Madras, when we look more closely into details. In the Military Hospital for British Troops in Fort Saint George, in March 1874, there were seven men suffering from venereal disease—

- 3 contracted in Trichinopoly,
- 1 in Camp of Exercise,
- 2 old secondary cases, and only
- 1 in Madras.

This, in a population of nearly 400,000 and 991 British Troops, is very satisfactory. The 2,170 Native Troops stationed in Madras have seldom a case in hospital.

15. On the 1st August 1873 the establishment was reduced to five Inspectors and 20 Goomastahs in the detective branch, showing a further reduction monthly of 469 rupees, or 5,628 rupees annually.

16. The Health Officer was gazetted Superintendent of the Lock Hospital, Government Order, No. 375, dated 8th April 1873, and an allowance of Rupees 100 per mensem granted him for the extra duty.

17. Constant and unwearied attention are necessary to keep down contagious diseases, which is shown after any particular holiday, such as Mohorum, Dasara, &c., when the common prostitutes escape examinations. The Lock Hospital Returns have few cases beyond gonorrhoea, showing that, with vigilance, syphilis can be kept down, and I little doubt if Police assistance were given, or greater power granted to the Health Officer, contagious diseases would be almost unknown in Madras; but when every obstacle is thrown in the way of the Health Officer, and cases dismissed by the Magistrates on the most frivolous evidence, the Act is not sufficiently strong to support the rules for the working of the same: Madras, as a seaport town, will never be more free from contagious diseases than it now is. Experience shows that the civil working of the Act should extend at least two or three miles beyond the municipal limits. The very limited area over which the preventive measures are restricted is constantly frustrating the object of the Act. Many common prostitutes, and women carrying on clandestine prostitution, reside just beyond the toll-bars, and come into Madras of an evening. The Act of 1866 applicable to Plymouth and other places extended beyond five miles of those limits, but by the amended Act of 11th August 1869 it was further extended to ten miles. The wandering women on the esplanade and south beach are those which mostly infect the British soldiers, and to communicate the most dangerous form of disease. Even if discovered in the act, there is no remedy against those people, for the Health Department has no power to detain the women, and the Police refuse to receive, or even to recognize such cases brought to them by the Health Goomastahs. Upon the introduction of the Act into Madras the powers of the Health Officer were unknown to these women, and within the first two years double the number of prostitutes were on the register; when, however, they discovered the weakness of the Act, and that they had only to prove concubinage, nicka marriage, or that they were dancing girls, they then declined registration and set the Health Department at defiance.

18. Amongst the persons who carry on clandestine prostitution, under the cover of concubinage, are pagoda dancing girls. This is a well-established fact; such description of concubinage should be treated and looked upon as common prostitution, and the women registered compulsorily agreeably to Mr. Norton's (the late Advocate-General's) opinion, dated 17th August 1870. The pagoda girl is born to prostitution, is not allowed to marry, and is open to the call of all, although she is supposed to adhere to caste men.

19. It is not in human nature to suppose that prostitution can ever be done away with; but if the Contagious Diseases Act does not eradicate, it is the direct means of materially mitigating a contagion unlike other contagions of occasional occurrence, but one of perpetual growth.

20. The number of registered common prostitutes is 935.

Cases treated in Lock Hospital, 1873-74, 842, viz. :—

Europeans and East Indians	...	...	...	...	55
Natives	...	...	...	...	787
With the following diseases :—					
Gonorrhoea	...	...	...	...	551
Syphilis, primary	...	...	...	...	200
Do. secondary	...	...	...	...	19
Ulcers, os...	...	...	...	...	68
Other diseases	...	...	...	...	4
Daily average of sick in hospital, 99½, viz. :—					
Europeans and East Indians	...	...	...	...	6½
Natives	...	...	...	...	93

One European and two Natives have died in the Lock Hospital during that period, and eight died outside.

21. The following is the average length of time the patients have remained in hospital before discharged cured :—

Syphilis, primary, 60 days.

Do. secondary, 68 days.

Gonorrhoea, 26 days.

There are two women in hospital with secondary, since June 1873.

22. There are only 5 Inspectors and 20 Goomastahs in the whole six districts, into which Madras, for the better working of Act XIV., is divided, extending over an area of 27 square miles; this number of men is sufficient if their presence can be depended upon, but their attendance in the Police Courts, prosecuting cases for non-attendance of the common prostitutes at the weekly examinations, and other causes, creates very great inconvenience at times. One Inspector to superintend Triplicane and St. Thomas cannot discharge his duties efficiently, as he has a larger area to walk over than one man can efficiently perform. Another Inspector upon 25 rupees and a Head Goomastah upon 60 rupees monthly are absolutely required.

23. Surgeon Power, when acting Health Officer, was called upon by the Surgeon-General, India Medical Department, to offer suggestions regarding the working of the Health Office and Lock Hospital, stated in his letter, No. 154, dated 14th October 1873, that the Health Officer should have jurisdiction extending twelve miles beyond municipal limits, so as to include St. Thomas' Mount, Palaveram, and Poonamallee, evidently not being aware that Military Lock Hospitals were in those stations. In paragraph 17 I have shown that common prostitutes evade examination by living just beyond the toll-bars; and I beg to suggest that my jurisdiction may be extended two or three miles beyond the limits.

24. Dr. Power supports the Health Officer's suggestion that the Head Writer's salary should be consolidated to Rupees 70 per mensem, including carriage allowance, for the several reasons given: having to attend daily at one of the Health Offices with records and registers, carrying on the correspondence of the department, and having to perform the duties of an Interpreter in Tamil, Telugu, and Hindustanee. Moreover he has passed

an Interpreter's Examination, and his present pay is only 55 rupees a month. His successor's salary might be reduced to his present pay, and afterwards increased annually 5 rupees a month until it reaches the maximum of Rupees 70.

25. A second Writer upon Rupees 15 was appointed in September 1868. In my letter, No. 41, dated 30th May 1873, I pointed out the increase of work he had to perform, and requested that an addition to his pay of 5 rupees monthly might be given to him. Government Order, No. 675, dated 27th June 1873, sanctioned an increase of Rupees 8 only; I therefore beg to bring his case forward for the favorable consideration of the Surgeon-General, and that the additional 2 rupees be granted him.

26. There are 935 registered common prostitutes on the register of the Health Office, 31st March 1874, of which 59 have been removed from the register on account of deaths, marriages, returned to their relations, and other causes.

27. The women who have been registered some years, and who have been regular in their attendance, are not required to present themselves oftener than once in a fortnight.

28. I have repeatedly brought to the notice of Government that the Police should aid the Health Department by arresting and bringing before the Health Officer any "registered" common prostitute who is proved by the Health Register to have avoided for sometime the examinations required by the Act. Although the Government is averse to employing the Police in any manner connected with the working of the Act, yet no injury could arise from occasionally employing them in directing the attendance of the "registered" prostitutes who fail to appear for medical examinations. This extra duty to the Police could be easily performed without inconvenience to their legitimate work by a list of the defaulters being given to the District Inspector. This would render very great assistance to the department.

29. The Health Office subordinates have not the slightest power, under any circumstances, to arrest, or detain, any unregistered woman, or when a brothel-keeper occasionally reports an unregistered woman being in the house, and the Health Goomastahs attempt to interfere, they are threatened with prosecutions for unlawful restraint, or imprisonment, so the prostitute escapes, and the Police have strict orders not to interfere.

30. The satisfactory effect already produced in Madras by the Act shows the propriety of extending its operations to the other seaports on the coast, which are always liable to incursions of fresh sources of infections.

31. The Magistrates are very lenient in awarding punishments to "registered" common prostitutes refusing to appear for examination, they are let off with a slight fine, or simple imprisonment of a week or two, or are merely warned to be more regular for the future; these are scarcely punishments for people of this class. Should their non-attendance at the weekly examinations exceed three months, their cases are not inquired into by the Magistrates, but are dismissed under Section 60 of Act VIII. of 1867. A copy of extract of Proceedings from the Magistrates dismissing cases of

this description has been forwarded to the Honorable the Advocate-General for an opinion.

32. The Act in England provides for a summary conviction for non-attendance, for the first offence, a term not exceeding one month, and in case of second, or any subsequent offence, for a term not exceeding three months, with or without *hard* labor. This punishment should become law in Madras.

33. There is another section in the English Act which requires the investigation before a Magistrate to be conducted in a private room, unless the woman desires otherwise, and that no person have access to the room without the Magistrate's permission. This should likewise be made applicable to Madras.

34. The under-mentioned are the requirements noticed in the report :—

Para. 9. An Assistant Examiner on 80 rupees a month.

Para. 18. Compulsory registration.

Para. 22. An increase in the Health Establishment of 1 Inspector upon 25 rupees per mensem and 1 Head Goomastah on 20 rupees per mensem.

Para. 23. Extended limits of the Act.

Para. 24. An increase of 15 rupees per mensem in the Head Writer or Manager's salary.

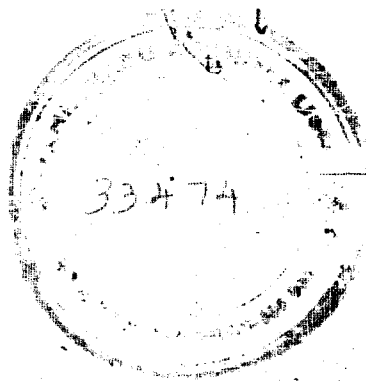
Para. 25. An increase of 2 rupees per mensem in the Second Writer's salary.

Para. 28. Aid of Police.

Para. 31 and 32. Punishments of common prostitutes.

Para. 33. Magisterial investigation of common prostitutes in private room.

(Signed) H. STANBROUGH,
Health Officer and Superintendent,
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