

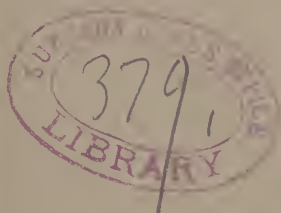
Allison (E. W.) & Ashton (W. E.)

THE FAILURE OF LEGISLATION
IN LIMITING THE SPREAD OF
VENEREAL DISEASES.

BY E. W. ALLISON, M. D., AND W. E. ASHTON, M. D.

Read before the Philadelphia County Medical Society, April 22, 1885.

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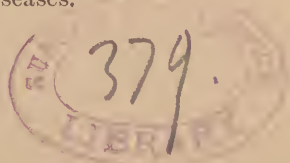
VENEREAL DISEASES.

BY E. W. ALLISON, M. D., AND W. E. ASHTON, M. D.

Read before the Philadelphia County Medical Society, April 22, 1885.

IT is our intention to confine ourselves, in this article, to those arguments which have a real and positive bearing upon the subject, and which show by statistics and authorities that the system regulating prostitution, as carried on in Paris by the "Bureau des Mœurs," and in England under the "Contagious Diseases Acts," not only fails in limiting syphilis, but is in itself an important factor in the spread of that most dreadful disease. We do not propose to touch upon the moral points of the question, nor on the right of the State to legislate in matters interfering with the individual liberty of the prostitute; these, as well as other arguments against legislation, are too well known, and at the same time so shallow, that they are only brought forward by men and women who know but little of syphilis, and who are ignorant of the disastrous results of that disease.

In viewing the subject before us it is perhaps difficult to arrange in their proper order the arguments showing the failure of legislation as a means of preventing venereal diseases.



It seems to us, however, that the whole subject depends entirely upon the question: Does legislation decrease clandestine prostitution? If it does not, and we are prepared to show that such is the case, then legislation is not only a failure, but a positive harm, as all authorities agree that the most dangerous of all the forms of prostitution is the clandestine.

It will be seen that, in Paris, from the years 1845 to 1854 inclusive, the average number of women found diseased was: of the registered prostitutes living in brothels within the walls, 1 in 159; of those living in brothels in the suburbs, 1 in 65; of the registered prostitutes living at large, that is, in furnished apartments, 1 in 262; of the clandestine prostitutes that were arrested, 1 in 5.*

It was found that, at St. Cloud, at Boulogne, and at Sevres, the proportion of disease among clandestine prostitutes was 40 to 50 per 100; at Strasburg the proportion was at first 83 per 100, and in 1854, 73 per 100; in 1855, 50 per 100; in 1856, 32 per 100. At Bordeaux the number of clandestine prostitutes found diseased in 1859, was 49 per 100; in 1865, 25 per 100; while the proportion of disease amongst registered prostitutes was only 2.26 per 100.† At Rotterdam the proportion of clandestine prostitutes found diseased is about 50 per 100.‡

It is clearly shown by these statistics that clandestine prostitution is, of all forms of prostitution, the most active in the spread of venereal diseases. Duchatelet, in referring to this subject, says: "Clandestine prostitution, that which is exercised in secret, and unknown to the police, is of far greater importance than public prostitution. Through it innocence is perverted and corrupted; it braves and paralyzes authority, and propagates with impunity the most fearful contagion, and the highest immorality."

Having seen the disastrous results of clandestine prostitution from a hygienic point of view, we shall now show that legislation increases to an extraordinary degree this class of prostitutes. In 1880 there were from 30,000 to 50,000 women, in the city of Paris, supporting themselves by prostitution, and of this number there were only 3582 registered, or in other words, under the control of the "Police des Mœurs." The number of women who escaped

* Parent Duchatelet, 3d edition.

† Jeaneil, p. 223.

‡ Acton, p. 208.

from the control of the police in that year were more than one-half of the total number on the register.

The authorities, however, manage to keep about the same number under the control of the Bureau, by the arrests made from time to time, of women who have escaped from supervision, and of those who are discovered practicing clandestine prostitution. We have seen that in 1880 the number of women on the register was 3582, which is less than in any year since 1835, when the number was 3813, during which year the population was of course less than in 1880.*

No argument is needed, in the face of such statistics, to prove that the system of legislation is a signal failure; for, of what good is the police and sanitary surveillance carried on in Paris, with the utmost rigor, supported and approved of by public opinion, if out of a population of 30,000 to 50,000 prostitutes there are only 3582 registered, while the remaining vast majority are clandestine, the most dangerous of all forms of prostitution.

A recent writer,† in referring to the effect of legislation upon clandestine prostitution, says: "It seems that in 1845 Paris contained 1,500,000 inhabitants, and at that date there were 3966 women inscribed as prostitutes by the police; whereas, in 1880, when Paris had 2,200,000 inhabitants there were only 3582 prostitutes on the books of the police, who were examined for the purpose of preventing disease. M. Lecour, one of the employés at the prefecture of police in Paris, with whom I had a conversation in 1867, when the International Congress met there, puts down the number of prostitutes in Paris as 30,000, whilst an able writer, M. Max Ducamp, thinks there are nearer 100,000 women in Paris who might merit the name; an opinion shared, as far as I can remember, by Dr. Lefort, when I spoke to him on the question many years ago in Paris. In 1843, it appears by the report, Paris contained 235 public brothels, with 1450 inmates, whilst in 1880 there were but 133 such houses, with 1041 inmates. In 1855, again, there were 611 women inscribed on the books of the police, and 1323 arrests of so-called "insoumises" were made. In 1880 there were only 354 inscriptions, and no less than 3544

* Yves Guyot, Member du Conseil Municipal de Paris, 1882.

† C. R. Drysdale, M. D., M. R. C. P. Lond., F. R. C. S., Senior Physician to the Metropolitan Free Hospital. *Med. Press and Circ.*, Aug. 8, 1883.

arrests of the insubordinates. So that, in short, there has been a diminution in the number of prostitutes inscribed, a diminution in the number of tolerated houses, and in the number of new inscriptions annually of recent years in Paris."

It is not only in Paris that we find legislation producing the inevitable result, viz., increasing clandestine prostitution. In Berlin, in 1840, the Director of Police says, in a report: "Every official will bear out my assertion that the number of brothels is in inverse proportion to illicit prostitution; that is, the fewer of the former, the more of the latter, and the greater the difficulty of dealing with them and preventing syphilis."

A distinguished writer,* in a paper, states that women appreciate legislation, and substantiates his views by quoting from a report prepared by a committee appointed by the English Admiralty, which says: "The evidence shows, in one most important point, the 'Contagious Diseases Prevention Act' has proved successful, and in just that particular in which it might *a priori* have been expected to fail, viz., that which relates to the feelings of the unfortunate women with whom it has to deal. So far from opposing its operations they appear to appreciate its value to themselves. Magisterial interference is the exception."

The report from which the above extract is taken, was made in 1867. The "Contagious Diseases Act" was passed on the 11th of June, 1866. It will be readily seen that at the time of making the report the Act had been in existence such a short time that any opinion as to its workings, by a committee, was useless from a statistical point of view.

Let us, however, look into this point after the Act had been in force for sufficient time to demonstrate its effect upon the feelings of women. An article in a leading review,† referring to this subject, says, "Still, it is a fact, that among the women the Act, though calculated to benefit them immensely, is not popular. Some, as before remarked, evade it by leaving the district where the Act is in operation, and continue to carry on their trade." An eminent writer‡ says: "The number of prostitutes in the three towns, Plymouth, Devonport, and Stonhouse diminished

* The Prevention of Syphilis, by J. Wm. White, M. D., 1881.

† The Brit. and Foreign Med.-Chirurg. Rev., Jan., 1870.

‡ Fred. W. Loundes, M. R. C. S., Medical Times and Gazette, Jan. 22, 1876.

rapidly on the first introduction of the Act, and in three years was less than half its former number. Now the registered women number little over 400, whereas in 1865 the number was 1770. There is no explanation to offer for this marked diminution in the number of registered prostitutes, other than that the women would not submit themselves to legislation, and as an infallible result, swelled the ranks of the clandestine women."

At the International Medical Congress, seventh session, held in London, in 1881, Dr. William Carter, in a discussion of a paper on the "Measures for Preventing the Diffusion of Syphilis," by Dr. Henry Arthur Albutt, said: "By quotations read from an official report by M. Lanaers, Chief Commissary of Police in Brussels, it was proved that in that city and in Paris, by his admission, women will not submit to the regulations, and that their chief result is the creation of a widespread and most dangerous clandestine prostitution, on which ground chiefly, in the report in question, issued in 1877, he has characterized the regulations as being worse than useless, as being positively harmful." It is found beyond the question of a doubt that where legislation is in force regulating prostitution, the regular houses are diminished, the number of prostitutes lessened, and the upholders of the system flatter themselves that the morality of the community is raised, and that venereal diseases are being stamped out.

None wish more sincerely than we, that such might be the case, but unfortunately, all this apparent reform too truly indicates the hidden and treacherous channel over which the waters peacefully flow.*

The supporters of the "Contagious Diseases Act," and of legislation as applied to the large cities on the continent, state that the women who have been on the books of the police, for some time appreciate the system of periodical examinations. We admit this to be true, paradoxical as it may seem, as there is a very simple explanation for the fact. The greater number of women will not submit to legislation, and the few who consent

* The repression of these women through the workings of the Acts does not mean that prostitution has lessened, or that the resulting disease has been reduced. It only means that the women who dislike the police regulations (and this dislike is almost universal) have either left the district or become clandestine prostitutes. Any one, who has visited

to remain, find as a result of the reduction in the number of registered women that their trade is good and their position a lucrative one, and very naturally they appreciate legislation.*

Dr. Barr, in speaking of those women who have been on the register for some time, and who appreciate legislation, says: "From protracted prostitution, excessive intercourse and former disease and ulceration, the parts get so altered that they are not so sensitive to diseased matter. I know a woman who has been a prostitute in Aldershot for eleven years, and her parts are simply a mass of cicatrices, the vagina being really as hardened as the cicatrix of a burn on the skin. . . . There are some women who are utterly careless as to the number of men with whom they consort. They will receive more than twenty different men, the number depending altogether upon the amount of the fees the woman receives."

Having now discussed the effect of legislation on clandestine prostitution, we shall take up the question, Does legislation limit venereal diseases? Having in the preceding part of this article shown that legislation increases clandestine prostitution, and that this form of prostitution is the most dangerous, we have at the same time in part proved that it increases venereal diseases. It is a well-established fact that men, as a rule, prefer to consort with women who are not in the ordinary acceptation of the word

the large cities of the continent, Paris, Vienna, or Berlin, could not fail to notice the tremendous extent to which clandestine prostitution prevails, and it is hardly necessary to quote the opinion of the Prefect of the Hague on the subject.

He was asked "At what figure do you estimate the number of the clandestine prostitutes?" He answered, "They are not to be estimated, they are continually increasing." Francis Cadell, F. R. C. S., Lect. on Syphilology, Edinburgh School of Medicine, *Edinburgh Med. Journal*, Jan. to June, 1881.

Mr. Acton, in his work on "Magdalenism," p. 95, says: "I think the police, who have shown marvelous tact and judgment in carrying out their duties, have no real difficulty in applying the Act to all *known* prostitutes. The great difficulty consists in bringing under medical inspection a very large number of women who exercise their calling in a clandestine manner, not entirely trusting to it for their support, and not residing at brothels, but with friends or parents, and following some other occupation."

* Dr. Chapman, Paris, in discussing Inspector General Robert Lawson's paper, "On the Influence of the 'C. D. Acts' on the Prevalence of Venereal Affections among the Troops serving in the United Kingdom," read before the International Med. Cong., London, 1881, said, he admitted the truth of Surgeon General Monat's statement, that the women subject to the Acts approve of them. The reason being, that a vast number of prostitutes leave the "protected" districts, and thus leave those who remain in the enjoyment of a virtual monopoly of the soldiers' visits.

regular prostitutes, and as a result the clandestine harlot is sought after.*

There are several reasons for this preference on the part of men. They are, as a rule, put to less expense in consorting with a woman of this character. They imagine that they possess something "private" which robs them of the repulsive feeling that they are associating with a woman who is the common receptacle of the town; they also believe that in this class of women there is less risk of contracting disease. Knowing, then, that the clandestine prostitute is the most sought after, and having seen that this class of women spread the most disease, the only radical deduction that can be drawn is that legislation does not limit syphilis. Let us, however, look into the workings of the "Contagious Diseases Act" on this point, and study the effect of this Act on venereal diseases. Gonorrhœa fell from 111·6 per 1000 in 1861 to 98·43 per 1000 in 1866, and since the Act it has increased 0·31 per 1000. In the navy, at home stations, it has risen from 20·4 in 1866 to 51·1 per 1000 in 1873.

In the home army, secondary syphilis fell from 31·26 per 1000 in 1861, to 23·39 per 1000 in 1866, and in 1867 rose 2·87 per 1000, and in 1872 the percentage was higher than in 1866. Primary syphilis had not fallen so rapidly after the Acts as before they were passed. In Devonport and Plymouth the annual fall was 10·8 per 1000 before the Acts, and after the Acts was 7 per 1000. In Portsmouth, before the Acts, the fall was 15 per 1000; after, 10 per 1000. At Woolwich, Aldershort, Shorncliffe, and Maidstone, the average yearly reduction in the amount of primary syphilis was seen to be less after the Acts than before they came into force. At Windsor the amount of disease has always been greater than at any time before the Acts.†

* The world of prostitution is undergoing a transformation. The number of Maisons de tolérance lessens; it will always go on lessening. As speculative enterprises these houses offer scarcely any advantages now, and they would disappear if they were not resorted to by travelers, soldiers and workmen. It would be a great error to suppose that, on behalf of public morality, this fact constitutes a reason for rejoicing, for it is due only to simple change of form. Now-a-days men search for adventure at the great risk of their health, and in many cases of their tranquility . . . and thus men throw themselves into the arms, always stretched out, of clandestine prostitution, which diffuses the syphilitic poison.—*Westminster Review*, July, 1876.

† Dr. Birkbeck Nevins, *Lancet*, April 24, 1875, p. 572.

The *Lancet*, in concluding the review of Dr. Nevins' article, from which the foregoing statistics are taken, says: "From these and other statistics he concluded that in the home army primary syphilis had not fallen one-quarter as fast since the Act as before it, and that the fall in the home navy is less than in any other station in the world. . . . The constantly sick fell largely in the army before the Acts, though the proportion cannot be accurately stated. They have scarcely fallen since the Acts in the army, but have fallen one-third in the navy. Secondary syphilis fell one-fourth before the Acts, but has risen one-twelfth since in the home army. It has fallen a thirty-ninth in seven years in the home navy. The constantly sick from it have risen one-fifth in the home navy, but there are no means of finding its effects in the home army. The invalided from it have increased one-twelfth in the army, and risen one-third in the navy. Gonorrhœa fell one-eighth before the Acts in the home army, and two-fifths in the home navy, and the constantly sick fell one-third in the army. It has doubled in the home and Mediterranean stations in the navy, and has increased in the army, and the constantly sick has risen three-fold in the home navy."

A recent writer,* in referring to the effect of the Acts upon syphilis, says: "While it is true, then, that primary syphilis is somewhat diminished among the authorized strumpets by the compulsory system, the disease is increased in the community at large. In England, where the 'Contagious Diseases Acts' have been in operation at certain points for several years past, it is found that, on the whole, there has been an active increase of primary syphilis among the troops at the stations where the law has been applied, at a few there was a diminution of the disease; but, in these places, the prostitute had been denied all hospital privileges before the enforcement of the Acts, and were entirely uncared for and abandoned, whereas after the application of the law special hospital accommodations were provided for them."

From an analysis of the tables supplied by Sir Wm. Muir to the Select Committee of the House of Commons in 1879 prepared by J. B. Nevins, M. D., we quote the following: "The loss of service in the whole army, the number of men in hospitals from venereal of all kinds was lessening at a more rapid rate during

* Frederick Henry Gerrish, M. D., Transactions of the Maine Med. Assoc. for 1877-79.

the six years before the Acts than it has done during the twelve years since. So far as the Acts have been followed by any sanitary results, it has been a lessening of improvement." We shall now leave the discussion of the "Contagious Diseases Act" from a statistical point of view, in its influence on venereal diseases, and endeavor to show that the effect of legislation in general is to spread contagion even where regularly registered prostitutes are alone resorted to. To understand this clearly it is necessary to inquire into the source from whence the registered prostitutes are derived. It has been shown that in Paris the register is kept up to a certain number by the police through the arrests of women who have escaped from their control, and by captures made among clandestine prostitutes.

The registered prostitutes are thus obtained in all countries and cities where legislation is in force, the number of voluntary registrations being so few as not to enter into the question. From what we have already seen the clandestine prostitutes are certainly not the most desirable women to have on the register, as statistics show them to be diseased to a fearful extent. As to the women who have been regular prostitutes, although statistics show them to be most free of all from disease, they are alike most active in the spread of syphilis.*

The reason that so large a percentage of clandestine women are found diseased is due directly to the system of registration,

* However, since then I have carefully read the evidence both for and against the Acts, and I have decidedly become convinced that these Acts are mischievous, useless, and thoroughly one-sided and degrading. Dr. Mireur says: "Sad to say that syphilis is especially caught from registered women." Dr. Potter informs us that "at least five times out of six, soldiers contract syphilis from registered prostitutes."—"Measures for Preventing the Diffusion of Syphilis," by Dr. Henry Arthur Albutt, Leeds, in the Transactions of the International Medical Congress, seventh session, vol. iv, London, 1881.

The Municipal Government of Zurich, in abolishing regulations in 1874, said: "The opinion that tolerated houses are a preventive against contagious diseases, is refuted by modern statistics, and supported at present only by a minority of opinion among the faculty, and by the tenacity of inveterate prejudice." A similar opinion is given by Dr. Castiglioni, who was Government Inspector, charged with applying the regulations at Rome. The reports of M. Le Cour, Chief of the Bureau des Mœurs of Paris, have the same tenor. The fact that now, after more than twenty years of vacillating policy, the open recognition of licensed houses is at an end throughout the German Empire, confirms this view, that regulation, as it has been carried out so far, is an inadequate sanitary measure."—*New York Medical Record*, vol. ii, 1880.

Drs. Belhomme and Martin, say: "This guarantee (of security with licensed prostitutes), is very insignificant, sad to say—so insignificant even that syphilis is chiefly propagated by registered women."—Frederick H. Gerrish, M. D., 1877-79.

which, as has been shown, they hate, and will not submit to. When a woman of this class becomes infected with syphilis she does not apply to the hospitals for treatment, knowing that if she does she will be detected by the police, and sent to a "Lock Hospital" until cured, when she will be registered and subjected to examination.*

As a natural result of no treatment, the disease runs on, and in time the majority of these women become infected. It is for these reasons that the clandestine strumpet is so dangerous in localities where legislation is in force, and why it is that clandestine prostitutes in cities where there are no laws regulating prostitution are far safer, and far more free from contagion than the same class of women in subjected countries.

The registered women are found, by statistics based on instrumental examinations, to be but little affected with syphilis, and therefore less liable to spread disease. This would seem at first blush to be a strong argument in favor of legislation, as proving that periodical examinations were productive of establishing at least a recognized class of prostitutes, with whom intercourse would be safe. Let us look into this subject further and see how we can reconcile the fact that these women are found especially free from disease, and at the same time most prolific in the spread of syphilis.

The statistics based upon periodical examinations show that these women are free, in a large proportion, from primary syphilis, but they do not prove by any means that they are not suffering from some of the many secondary lesions.

A woman is found, upon examination, suffering from chancre, she is sent to the hospital until the local trouble is healed, and she has had a few months of constitutional treatment. She is then discharged cured, and is allowed to resume her trade. What are the results? Nothing more or less than an additional registered prostitute, plying her calling, suffering with constitutional syphilis, spreading the disease by her mouth in the act of kissing, spread-

* It has already been remarked, the dread of registration leads many clandestine prostitutes to avoid medical help, however much they may need it. Thus they lose their health more quickly than the licensed women, and as the latter constitute not more than one-eighth of the entire number of courtesans, it is easily seen that the law operates very disastrously to the very large majority.—"The Duties of the Medical Profession concerning Prostitution and its Allied Vices," by F. H. Gerrish, M. D., p. 331.

ing it also by her genitals through, perhaps, a mucous patch, so small and insignificant that it escapes the eye of the surgeon making the weekly examination, or by discharges from the uterus—be they the menstrual flux or muco-purulent in character, the result is the same, the virus is propagated.

But those who are in favor of legislation will say, in answer to this, that by keeping a woman under treatment for a longer time all this would be changed and the prostitutes discharged free from all constitutional taint. Granting this to be true, and, for the sake of argument, allowing that a government could be found willing to bear the immense expenditure of money necessary to carry out this plan, the fact remains the same, that registered prostitutes in a locality where legislation is in force are, and always will, in a large majority, suffer from constitutional syphilis. This is easily understood, if we bear in mind the source of supply of the registered women. It is admitted that it is only a question of time before a woman taking up prostitution as a calling, is infected with syphilis, and as we have seen the number who appreciate legislation are but a small part of those practicing prostitution, it needs but little argument to prove that a large majority of those registered, must in time suffer from constitutional syphilis.*

It makes but little difference whether women are kept in hospitals, under treatment for a few months or several years, as their places are filled by women who are detected practicing clandestine prostitution. The effect of legislation is the formation of a class of women who look forward to no improvement in their condition, and who expect to end their lives as prostitutes. It is not so, however, with regular prostitutes in cities where registration is not in force, as the women remain public strumpets a comparatively short time, and as a result the inmates of houses are constantly changing, and the number of women suffering with constitutional syphilis is far less than in cities where the women are registered, because in the latter case the women remain longer in their profession, and the additions made to their ranks are not, as in the case of the former, derived from women who have been seduced, or driven from home, but from

* "The average cyprian is infected with syphilis within three years after entering upon her trade."—*Petersburg Med. Weekly*, iii, 14-19, 1878.

the clandestine prostitutes who are diseased, to a great extent the result, as we have pointed out, of the system of legislation.*

Returning to the result of legislation in various cities, we find that regulations governing prostitution were given up after having been tried for a long time at Zurich, Switzerland, in June, 1874. An attempt was made in 1880 to reintroduce the system, but it met with failure. At the Cape of Good Hope a law was passed in 1869, based upon the "Contagious Diseases Acts," to regulate prostitution, which, after being tested, was found a failure, and the law was repealed in 1872. The report of the Hongkong Commission, in referring to the effect of licensed brothels, says: "These houses are resorted to principally by soldiers and the seafaring population passing through the colony. . . . And in most cases where men complain of infection, the disease appears to have been contracted in those brothels licensed for foreigners (Europeans) only, and subject to regular medical examinations." In summing up the report, the Commission concludes that "Licensed brothels for foreigners are in themselves sources of infection. The evidence before us points to those establishments, rather than to unlicensed houses, as the source of disease to soldiers and sailors.†

Before leaving this part of our subject, we will allude to the fact that in October, 1873, a royal warrant was issued, directing that soldiers should forfeit their pay while under treatment for venereal diseases. As a result of this *wise* provision, the amount of disease among the soldiers fell to a marked extent, and the supporters of the "Contagious Diseases Act" pointed to this fall as a positive proof of the value of legislation.‡ No argument is needed to refute the deduction drawn from this improvement in the condition of the troops, as the cause is obvious to any one, unless misguided by prejudice. The amount of venereal diseases fell simply because the soldiers preferred to suffer with their disorders rather than lose their pay.

* "There are nearly twice as many women of 26, or upwards, as there were when the Act was first introduced. This extraordinary increase of 'old' prostitutes proves, either the almost insuperable difficulty of escape from prostitution since the Acts were in force, or else it shows that the increased gains from the limited numbers make it worth their while to continue in prostitution. In either case, the fact becomes apparent that the effect of this legislation is to retain the women in their career of vice, and to make a permanent class of such ministers to lust, instead of their temporary and casual sojourn in prostitution, that was the universal experience previous to legislation."—*Sanitarian*, vol. ix, 1881.

† *Glasgow Medical Journal*, 1883.

‡ *Westminster Review*, July, 1876.

The Royal Commission of 1870, says: "There is no distinct evidence that any diminution of disease amongst men in the army and navy, which may have taken place, is attributable to a diminution of disease contingent among the women with whom they consort." We find also that the Royal Commission of 1871 "recommended that the periodical examinations of the public women be discontinued."

We shall now consider briefly the question, Does an instrumental examination of a woman determine her true condition, or, in other words, can a surgeon positively say, whether a woman is free from venereal diseases? If periodical examinations fail to show this, they are a positive harm, as they give a sense of false security, not only to the woman herself, but to the men with whom she consorts, and this very feeling increases indirectly the spread of disease.

It seems hardly necessary to point out the impossibility, at times, of determining whether or not a vaginitis is specific of discovering a mucous patch in the mouth or genitals, and in proving this or that discharge from the vagina infectious or not. Every one familiar with syphilis must admit that there are many secondary lesions which render contagious the various secretions of the body, that are not discoverable on examination.

We shall refer to the opinions of a few eminent writers on this point. Frederick H. Gerrish, M. D., in an article on "The Duties of the Medical Profession concerning Prostitution and its Allied Vices," said: "A prostitute is examined to-day at noon, and receives a certificate of freedom from disease, and this ticket is taken by every patron as *prima facie* evidence of the fact stated. Before night a hard chancre appears on some portion of the vagina or cervix. The recency of the examination and the clear bill of health conduce to make business active, and, within twenty-four hours of the medical officer's departure, possibly a dozen men have had the seeds of the most loathsome disease implanted in their systems. For three, and perhaps six, days more the work goes on, and is not arrested until the next visit of the inspector, when she is quarantined. The chances are that she would not have infected a quarter as many if her purity had not been guaranteed by the government. Another woman has just been examined and pronounced safe. Soon a visitor with a syphilitic sore is received. He is followed by a number of healthy

men, each of whom carries away a portion of the virus left by the first, until all is removed, and the woman escapes altogether, having been a common carrier of syphilis, without herself contracting the disease. A third harlot has had primary syphilis, and being pronounced cured, is allowed to resume her avocation. Her card is always clean, the government surgeon detecting no trouble with her; and yet she is a centre of contagion, from which disease is spreading on every side. Permit me to quote a passage from Gross's address on Syphilis:

“There are certain forms of syphilis with which every species of contact may prove dangerous. Everyone now admits, what was for a long time doubted, that the secretions of a syphilitic uterus are capable of inoculating the male organ during sexual intercourse. This statement is true, not only of purulent and muco-purulent matter, thrown off by the surface of the organ, independently of the existence of syphilitic sores, but also of the menstrual flux, especially when, as not infrequently happens, it is more than ordinarily bloody, and also of pure blood emanating from the uterus. Simple vaginal secretions occasionally possess similar properties. The proof of these statements is found in the fact that many of the public prostitutes of Paris and other cities, who are constantly undergoing inspection, often communicate the disease when the most careful and patient investigation fails to detect any, even the most minute, sores, abrasions or mucous patches in the genital organs. The records of private practice afford similar proof.”

An eminent writer,* in referring to the uselessness of examinations as a means of showing the condition of women, says: “The Acts relating to the State regulation and examination of prostitutes in France and in England, were formed on the supposition that, by a local inspection, a person could be pronounced either contagious or free from disease. Whereas he considered that fully one-half of the cases of syphilis were the result of secretions from persons who have long ceased to have primary sores.”

Francis Cadell, F. R. C. S., Lecturer on Syphilology, Edinburgh School of Medicine, in an article in the *Edinburgh Medical Journal*, Jan. to June, 1881, says: “What surgeon, however skilful

* “The Measures by which to Prevent the Diffusion of Syphilis,” by Henry Lec, F. R. C. S. *The Brit. Med. Journal*, Oct., 1881.

and careful can certify that a prostitute is sound? No one can tell from examination what form of vaginal or uterine discharge is innocent and could not produce a gonorrhœa; or, again, a woman suffering from secondary syphilis, but without external manifestations, might, after careful ablution, pass the medical officer as sound, and yet a few hours afterwards communicate syphilis to anyone having connection with her." Mr. Henry Lee, whom we have already quoted, further states, that, "With regard to gonorrhœa, Hunter gave it as his matured opinion, that it could not by inspection be always correctly diagnosed."

Babington, who edited Hunter's work on "Venereal Diseases," says: "That it cannot be recognized except by the persistence of the symptoms; and I will venture to say that there is no surgeon who can, in the first inspection, distinguish the inflammation produced by gonorrhœa matter from that which may be produced by other causes. With regard to syphilis a similar difficulty exists. A syphilitic patient who has no contagious secretions at one time may become contagious at another, and a person who has a well marked syphilitic eruption on the skin may possibly not be contagious at all. It is through the secretions of the mucous membrane of the vagina, and through the uterine secretions, that syphilis is very frequently transmitted; and I know of no means by which a surgeon by inspection could say whether such secretions would be capable of producing infection or not."

We might give opinion after opinion of distinguished men upon this subject if it were necessary, but we have contented ourselves with quoting from a few only, for the benefit of those who have not looked into this point. It is only among *registered* women that instrumental examinations are of no value, because in this particular, as well as in all others, they are opposed to the authorities. These women endeavor in every way to misguide the surgeon who examines them, from gaining a correct idea as to their condition, for the simple reason that they hate the examination because it is compulsory, and dread the Lock Hospital, it is also a matter of pecuniary interest for them to have a clear bill of health. It is not so, however, with prostitutes in places where no laws exist regulating prostitution. These women are desirous of knowing their true condition. They have not lost all hope of reformation, as is the case with the registered prostitutes, and as a result they are more careful of their health; besides the "Lock

Hospital" and pecuniary losses do not present themselves as inducements for them to conceal from the surgeon any information that might bear upon the diagnosis. Thus legislation converts the instrumental examination of prostitutes from a means of much value, in preventing the diffusion of syphilis, into a practice that is harmful and dangerous in the extreme.

There is another argument against the system of regulating prostitution, namely, the increase in the number of illegitimate births and the decrease in the number of marriages in cities and countries where registration is in operation. Thus in London, where legislation is not in force, we find the number of illegitimate births to be 4.1 per 100—this is the average for twenty years; while in Paris, where legislation has existed for a long time, we find that there are 26.3 illegitimate to every 100 legitimate births; making an average of the number of illegitimate births in that city with some of the large cities in France, we find that the proportion is 6.86 per 100. In Berlin, where legislation has been carried on, with intermissions, for fifty years, the proportion is 12.98 per 100; making an average of this city with some of the large cities in Prussia, we have a proportion of 7.4 illegitimate to every 100 legitimate births.*

These statistics are taken from a table prepared by Dr. Pater-son, in his paper on "The Exposure of the C. D. Acts, and of Government Lock Hospitals," and he shows, by the very highest authority, that where legislation exists the proportion of illegitimate to legitimate births is far in excess of the average in towns where there are no regulations.

An article in a medical journal,† in referring to this subject, says: "On looking over the statistics in countries in which regulated prostitution exists, however, there are two things which strike one, and these sustain somewhat the theory of the evil effect upon a nation of regulating prostitution. Thus, for example, in Belgium the number of marriages is yearly decreasing, and in France the number of illegitimate births is yearly increasing, and is greater than in unregistered countries like Great Britain. In Belgium, the number of marriages in 1873 was 40,598; that in 1877 was 36,962, the population meanwhile increasing. In France the proportion of illegitimate births in 1815 was 1 to 20;

* *Glasgow Med. Journal*, Feb., 1883, p. 127.

† *New York Medical Record*, vol. ii, 1880, pp. 266, 267.

in 1877 it was 1 to 14. The proportion in France now is 26.75 illegitimate to 100 legitimate births. . . . We are far from assuming that the registration of prostitution is the sole cause of the above differences; but it is one of the factors in it, and these differences mean a great deal. A decrease of marriage and increase of illegitimate births, implies a weakening of domestic ties and a diminution in the importance of the family as a social unit."

It seems strange, at first sight, that legislation should have the effect of decreasing marriages and increasing illegitimate births.* If we will, however, consider the impressions made upon the mind of the community by legislation, we will find a clear explanation. A government passes laws instituting registration, examination, and medication of the women practicing prostitution, and establishes a police and sanitary department to carry out the provisions of the law; in other words, the system becomes a State institution, not only as far as the laws are concerned, but as regards prostitution itself. The people are taxed to keep up the various expenses of the State. They pay to have a water-supply and the city kept in a proper hygienic condition. They also pay to have the prostitutes kept physically clean, so that they may be in the very best sanitary condition for use. And as a result of this State recognition, the majority of the community, because they know no better, look upon adultery and fornication as the proper thing, and, as a natural consequence, marriage is entered into later in life, because men find it less expensive to consort with a public woman, or keep a mistress, than to marry. It is not so in cities where there is no legislation, because the mind of the community under these circumstances is in a far different condition. The keeping of a mistress, as is done publicly in Paris and other European cities, could not be done and a man maintain his social position. Naturally, therefore, he seeks an early marriage, knowing that to keep a mistress would not be considered proper by society; but let society and the State recognize prostitution, and the mistress will be preferred, at least in early life, to matrimony. The object of laws regulating prostitution, however, are not to debase and lower mankind, but for

* "Dr. Sturgis then mentioned one peculiar result that had been noticed in Europe from the regulation of prostitution, and that was that it tended towards the depopulation of the country, since in proportion as this had been stringent, the number of marriages had decreased, or else marriage was entered into at a comparatively later period in life."
—*Boston Medical and Surgical Journal*, March 29, 1883.

the purpose of limiting the spread of the most loathsome disease that can inflict our race. If legislation accomplished this object, we would be the last to decry it, as the incalculable benefit to mankind, under these circumstances, would far outweigh the disadvantage and harm to the world, of later marriages and more bastards. Legislation, unfortunately, as we have seen, is not only a signal failure in limiting syphilis, but a positive harm, increasing the disease wherever introduced. We simply point out its effect on marriages and births, as additional evidence of its harmful results.

Before taking up the subject of the methods to be pursued in combating the spread of venereal diseases, we shall first consider prostitution as a necessary social evil. We must, therefore, look to plans other than those of suppression to limit syphilis. Moralists, and others, have argued that if we do away with houses of prostitution, we raise the morality of the community, as the temptation to commit adultery and fornication will be far less under these circumstances. This, unfortunately, however, will not be the case, as the suppression of prostitution has been tried over and over again, with the inevitable results of the formation of a dangerous clandestine prostitution and general private immorality. St. Augustine, in referring to the suppression of prostitution, said: "Suppress prostitution, and capricious lusts will overthrow society." To all thoughtful and unprejudiced minds, prostitution must, of a necessity, be considered in a certain sense, a blessing rather than a curse. Man, in his sexual passions, is essentially aggressive and active, and it is the experience of all men, in all ages, that he must have an outlet for them, be that outlet by means prescribed by morality and religion, or through irregular intercourse, the fact remains the same.*

Deny sexual indulgence by the suppression of prostitution and we will have rapes, seductions and crime following as an inevitable result. The prostitute seems to be, and in point of fact is, a safeguard for the virtue of women and the sanctity of the home-circle, as she satisfies the sexual nature of man and thereby lessens private immorality.

* "The following characteristics of prostitution are worthy of consideration; first, that it must be co-existent with human society, a social plague that cannot be got rid of. That women who have abandoned themselves to this course of life are, nevertheless, susceptible of good influences, and capable of improvement and reformation, and, moreover, eventually return, for the most part, to a more regular mode of life."—Acton, p. 208.

Wm. M. Sanger, M. D., in his work on "The History of Prostitution," says: "Louis VIII made an effort to regulate prostitution. It proved fruitless, and it was left to the next king, Louis IX, to make the first serious endeavor to check the progress of the evil in France. His edict, which dates from 1224, directed that all prostitutes, and persons making a living indirectly out of prostitution, such as brothel-keepers and procurers, should be forthwith exiled from the kingdom. It was partially put in force. A large number of unfortunate females were seized, and imprisoned, or sent across the frontier. Severe punishments were inflicted upon those who returned to the city of Paris after their expulsion. A panic seized the customers of brothels, and for a few months public decency was restored. But the inevitable consequences of the arbitrary decree of the king soon began to be felt. Though the officers of justice had forcibly confined, in establishments resembling Magdalen hospitals, a large proportion of the most notorious prostitutes, and exiled many more, others arose to take their places. A clandestine traffic succeeded to the former open debauchery, and in the dark the evils of the disease were necessarily aggravated. More than that, as has usually been the case when prostitution has been violently and suddenly suppressed, the number of virtuous women became less, and corruption invaded the family-circle. Tradesmen complained that, since the passage of the ordinance, they found it impossible to guard the virtue of their wives and daughters against the enterprise of the military and the students."

Space will not permit us to enter into an exhaustive discussion as to the means to be pursued in limiting the spread and consequences of venereal diseases. We shall content ourselves with briefly referring to the most important points of the subject.

We shall then begin by stating that a knowledge of venereal diseases, by the community at large, should stand first in importance of all means that are directed toward lessening the spread of syphilis. This knowledge should be extended by the physician, by the public press, and by every means at our command. The many dangers of contracting syphilis through mediate contagion should be clearly understood. Men as a rule know of but one way of contracting the disease, viz., by means of sexual intercourse. They do not know that the disease is likely to be acquired from a pipe, a cup, eating utensils or water-closet seats,

in short, from anything that has been used by a person suffering with syphilis.

No one who has observed the common use of drinking cups in railway stations and other public places, but can appreciate the fact that syphilis is contracted in many instances by these means of indirect contagion. There is no doubt, if the community had sufficient knowledge on this subject, that a vast number of persons would escape, yearly, syphilitic infection. When we take into consideration the fact that it was estimated when the population of the United States numbered 40,000,000 inhabitants, that nearly 2,000,000 were afflicted with syphilis and that the disease was increasing,* who could censure a man in refusing to smoke the pipe of a friend, or consider him over-nice in preferring not to make use of public ice-coolers and water-closet seats.

The true nature of syphilis is but little appreciated by the vast majority of the public, they look at the disease as rather a disagreeable one to have, and are completely ignorant of its immediate and remote results. The effect of syphilis on the system, its tendency to destroy life many months or years after the initial lesion, by producing organic changes and deposits in the nervous, vascular or glandular systems, and the transmission of the disease from parent to child, should be clearly understood by the public. This knowledge will serve to make men more careful with whom they consort, and at the same time, should they contract the disease, they will be fully aware of the necessity of proper treatment.

Why is it that people dread small-pox, and endeavor in every possible way to avoid contracting the disease? The answer is simple enough, they know the dangers of the fever and the general nature of the disease. Not so, unfortunately, with regard to syphilis, about which little is known by the community, beyond the initial lesion, and the secondary eruption which follows. They see no connection between the ephere of early manhood and the disease which brings to an untimely end the lives of many of our race. That death from apoplexy, paralysis, aneurism, organic changes in the liver and kidneys, tumors in the brain and spinal canal, are the results of syphilis, does not enter the mind of many outside of the medical profession, and, as a natural consequence, the disease is not viewed in its proper light. Men do not fear

* *Chicago Medical Review*, 1880, vols. 1 and 2.

and respect it, simply because they know nothing of its nature, and the community will continue to ignore the fact of the great destruction to human life from the disease, until they are made to realize that syphilis is the cause of death in many cases where a certificate is given of death from apoplexy, paralysis, organic disease of the heart or lungs.

In educating the minds of the laity, as to the proper recognition of the nature and results of syphilis, we at the same time remove from their minds the old prejudice against venereal diseases, that nothing should be done for their relief, because they are the result of the transgression of a divine law, and that we encourage immorality when we provide means to cure diseases resulting from adultery and fornication. Let the community know that syphilis is indirectly, and in many cases directly the cause of a large percentage of the various diseases that fill our public hospitals, and we have no doubt but that under these circumstances the trustees and others in authority of these institutions will, to say the least, from pure motives of economy, make some provision for the proper treatment of syphilis at a time when the disease can be eradicated, and not wait until they are able to change the name of syphilis to aneurism, paralysis, organic diseases of the brain, heart, liver, lungs or kidneys, before admitting a patient to a hospital. We would then most strongly advocate, in addition to the general education of the people concerning syphilis, that all the general hospitals should provide wards and dispensaries, under the charge of specialists, for the proper scientific treatment of venereal diseases.*

* "It is evident to all who will reasonably study the question, that for the good of society at large, every proper facility for cure should be afforded to those who are affected with venereal diseases; and especially so because the disease is contagious, and may become hereditary."—*Brit. and Foreign Med.-Chirurg. Review*, 1858, p. 412.

"The absence of opportunities for adequate treatment has always been one of the reasons why unclean prostitutes persist in their career after becoming diseased."—"The Question of Prostitution and its Relation to the Public Health," by Casey A. Wood, C. M., M. D. *Canada Med. Record*, vol. ix, 1880-81.

"The real way of preventing the spread of disease, is to deal with it where it is found, and the first requisite for cure of syphilis is undoubtedly sufficient hospital accommodations. It requires, I think, no lengthened argument to prove that women would much rather go into hospitals voluntarily than under coercion, especially if they believe that they are to be forcibly detained. If there were sufficient hospital accommodations more women would, I believe, enter the hospital voluntarily than under the present system. . . . Many women would submit to treatment voluntarily, to whom compulsory examination is most repugnant."—*Transactions of the International Medical Congress, 1881, London, seventh session, vol. iv, "On the Measures by which to Prevent the Diffusion of Syphilis," by Mr. Henry Lee, London.*

It is of vital importance, if any results are to be obtained in this direction, that these diseases should be treated in the general hospitals, where all classes of disease are admitted. The plan of establishing hospitals for the exclusive treatment of venereal diseases is to be most earnestly condemned, because patients are unwilling to publish to the world the nature of their disease, as they would do if they were inmates of institutions where venereal diseases were alone admitted.*

It is for this very reason that the voluntary "Lock Hospitals" abroad are such signal failures, and, if in place of these institutions, the same advantages were offered in the general hospitals, they would be eagerly sought after by patients suffering from venereal diseases, because no one then would know, outside of the hospital authorities, whether they were suffering from diarrhœa or syphilis.

Leaving this most important branch of our subject, we shall sum up, in conclusion, the various arguments against regulating prostitution by legislation as a means of limiting the spread of venereal diseases.

1. That legislation increases clandestine prostitution and decreases the number of prostitutes living in brothels.

2. That the most dangerous form of prostitution is the clandestine.

3. That legislation is impracticable, for the reason that women will not submit to its operations, and, as a consequence, become clandestine prostitutes.

4. That legislation increases the amount of disease amongst women living in brothels, and converts this form of prostitution from the safest of all forms into the most dangerous.

* "As the wide spread of disease which we now deplore is due to the fact, that, with a few insignificant exceptions, these unfortunate women have been, and for the most part still are, refused admission into hospitals when pervaded with disease, it is obvious that the first step to be taken in order to lessen this great evil, is to provide abundance of hospital accommodation for these women. And in this first instance, the doors of all general hospitals should be thrown wide open to them; and if existing hospitals are not large enough, as they certainly are not, to accommodate all who would seek admission, they should be enlarged. We say the doors of all general hospitals should be thrown open to them, because if the reform which we have suggested is to be really and truly carried out, every vestige of the principle and feeling denoted by the "scarlet letter" must be effaced from our dealings with the women whose diseases we desire to heal. . . . Now the establishment of special hospitals for their reception is an expression of the old spirit which must be ignored; the very fact of going to one of these hospitals is in itself a brand, which in many cases would be productive of unspeakable social injury, and which in nearly all cases is a severe trial to the patient, and one to which it is inexpedient to expose her."—*Westminster Review*, No. 74, April, 1870.

5. That in countries where legislation is in force, the percentage of disease amongst clandestine prostitutes is far in excess of the amount of disease amongst women of the same class in countries where there are no regulations.

6. That the majority of registered prostitutes suffer from constitutional syphilis, and that periodical examinations fail to show their true condition.

7. That legislation increases the percentage of illegitimate births, and is productive of late marriages.

8. That prostitution is a necessary social evil and will always exist.

9. That legislation and suppression of prostitution are alike productive in increasing syphilis.

10. That educating the public concerning syphilis, and proper hospital accommodations, are the only rational means to limit the spread and results of venereal diseases.

We have endeavored in this article to show in a clear and concise manner the failure of the system of legislation regulating prostitution, and at the same time to point out the great importance of something being done to limit the spread and consequences of syphilis, upon which so largely depends the welfare of future generations. It is with the object of preventing, if possible, the attempt in this country of State legislation regulating prostitution, which has been such a signal failure abroad, that this article was written. It seems to us a better policy to profit by the experience of others, than to adopt a plan which has already failed. A distinguished writer,* in referring to the tendency in this country of prominent members of the profession in accepting systems which have been found a failure abroad, says: "It would seem as if there was something both rationally and morally wrong, in our judgment, when we see systems that have been well nigh laughed out of existence on the other side of the ocean, accepted and widely propagated here, and coquetted with by some of the most conspicuous members of the profession."

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* Alfred Stillé, M. D., LL. D., Gen'l Introductory Lecture delivered at the opening of the 118th Course of Lectures in the Med. Dept. of the University of Penna.

