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The British Contagious Diseases Acts: 1864 - 1869.

by

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ABSTRACT

This thesis hopes to provide a better understanding of a little known group of Acts called the Contagious Diseases Acts. These Acts, introduced into the English parliament in the 1860s by the British Admiralty and the War Office, were developed in the hope that they would reduce the rate of venereal disease in the men of the Army and the Navy. It must be remembered that syphilis and gonorrhoea were not the easily cured diseases that they are today. In past centuries these diseases killed and maimed hundreds of people. Efforts to deal with these diseases were hampered by the great confusion as to what their true natures were and by poor and ineffective treatments.

The first Contagious Diseases Act, introduced in 1864, was to attack venereal disease by requiring prostitutes, identified as having one of these diseases, to remain in hospital until cured. In 1866 a system of periodic medical examination of prostitutes was instituted in the hope that

increased efficiency would result. In 1869 the Contagious Diseases Act was modified in order to expand the number of towns and the area around those towns where the Act would be in effect. These two modifications resulted in a piece of legislation that was much more punitive than the original Act and people began to agitate for its repeal.

The first chapter of this thesis will be a brief overview of the history, pathology and social effects of syphilis. This will inform the reader just what it was that the Contagious Diseases Acts were enacted to combat. Chapters two and three will discuss the events surrounding the introduction of the Acts and their eventual repeal. The brief Appendix which follows the bibliography discusses new technology and the problems of recruitment in the Royal Navy. This is included to give the reader some information as to the state of the British armed forces at the time of the Contagious Diseases Acts.

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INTRODUCTION

Twentieth century historians regard the middle years of the nineteenth century as an era of expansion. It was a period when the industrialized nations of the world expanded their control over the lesser developed as colonialism continued as it had in earlier centuries. The economy of the world began an upswing, and countries such as Prussia and the United States began to challenge England in industrial might. Knowledge, in all areas, grew at an enormous rate during this period, as did the drift toward a more democratic society.

The increase in knowledge was particularly evident in the field of medicine. It was during this period that such techniques as anaesthesia, inoculation, and hygienic sterilization came into being.¹ It was also during this period that people began to take note of the different types of disease, how many cases of each different kind of disease there were and what type of person tended to catch the disease. Medicine became much less of a hit-or-miss affair. This allowed efforts to be made to prevent diseases rather

¹ Williams, Harley. Masters of Medicine. London; Pan Books, 1954.

than merely react to them.²

In the 1840s the Royal Navy began to keep statistical information on the category and symptoms of all diseases contracted by the men employed by the navy.³ As the years passed, the navy and the army also began to concentrate more on keeping a record of the incidence of the various types of injuries and illnesses. It was apparent that certain diseases were becoming more prevalent. Syphilis was one of them. This increased study of medicine and the development of better statistics about the various types of diseases can be seen as major contributors to the introduction of the Contagious Diseases Acts.

During the Victorian era it was expected, as in all societies, that people resident in the British Isles should uphold certain values, typically those held by the Christian religion. Society's expectations are often at variance with the attitudes and behaviours of many of its members. This was the case in the nineteenth century. The fact that a venereal disease was on the rise was an outrage and it naturally belies one of the many double standards that were incorporated in English society's expectations during this

² Please note the Appendix which discusses change in technology and how it might have affected the Royal Navy and the Contagious Diseases Acts.

³ Great Britain, Sessional Papers. 1841 session 2 (53) vi, 247. Statistical Report on the Health of the Navy for the Years 1830 - 1836.

period. After all, for the incidence of syphilis to be increasing meant that people were ignoring one of the main tenets espoused by society in Victorian England, that being that only married couples should have sexual intercourse and then only in the interests of procreation.

While society favoured celibacy till marriage, and monogamy thereafter, a large portion of society did not conform to these restrictions. This was especially true in the armed forces. Official policy prevented many of the men from marrying, and the leaders of this small segment of society did not frown upon, and often encouraged, consorting with prostitutes.

The first Contagious Diseases Act was introduced in 1864 in an attempt to reduce the incidence of syphilis in the British army and navy.⁴ Under this first Contagious Diseases Act, it was hoped that men who contracted a venereal disease would identify to the authorities the prostitute from whom the disease was contracted. This Act and the two similar acts that followed it were to be enforced only in certain ports and garrison towns. If a woman was indeed found to have a contagious disease, she would be sent to a hospital for compulsory treatment. After the treatment was successful, or after three months had

⁴ Great Britain, Sessional Papers, 1864 (163) i, 473. A Bill for the Prevention of Contagious Diseases at Certain Naval and Military Stations.

elapsed, the woman would be free to return to her home and her business. This double standard, where women were punished for a crime and men were not, was naturally used as ammunition for those who later opposed the Contagious Diseases Acts.

After the first Contagious Diseases Act had been in effect for a few months some serious problems became evident. The primary difficulty was that the men were reluctant to name - or incapable of identifying - women with whom they had had a brief encounter two or three weeks prior. As a consequence, a second Contagious Diseases Act was introduced in 1866.⁵

The 1866 Act was much more closely based upon the system in use at the time in France. Under the 1866 Contagious Diseases Act women who resided in port or garrison towns where the Act was in effect and who were known to be prostitutes were to be registered by a police authority. They were to be compelled to undergo routine medical examinations to ensure that they remained free of venereal diseases. Infected women were taken to hospital for compulsory treatment. In 1869 this Act was revised to increase the number of towns where the Act was in effect and

⁵ Great Britain, Sessional Papers. 1866 (78) ii, 219. A Bill for the Better Prevention of Contagious Diseases at Certain Naval and Military Stations.

to resolve some minor problems that had arisen.⁶ The Contagious Diseases Acts were to continue in this third form until 1886 when, under pressure from people who opposed the Acts, they were repealed.

Historiography

The Contagious Diseases Acts have been the topic of a great deal of discussion. While the Acts were still in effect many books, articles, and pamphlets were produced both in opposition and in support. Since the abolition of the Contagious Diseases Acts several authors have written on the subject. Some might consider it surprising that a series of relatively little-known Acts could be the topic of so much discussion, especially considering the issue with which the Acts were intended to deal. Prostitution and syphilis were not considered subjects for polite conversation during the nineteenth century, and this continues to be the prevailing attitude today. Why the Acts have continued to hold attention, even a hundred years after they were abolished, is a result of the effects they had on the women with whom they dealt.

Any author who has dealt with the Contagious Diseases

⁶ Great Britain, Sessional Papers. 1868-1869 (244) i, 495. A Bill Intituled an Act to Amend the Contagious Diseases Act, 1866.

Acts has had to address attendant questions of morality. The dichotomy between protecting the society's rights versus protecting the rights of the individual seems always in a state of flux. Authors commenting on the Acts have had to choose, as people did in the 1870s, just where they stood. It is perhaps not too surprising that most writers have written in support of the individual and found that the Contagious Diseases Acts were indeed "immoral".

Judith Walkowitz, in her 1974 PhD dissertation and subsequent book, discusses the Acts from the feminist perspective, concentrating on the fact that the Contagious Diseases Acts focused on women.⁷ She looks on the Contagious Diseases Acts as an example of one segment of society, namely lower class women, being the subject of a cruel and unjust form of legislation.

She considers the women under study an especially suppressed people, an outcast society. Her theory states that the Contagious Diseases Act was part of an over-all conspiracy by upper class males to regulate prostitute activity.⁸

⁷ Judith R. Walkowitz, 'We are not Beasts of the Field': Prostitution and the Campaign Against the Contagious Diseases Acts, 1869-1886. PhD Dissertation, Rochester, New York, University of Rochester, 1974. Dr. Walkowitz's reworked her PhD dissertation into a book. Judith R. Walkowitz, Prostitution and Victorian Society: Women, Class and the State. Cambridge, Cambridge University Press, 1980.

⁸ John Gill Gamble, The Origins, Administration, and Impact of the Contagious Diseases Acts From a Military Perspective. Phd. Thesis, University of Southern Mississippi, May 1983. P. 17-18.

Dr. Walkowitz's work provides perhaps the best documented source in this area, but her perspective leaves a reader wondering whether it is the feminist or the historian who is writing. While it is natural for an author to bring his or her personal philosophy to any topic, a historian should be cautious not to mislead by the use of inflammatory statements.

Josephine Butler was a key figure in the campaign to repeal the Contagious Diseases Acts. Beginning in 1869 she wrote a great deal of literature on the Acts in order to disseminate information. The best of these works, Reminiscences of a Great Crusade, she published in 1896. The book does much to inform the reader of the nature of the process that was undertaken to end the Acts, but the book is autobiographical in nature, and naturally there is a bias which must be taken into consideration.

A.S.G. Butler, a nephew of Josephine Butler, was also influential in the fight against the Contagious Diseases Acts. While his work provides a great insight into the emotion behind the campaign to end the Acts, it is more of a biography than a work that discusses the Contagious Diseases Acts.⁹ The author relies mainly on information gained from his aunt to support his claims and makes few

⁹ A.S.G. Butler, Portrait of Josephine Butler. London; Faber and Faber Ltd, 1954.

references to other sources. The work does provide a good overview to the subject and much information on Josephine Butler.

In his 1983 PhD dissertation, John Gill Gamble attempts to present the military perspective on the Contagious Diseases Acts. While he does discuss the origins of the Acts to a greater degree than other authors, he tends to concentrate on the opposition to and repeal of the Acts.¹⁰ Gamble presents statistics regarding the Contagious Diseases Acts better than many who have written on the topic, but his dissertation is not as strong as it might have been because the various commissions that studied the Acts are not clearly identified and the reader can become confused as to which commission suggested what.

Many others have written on the Contagious Diseases Acts. Most merely mention them in reference to other topics, but many of these works are very useful in helping to clear up issues that surrounded the Acts. Perhaps the best of these works is Eugene Rasor's Reform in the Royal Navy: A Social History of the Lower Deck.¹¹ The Royal Navy was in a period of change in the period 1850 to 1890, and

¹⁰ John Gill Gamble, The Origins, Administration, and Impact of the Contagious Diseases Acts from a Military Perspective. Phd. Thesis, University of Southern Mississippi, May 1983.

¹¹ Eugene L Rasor, Reform in the Royal Navy; A Social History of the Lower Deck. London, Archon Books, 1976.

Rasor's book reviews a broad range of topics, such as drinking, marriage and the granting of shore leave, that relate to the Contagious Diseases Acts

This thesis relies on two main sources for primary or original material: Admiralty and War Office documents from the Public Records Office and Parliamentary Sessional Papers and Reports. The former have proven to be a great source of information with regard to the development of the Acts. Naturally these records present the military perspective, but also provide some comment on the opposing view. The Acts themselves are very useful in that they provide a great deal of information that is often only commented on in a cursory fashion in secondary sources. Further, commissions and reports that were undertaken during the time that the Contagious Diseases Acts were in effect not only offer a great deal of information, but because they usually include a transcript of the proceedings during the formulation of the report, even more information can be obtained.

Statement of Purpose

The purpose of this thesis is to review the workings of the Contagious Diseases Acts in an effort to explain why they were introduced and why they were repealed. Unlike

previous work in the field, this thesis will focus on events that surrounded the Acts during the development of the first Contagious Diseases Act and those that followed. At a time when legislation is being developed to control those who carry the Aids virus a review of the events that surrounded the introduction of acts to control other sexually transmitted diseases might provide some insight as to why legislation such as the Contagious Diseases Acts come into being and what the arguments against them generally are.

The thesis will progress in the following order: Chapter One will be a review of the nature of the maladies that the Contagious Diseases Acts were established to control. This chapter will include a brief history of syphilis and will examine some treatments which were in use at the time. The main purpose of the chapter will be to convince the reader that the medical profession of the time felt the disease could be cured. This was an important issue in the development of the Acts. Further, the chapter's review of the history of the disease will help the reader to understand some of the reasons why sexually transmitted diseases have such negative connotations.

Chapter two provides a chronological review of the Contagious Diseases Acts. This chapter will focus on the first Act, but in order to balance out the narrative, it will also include the events surrounding the introduction of

subsequent Acts and their eventual repeal. The third chapter will conclude the narrative by discussing the reasons why the later Acts were introduced and why the campaign to repeal the Acts arose.

CHAPTER ONE

The Lord smite Thee with the botch of Egypt in the seat, and with a malignant scab, and itch, so that thou canst not be healed.

The Lord smite Thee with insanity, and blindness, and astonishment of heart.¹

The history of syphilis is long and convoluted, and many people have spent much time and effort trying to ascertain its origins. Indeed, the syphilitic epidemic that swept Europe in the mid-nineteenth century was not an isolated event. Syphilis has often been associated with war, which is not too surprising since men, subjected to long periods of cold, isolation, and fear, are very likely to turn to prostitutes for solace. The disease had, however, at the conclusion of a war, more ideal circumstances in which to spread. The soldiers and sailors only then had the time, money, and opportunity to consort with prostitutes. Such was the case when the men were returning from the Crimean War and to a lesser extent from

¹ Sir Lancelot C. L. Brenton, (Editor). The Bible, Septuagint Version: Greek and English. London, Fonderban Publishing, 1979.

the Indian Mutiny. Although the War Office and the Admiralty had become gravely concerned about the increased incidence of syphilis amongst the men during the mid-nineteenth century the true nature of the ailment remained largely unknown for the next thirty to forty years. In an attempt to combat this sickness, the Admiralty and the War Office introduced the Contagious Diseases Acts, and to appreciate fully what the Acts were intended to achieved it is necessary to briefly examine the history, pathology, and treatments of the disease.

There have been documented accounts of syphilis for more than five centuries, but in all probability the affliction existed for many hundreds of years before this. Four recent theories provide evidence as to the possible origin of syphilis: the Columbian and pre-Columbian theories, the Cockburn theory and Hudson's theory.

The Columbian theory postulates that syphilis was indigenous to the North-American continent and was brought back to Europe by the sailors who manned Columbus' ships. Supporters of this idea point to the syphilis epidemic that swept over Europe in the late fifteenth and early sixteenth centuries.² Epidemics at that time were not uncommon, but this outbreak of disease was surprising in its

² American Public Health Association. Syphilis and Other Venereal Diseases. Cambridge Massachusetts, Harvard University Press, 1970. P. 4.

destructiveness. Many were believed to have been killed by it and those who showed symptoms were often banished from their homes in an attempt to prevent further contamination. There has been some suggestion that some of Columbus's crew marched with Charles VIII of France when he led his army into Italy in 1494. This invasion was abandoned when Charles' army was decimated by syphilis.³ It has been suggested that the reason that the French Army suffered so badly was that they, like the rest of Europe, had no natural immunity to the disease. Epidemics of this nature are common in places where the disease has not been found before, and it has been noted that as time passes, people who survive the initial onslaught develop a certain degree of immunity and the germ becomes less violent.⁴ By the middle of the 1500s the epidemic had lost its virulence, a fact which lends credence to those who support the Columbian theory.

The Columbian theory also finds support in the writings of those who lived around the time when Columbus returned from his voyage. Prior to the late 1400s, medical literature did not mention syphilis. In 1495, however, "the Holy Roman Emperor Maximillian issued an edict referring to

³ Hans Zinsser, Rats, Lice and History. Boston; Little, Brown and Company, 1935. P. 73.

⁴ Louis Lasagna, The V.D. Epidemic. Philadelphia; Temple University Press, 1975. P. 13.

the 'evil pocks which had never occurred before nor been heard of in the memory of man.'"⁵ Dr Diza de Isla, a doctor in Barcelona at the time of Columbus' return, wrote that he had treated some of the sailors from this voyage for "bubo", which was later referred to as syphilis.⁶ Syphilis became, during this time, a much written about topic, and many of the authors felt that the New World was the place where syphilis originated.

Further testimony for this theory is provided by anthropologists who noted that the bones of North American natives, which have been dated prior to the arrival of the first Europeans, show signs of what may be deterioration because of a syphilis infection. Those who support the Columbian theory claim that the bones of Europeans from this time do not show this deterioration.

The evidence that syphilis originated in the Americas appears fairly conclusive, but there are those who believe that syphilis is indigenous to the Eurasian land mass and existed there prior to Columbus' voyages. The testimony in support of this theory is based more or less on the same kind of information as the Columbian theory, but it has gained a greater following as evidence in its favour mounts.

⁵ Louis Lasagna, The V.D. Epidemic. Philadelphia; Temple University Press, 1975. P. 13.

⁶ Louis Lasagna, The V.D. Epidemic. Philadelphia; Temple University Press, 1975. P. 13.

The idea that the bones of early American Indians show signs of syphilis while those of Europeans do not is dismissed by those who support the Pre-Columbian theory. The adherents to the Pre-Columbian theory point out that what was once thought to have been signs of rickets in early European man may in fact have been caused by syphilis. This would negate the argument proposed by the Columbian theorists according to which signs of syphilis in early man are found only in America. Other evidence that substantiates the Pre-Columbian theory suggests that historical references to leprosy sometimes contained the terms 'venereal' or 'congenital'. Leprosy is neither, while syphilis is both. Leprosy was once thought to be the highly contagious disease that syphilis is now recognized to be.

A cream found in the Near East which was referred to as Saracen's ointment contains mercury and was brought back by the crusaders as treatment for leprosy. At the time mercury was not thought to be a treatment for leprosy, although it was used in the treatment of many skin disorders, especially those caused by parasites. It has been, however, a treatment for syphilis. It is possible that the illness that the ointment was really meant to treat was syphilis. The possible confusion over what the writers of the fifteenth century were describing is important. For example, Dr. de Isla, only describes the first two stages of

syphilis accurately. His description of what he regards as a third stage more closely resembles Typhus-Typhoid Syndrome, so it is conceivable that he erred in diagnosing the disease which had caused the other symptoms.⁷

Hieronymus Fracastorius, a sixteenth century doctor and author, probably the person who coined the term syphilis, felt that it could not have spread so quickly and so widely if it had originated on Columbus's ships.⁸ Conrad Schellig, another renowned doctor and the personal physician to the Count-Palatinate Philip, wrote a book on syphilis in the late fifteenth century which supports the idea that syphilis was not new to Europe. "An introductory letter to the book speaks of syphilis as a sickness which '...is not, as the vulgar think, a new disease, but in prior years has been often observed...'"⁹ Perhaps, then, syphilis was an illness that was masquerading as leprosy. Given the lack of information about disease in general during that period of time, it is easy to perceive the universal lack of understanding and confusion about the differences in the various symptoms of any given disease. A further

⁷ Theodor Rosebury, "Columbus and the Indians." Monthly Review. (April 1974) Vol 25, #11. P. 13-22.

⁸ Louis Lasagna, The V. D. Epidemic. Philadelphia; Temple University Press, 1975. P. 16.

⁹ Leonard J. Goldwater, Mercury: A History of Quicksilver. Baltimore, Maryland, USA; York Press, 1972. P. 217.

consideration is that during this period, bodily cleanliness was not really a priority for most people. Consequently, infection of sores and skin degeneration could well have masked the true nature of the symptoms of diseases, thus leading to confusion over the course that any particular malady followed.

Early in the 1960s, Thomas Cockburn proposed a new theory on the origin of syphilis. He felt that syphilis and man began in the same place, possibly in Africa or Asia. Migration and continental drift have caused the disease to become isolated in pockets. Over time, according to his theory, the disease has developed a degree of specialization and different genera of *Treponema* have resulted, *Treponema Palladium*, *Treponema Pertenuis* and *Treponema Carateum* or syphilis, yaws, and pinta respectively. As a result of their specialization, the different illnesses find it difficult to leave the areas where they have developed because the mode of transmission of the disease has adopted is prevalent only in that area. Hence pinta, although it has had ample opportunity to migrate, is not found outside of Central America.¹⁰ Cockburn feels that the epidemic that occurred at the beginning of the sixteenth century was a result of the increase in travel that occurred at this

¹⁰ American Public Health Association. Syphilis and Other Venereal Diseases. Cambridge Massachusetts: Harvard University Press, 1970. P. 7.

time. He notes that diseases which operate in communities that are isolated for long periods of time rarely kill their victims because the extermination of the disease would result. If the germ is transferred into a larger community then some people may die, because people in this larger community have not had the opportunity to build up a resistance.

Hudson's theory, like that of Cockburn, has mankind migrating from a common starting point. Unlike Cockburn, however, Hudson believes that the differing appearances that *Treponema* adopts result from the differing health, climate and lifestyle under which the victims of these diseases live. Hudson feels that in hot humid climates, where hygiene is poor, the disease can transfer itself through the contact of open sores. This situation is common to crowded living conditions. In the cooler climate of Europe, where clothing requirements prevented frequent contact of lesions, the disease was forced to adopt a sexual mode of transmission. "Hudson's concept, if valid, would explain why the lesions of treponemal infections are often clinically indistinguishable, why all four produce reactive serologic tests, and why under dark field examination treponemes from all lesions are identical."¹¹ This theory

¹¹ American Public Health Association. Syphilis and Other Venereal Diseases. Cambridge Massachusetts; Harvard University Press, 1970. P. 9.

does not, however, explain why syphilis is so destructive to the unborn child whereas pinta, yaws and bejel (endemic syphilis) are not. Hudson and Cockburn both feel that the syphilis epidemic of the fifteenth century was unrelated to the discovery of America.¹²

The evidence as to the origins of syphilis does not conclusively favour one theory or another. What is important, however, is that the last decade of the fifteenth century saw writers beginning to express their concern over syphilis; that these early writers chose to blame the New World for the disease might well be a result of the fact that the New World was not yet Christian. It is interesting to note that the English and Turks called it the French disease, the French called it the Italian disease, the Italians blamed the Spanish, the Poles blamed the Germans, and the Russians blamed the Poles.¹³ No one wanted to be associated with the place where most of the people caught the disease because it was considered a national embarrassment and a comment on the morality of the nation in question. It was far easier to blame it on someone else.

With the passage of time, our knowledge of syphilis has

¹² American Public Health Association. Syphilis and Other Venereal Diseases. Cambridge Massachusetts; Harvard University Press, 1970. P. 9.

¹³ Louis Lasagna, The V. D. Epidemic. Philadelphia; Temple University Press, 1975. P. 12

expanded and, as a consequence, we now have several accurate means of diagnosing and treating the disease. While a knowledge of what syphilis is and how it affects the human body is important to this work, it is also significant to remember that much of this information was not available to the physicians who treated the victims of syphilis in past centuries.

Syphilis, or *Treponema Palladium*, is a spirilliform organism shaped like a corkscrew which propels itself by rotating in a fluid.¹⁴ As a result, syphilis is acquired by direct contact of moist membranes, usually during sexual intercourse. The causative organism is very fragile outside the human host and any number of agents will kill it. It is possible, however, to contract the disease by non-sexual means; sharing of intravenous needles by drug users is one example.

Syphilis is a three-phase disease, with each phase being characterized by a different set of symptoms. Unlike many diseases, the rate which syphilis progresses is measured in years rather than days.

The first evidence of the disease occurs ten to ninety days after the original contact and is usually in the form of a chancre. A chancre is a "small, indistinct, hard area

¹⁴ Brown, Donohue, Axnick, Blount, Ewen and Jones. Syphilis and Other Venereal Diseases. Cambridge, Massachusetts; Harvard University Press, 1970. P. 17.

which goes on to become a painless raised lesion with a flat top. Ultimately the top breaks down and becomes moist."¹⁵ Usually there are only one or two lesions which in men appear on the outside of the sexual organ. With women, the chancre quite often develops internally and thus this important early warning sign is often missed. Chancres always heal by themselves but usually not before the onset of the second phase of the disease. A symptom of this stage in the development of the illness is enlarged but painless lymph glands in both groins.

The beginning of the second phase of the disease occurs anywhere from 6 to 16 weeks after the disease is contracted and although the symptoms can last for up to a full year, they usually disappear within a few weeks to a few months. By the time the second phase begins, the disease has moved through the blood stream to all other parts of the body. The symptoms are most easily seen on the skin and mucus membranes, often taking the form of a rash of rose or copper-coloured lesions frequently found on the upper torso and upper arms. The lesions do not itch and when they disappear, as does the chancre, they do not leave scars. Sore throat, fever, muscle and joint pain, runny nose and general lethargy are other symptoms. Sometimes, but not

¹⁵ Louis Lasagna, The V.D. Epidemic. Philadelphia; Temple University Press, 1975. P. 23.

often, the victim experiences hair loss during this stage.¹⁶ Not too surprisingly, this phase of the disease is often mistaken for other diseases, especially mononucleosis. If the patient does not receive treatment and is later reinfected, he may not show the first signs of the disease again. It was this second stage of the disease that the navy was most concerned with since it was during this period that the men were likely to require time off to recover.

After the secondary phase comes a latent or resting period. The disease produces no external symptoms, but the spirochaete remains alive and active. At this time the victim might believe that his health has returned, but the germ continues to live in the host and, if untreated, the germ may progress to the third stage. Although the disease can no longer be transmitted via sexual intercourse, a pregnant mother may infect the foetus. Much of the information we have today about this and later stages of the illness comes as a result of the work carried out by Professor Boeck, a Norwegian doctor who worked in Oslo from 1891 to 1910. Professor Boeck did not believe that syphilis was curable and as a result he did not attempt to treat people who came to him with the disease, but merely

¹⁶ Richard Gallagher, Diseases that Plague Modern Man. Dobbs Ferry, New York; Oceana Publications Inc, 1969. P. 164.

hospitalized them until they were no longer contagious. In later decades doctors and scientists tracked down the patients of the former Professor Boeck and investigated the course of their lives and the disease.¹⁷ Sixty to seventy percent of the people studied did not suffer any further discomfort past the conclusion of the symptoms of the second phase of the disease. However, fifteen percent suffered a relapse of the symptoms within five years. By the end of the secondary stage the spirochaete has travelled via the bloodstream to all parts of the body and as the disease develops in the latent or tertiary stages any system or organ is a potential target. Why some people cease to show outward signs after the secondary phase, or why some people suffer more if they do go on to the tertiary stage, is not really known. "The last (tertiary) stage is ruinous to the victim's body and sanity, grotesque to observe, and its consequences irreversible."¹⁸

It is in the final phase of the disease, the tertiary phase, that the spirochaete is most physically destructive. The external signs of this stage of the disease may not show themselves for many years and perhaps even decades. In this

¹⁷ Louis Lasagna, The V.D. Epidemic. Philadelphia; Temple University Press, 1975. P. 26.

¹⁸ Richard Gallagher, Diseases that Plague Modern Man. Dobbs Ferry, New York: Oceana Publications Inc, 1969. P. 163.

phase the disease is not transferable via sexual intercourse or transfusion, but the unborn child remains an innocent victim. Damage is done primarily by a form of syphilitic lesion referred to as a gumma. The sore is soft and gummy, resembling a cancer sore, and it is usually small but may be as much as four inches in size.¹⁹ The gumma is usually not a problem unless it forms on an organ of importance in which case it injures the structure of the organ, causing serious damage. Only thirty to forty percent of those people who catch syphilis will go on to the tertiary phase; the rest will suffer no farther concern past the end of the secondary phase. Of the thirty to forty percent only a small percent will suffer damage to a body structure that will affect their quality of life.

Should the disease process attack the brain during the tertiary stage the condition may present itself in a number of ways such as stroke, paresis, or tabes dorsalis. A stroke occurs when the germ attacks one or more of the arteries of the brain which eventually rupture, causing damage to the area of the brain supplied by the arteries. When this occurs, the signs and symptoms are similar to those of any other stroke with varying degrees of paralysis

¹⁹ Paul D. Hoeprich MD. (Editor), Infectious Diseases: A Guide to the Understanding and Management of Infectious Processes. Hagertown, Maryland, USA; Harper and Row Publishers Inc, 1972. P. 548.

being evident. When the germ attacks the cerebrum, or thinking center of the brain, it can cause personality changes such as psychosis, memory loss, euphoria, dyspraxia, or delusions.

Tabes dorsalis, a degeneration of the motor areas of the brain is characterized by unsteady gait, loss of sensation, strange feelings in the extremities and by episodes of intense intermittent pain. In late neurosyphilis, the optic nerve can degenerate causing tunnel vision and, eventually, blindness. Other structures that are commonly affected are the aorta, tongue, bones and skin, and the victim is often unable to lead a normal life.²⁰

Because the spirochaete is able to cross the placental barrier the unborn child becomes perhaps the most unfortunate victim of this dreadful disease. If the mother has syphilis when the child is conceived or acquires the disease during the first trimester, the fetus is generally spontaneously aborted or stillborn. If the fetus is in the later stages of development when the mother becomes infected then in all probability the child will be born with the condition known as congenital syphilis. Like syphilis in an adult, congenital syphilis does not affect every child in

²⁰ Paul D. Hoeprich MD. (Editor), Infectious Diseases: A Guide to the Understanding and Management of Infectious Processes. Hagerstown, Maryland, USA; Harper and Row Publishers Inc, 1972. P. 549.

the same way, but if the illness is allowed to progress untreated, the complications can be numerous and severe.

A great deal of confusion existed in the mid-nineteenth century as to what syphilis was and how it developed. Most doctors of the time recognized that they were dealing with a three phase disease and that each phase was characterized by a different set of symptoms. Syphilis is, however, recognized as having many symptoms that can appear to be other diseases and undoubtedly syphilis has been confused for other conditions and, perhaps worse, other diseases have been confused with syphilis. A major diagnostic problem that nineteenth century doctors faced was the faulty information which was communicated to the medical profession earlier in the century. Dr. John Hunter was an English anatomist who worked in the late eighteenth and early nineteenth century. He became interested in the nature of gonorrhoea and decided that he should record the progression of the disease. "In an excess of experimental zeal, Hunter inoculated himself with gonorrhoeal pus from a patient who also had syphilis and erroneously concluded that syphilis and gonorrhoea were the same disease."²¹ This might just have been regarded as an unfortunate error in judgement, had Hunter not been a renowned and very respected researcher.

²¹ Louis Lasagna, The V. D. Epidemic. Philadelphia; Temple University Press, 1975. P. 16.

But most people accepted what he said and from this point on, the two diseases were confused.

The medical practitioner of the mid-nineteenth century recognized the chancre as the main symptom of the primary stage:

A pimple first appears on the summit of this a pustule forms, then the rupture of the top of this brings to view the ulcer or sore. This ulcer, is shallow more or less circular or oval in form, bounded by a perpendicular and slightly jagged border, and furnished with a smooth yellow base, moistened by an unhealthy secretion. The skin around the sore is a little thickened and inflamed. This is a simple venereal ulcer. It generally lasts about five weeks and then heals.²²

A committee established in 1867 to investigate the pathology and treatment of syphilis organized the chancres into three types, those that were indurated throughout the course of the disease, those that began soft and later became hard, and those that remained soft throughout. A treatment that doctors of the time often used, prior to some form of chemical remedy, was to attempt to excise the syphilis chancre. This was accomplished either by simple surgery or by the use of caustics. It was felt that the poison that

²² Ira Warren MD, The Household Physician. For use of Families, Planters, Seamen, and Travellers. Being a Brief Description, in Plain Language, of all the Diseases of Man, Woman and Children. With the Newest and Most Approved Methods of Curing Them. Boston; Ira Bradley and Company, 1866. P. 321.

caused the disease stayed in the sore for a few days before being absorbed into the rest of the body. Consequently, this treatment was only useful in the first day or two after the sore had appeared. In general, caustics were the preferred remedy as "the knife is painful and very uncertain in its consequences."²³ Naturally, because syphilitic sores are often not noticed in infected women and because women were often difficult to treat with caustics or surgery, it was men who "benefitted" most from this treatment. It is unlikely that this treatment ever had any effect other than to cause pain and discomfort to the patient. In fact a young physician, a certain Dr. Tongue, wrote in his 1801 dissertation, "I should ask why, after destroying the virus at its source, after curing the original venereal ulcers we should still see syphilitic afflictions in other parts of the body."²⁴ Yet this treatment lasted long after the onset of the Contagious Diseases Acts and was perhaps one of the culprits in the continuation of the disease. Certainly, this therapy was not a joy to experience and it probably promoted attempts to

²³ Great Britain, Sessional Papers. 1867 - 1868 (4031) xxxvii, 425. Report of the Committee Appointed to Enquire into the Pathology and Treatment of Venereal Disease with the View to Diminish its Effects on the Men of the Army and Navy. P. 443.

²⁴ Louis Lasagna, The V. D. Epidemic. Philadelphia; Temple University Press, 1975. P. 59.

conceal the disease.

Other symptoms that physicians in the nineteenth century felt were indicative of the onset of syphilis were swelling of the lymph nodes in the groins and the vegetations or "peculiar growths appearing on different parts of the skin which resemble certain vegetables."²⁵

It was generally accepted in the medical world that the symptoms of the second phase of the disease followed the primary by four to ten weeks. As with all phases of the disease, the secondary phase was recognized to manifest itself in differently from person to person. The average case began with a slight fever "accompanied by a 'feeling of lassitude, and depression, a chilling in the joints and limbs, and generalized eruptions, usually beginning as pale pink before turning a copper color.'"²⁶

Another symptom that occasionally displayed itself during this phase was pea sized ulcers in the mouth or on the tonsils. "Persons often died from starvation - not

²⁵ Ira Warren MD, The Household Physician. For use of Families, Planters, Seamen, and Travellers. Being a Brief Description, in Plain Language, of all the Diseases of Man, Woman and Children. With the Newest and Most Approved Methods of Curing Them. Boston; Ira Bradley and Company, 1866. P. 322.

²⁶ Judith R. Walkowitz, Prostitution and Victorian Society: Women, Class and the State. Cambridge; Cambridge University Press, 1980. P. 50.

being able to swallow."²⁷ It was accepted that after this stage the disease could appear to die out. While most practitioners recognized that syphilis had a third phase, it was not understood why some people were ravaged by the disease while others were not.

In the nineteenth century the tertiary phase of syphilis was recognized as being the most damaging phase in the course of the disease. It was felt that fibroplastic deposits in the structure that was attacked caused the damage, but it was not really known why one structure degenerated and others did not. Whether the disease could be transmitted during the tertiary phase was also a mystery.²⁸ There was some suggestion that people who caught the disease should never marry as evidence had shown that the fetus of an infected mother usually miscarried.²⁹

²⁷ Ira Warren MD, The Household Physician. For use of Families, Planters, Seamen, and Travellers. Being a Brief Description, in Plain Language, of all the Diseases of Man, Woman and Children. With the Newest and Most Approved Methods of Curing Them. Boston; Ira Bradley and Company, 1866. P. 323.

²⁸ Great Britain, Sessional Papers. 1867 - 1868 (4031) xxxvii, 425. Report of the Committee Appointed to Enquire into the Pathology and Treatment of Venereal Disease with the View to Diminish its Effects on the Men of the Army and Navy. P. 436.

²⁹ Great Britain, Sessional Papers. 1867 - 1868 (4031) xxxvii, 425. Report of the Committee Appointed to Enquire into the Pathology and Treatment of Venereal Disease with the View to Diminish its Effects on the Men of the Army and Navy. P. 441.

In general, syphilis was a very confusing illness for the nineteenth century physician. By the middle of the century, doctors had decided that the germ was not an airborne virus, but they were unsure if it was carried into the body through breaks in the skin or whether it remained in folds of the skin and was ultimately absorbed. Once a person had contracted the disease and passed through the second phase, doubt remained as to whether or not the person was then immune. In the case of a mother infected with the disease, it was felt by some doctors that the fetus contracted the disease from the father and then the fetus infected the mother.³⁰

Many treatments were advanced, from the fifteenth to the nineteenth centuries, as methods for curing syphilis. A factor in the number of remedies for syphilis, and the corresponding number of quacks prepared to promote them, is the question of morality and the patient's need for a quick and easy cure. Undoubtedly many of these treatments would appear to the medical professional of today as little more than witch-craft. However, doctors and patients during this period believed in these cures and therefore they should not be dismissed too readily. In many cases it is easy to

³⁰ Great Britain, Sessional Papers. 1867 - 1868 (4031) xxxvii, 425. Report of the Committee Appointed to Enquire into the Pathology and Treatment of Venereal Disease with the View to Diminish its Effects on the Men of the Army and Navy. P. 441.

understand how a person who is dealing with syphilis could believe in a cure since the symptoms would disappear after the treatment was administered. Lignum sanctum or holy wood was a good example of a cure with little or no real value that developed an enthusiastic following. Holy wood had been a favoured cure in the sixteenth and seventeenth centuries and was heavily supported by the church. It has been suggested that Paracelsus, a well known sixteenth century alchemist and doctor, was censured by the church for advocating the use of mercury rather than holy wood. The Fugger Banking House was probably at the root of this censoring since it had large sums of money tied up in importing holy wood from the New World.³¹ From the time that cures were recorded to the inception of antibiotics there were up to ten other metals and more than twenty plants or plant products used to treat syphilis.³² By the middle of the nineteenth century, however, many of the more unusual remedies had died out.

Some of the cures that by today's standards would be considered more than outrageous, survived and flourished because they were considered to be scientific. One of the

³¹ Louis Lasagna, The V. D. Epidemic. Philadelphia; Temple University Press, 1975. P. 57.

³² Leonard J. Goldwater, Mercury: A History of Quicksilver. Baltimore, Maryland, USA; York Press. 1972. P. 226.

most controversial was the practice of syphilization. This cure entailed injecting the substance found in a syphilis chancre into a patient in the hope that the substance would either render the patient immune or aid in the recovery of a patient who had already contracted the disease. By the middle 1860s the practice was being looked upon with some reservation. In 1867 the committee established to investigate the pathology and treatment of syphilis concluded that

even accepting the entire truth of the reports of its curative powers, the treatment is repugnant to the habits and feelings of the profession in this country, and, in the majority of cases, is slow of operation.³³

Aside from treatments of a more dubious nature, the most common remedy used was mercury, which could be prescribed in one of four ways. The first possible method for getting mercury into the body was fumigation. In this approach the skin of the patient would be subjected to a vapour containing various amounts of mercury. This feat was performed by enclosing the patient in a container and then introducing the vapour by either heating a mercury based liquid over a spirit lamp or by pouring it onto a block of

³³ Great Britain, Sessional Papers. 1867 - 1868 (4031) xxxvii, 425. Report of the Committee Appointed to Enquire into the Pathology and Treatment of Venereal Disease with the View to Diminish its Effects on the Men of the Army and Navy. P. 425.

heated iron which was housed in the base of the container.³⁴ The container that was usually used for the fumigation process was a powdering tub. This was "... a large wooden vat, in which meat was salted for purposes of preservation, it was large enough to contain the body of a man and so was used for sweating and fumigating syphilitic patients."³⁵ There were several problems facing the recipients of fumigation treatment. For example, the patient had to remain in the vicinity of the vat, there was limited privacy afforded the individual, and the treatment was undoubtedly much less acceptable than other approaches being used at the time. There is no doubt that fumigation was not the most practical method to treat patients with the disease, but it had a long career and was still being used in the late nineteenth century. Given the many inconveniences of this method of treatment, one can only imagine the dismay of the patients had they known that fumigation was not a very efficient approach for getting mercury into the human body.

The second treatment available to physicians for the treatment of syphilis with mercury was inunction. In this

³⁴ Samuel. Lane, "A Course of Lectures on Syphilis." Lancet. 1842. P. 609.

³⁵ Leonard J. Goldwater, Mercury: A History of Quicksilver. Baltimore, Maryland, USA; York Press, 1972. P. 222.

treatment a mercury-based ointment would be applied to some part of the body, usually the back of the knees, and was absorbed by the skin. A dose of one-half to a full drachm of ointment rubbed on to the skin for fifteen minutes a day for seven to fourteen days was the prescribed dose.³⁶ After this period, symptoms of mercury poisoning would set in and the dose would be reduced to an application on every other day. While this treatment allowed the patient to remain much more mobile than the fumigation treatment, there was the disadvantage of having an uncomfortable, greasy ointment on one's skin. An advantage of this treatment, however, was that it could be applied directly to the site of one of the symptoms, be it chancre or rash.

A major problem with the ointment was that the physician who administered it often suffered from mercury poisoning, and that attempts by doctors to prevent the mercury from touching their skin were not too successful.

Though they wear a glove when so engaged, it is impossible for them to prevent the mercurial atoms from penetrating the leather and so reaching the hand of him who applies the ointment; in fact, for other purposes, it is leather that we use for straining and clarifying mercury.³⁷

³⁶ Samuel Lane, "A Course of Lectures on Syphilis." Lancet. 1842. P. 609.

³⁷ Louis Lasagna, The V. D. Epidemic. Philadelphia; Temple University Press, 1975. P. 58.

As a consequence of the risks involved, the physician attending syphilitic patients were usually not of a high calibre since the better doctors declined to use this treatment for fear of the repercussions. An alternative was, of course, to have the patient apply the ointment themselves. While this benefitted the doctor, it probably led to patients missing applications or abandoning the treatment altogether. It is difficult even today to convince people to continue with a medication, particularly if that medication has displeasing side-effects.

When a physician decided to use an oral dose of mercury it was usually in the form of the Blue Pill, mercurous chloride or bichloride of mercury. There were other preparations, but they were not used as often.

The Blue Pill was the mildest form and probably the most common. It was composed of 5 grains of mercury combined with one quarter to one half a grain of opium and was administered twice daily. This treatment continued for 7 to 10 days or until the patient developed a metallic taste in the mouth after which the dose of the medication was gradually reduced until all symptoms of syphilis were gone.

The second treatment, mercurous chloride (HgCl), also known as camemel, was composed of two grains of mercury composition combined with one quarter grain of opium. This was to be taken every 3 to 4 hours and produced the metallic

taste in the mouth in 2 to 3 days, whereupon the dose was to be taken less often.

The final preparation was mercuric bichloride (HgCl_2) often known as bichloride of mercury or corrosive sublimate. It consisted of anywhere from one eighth grain to one full grain of mercury bichloride with one quarter grain of opium, to be taken "in the twenty four hours"³⁸ It was considered to be the most powerful, but because of the harshness of the side effects it was not used a great deal in England although it did have some popularity on the continent.

Finally, it was possible to inject some form of mercury into the body of the patient. Many different mercury based preparations were used, including ordinary liquid mercury.³⁹ This treatment seems to have made its appearance in the early 1820s, since the first paper discussing its use was published in 1826, but it did not have the same popularity as the other treatments had.

Although most of the medical profession regarded mercury as the best possible cure of the time, not all doctors thought of the substance as being worth the risk. The treatment has had a long history of opposition. King

³⁸ Samual Lane, "A Course of Lectures on Syphilis." Lancet, 1842. P. 610.

³⁹ Leonard J Goldwater, Mercury: A History of Quicksilver. Baltimore, Maryland, USA; York Press, 1972. P. 220.

Francis I of France, for example, became infected with syphilis and his physician, Jean Fernel, refused to treat his king with mercury. Eventually Francis died from the disease. "Fernel was more impressed with the toxic properties of mercury than with its therapeutic benefits..."⁴⁰ Lacking as they did any other real treatment for syphilis it is easy to understand why the doctors felt it was a valid cure, yet they knew that mercury was not without side effects.

While it is possible that many patients died at the hands of quacks and charlatans who administered mercury in too large a dose, most victims of syphilis probably did not reach the stage of poisoning. Protracted contact or chronic intoxication from mercury has its own set of drawbacks. For example, the patient would be prescribed a course of mercury treatment lasting anywhere from a few days to several months. The treatment would continue until the patient experienced a metallic taste in the mouth and then the dose was usually reduced. If the dose of mercury remained reasonably high the patient could begin to experience excessive salivation, loosening of the teeth, very bad breath, gingivitis (decay of the gums), and ulceration of the mouth. Mercury will also affect the central nervous

⁴⁰ Louis Lasagna, The V. D. Epidemic. Philadelphia; Temple University Press, 1975. P. 57.

system, which may result in the patient suffering fatigue, irritability, embarrassing easily, feeling apprehension and the desire to withdraw from social groups. These mental signs were complicated by physical symptoms such as tremors in the hands, feet, tongue, and lips, and by staggering and slurred speech.⁴¹ People who suffer from chronic intoxication of mercury do not lose control of their faculties, but their symptoms often lead other people to believe so. It is not surprising therefore that the makers of felt for hats, who used large amounts of mercury in their work and as a result developed the symptoms of chronic mercury intoxication, became known as "mad hatters".

For Victorian society, just as for modern society, venereal disease was a moral as well as a physical plight. Catching the disease made a statement not only about the victim but about the people with whom he or she associated. This altered people's perceptions of the class that the victim came from, which consequently altered how that group were received in society. This is not to imply that the Contagious Diseases Acts were a crusade against persons who had caught a venereal disease, but suggests that those who administered the Acts may have had a bias against those who caught the disease and especially against those whom they

⁴¹ Eusebo Mayz Et al. Mercury Poisoning, Vol 2. New York; MSS. Information Corporation, 1973. P. 46.

felt were responsible for spreading the disease amongst the men in their charge.⁴² Morality is a complex concept, and it would be wrong to suggest that everyone in the navy saw prostitutes or syphilitics as wrong or immoral. The Contagious Diseases Acts, within the framework of morality, must be viewed from the perspective of each of the parties that were affected by the Acts.

It is, of course, impossible to study each and every individual who had occasion to be involved with the Contagious Diseases Acts, but relevant information can be derived by reviewing various segments of society and comparing how they viewed syphilis and those who were perceived to be most likely to catch the disease.

Nineteenth century society was usually divided, as it is today, along economic lines. Naturally there were other groupings, religious, political, or regional, but the divisions of possessions and wealth, or lack thereof, was the most common method by which society was stratified. While all levels of society saw the disease as something to be avoided because of the damage it caused, the upper class tended to have a different perspective than that of the lower.

⁴² Judeth R. Walkowitz, 'We are not Beasts of the Field': Prostitution and the Campaign Against the Contagious Diseases Acts. 1869 - 1886. PhD Dissertation, Rochester New York, 1974. P. 24.

The lower classes of the Victorian age, not having had the opportunity to receive adequate education, tended to be somewhat confused about the disease and about how it could be avoided. The poor had a sense of morality dictated by their situation and circumstances. Sadly, it was this level of society that the disease struck most often. Alexander Lowery, the chaplain at Portsmouth Lock Hospital, commented on this when he was asked to appear as a witness before the Royal Commission in 1871: "This witness believes the women generally have very little sense of the life being a sinful one. Many persons of the lower orders look upon prostitution as rather an honourable than a disgraceful career."⁴³ The middle and upper classes painted a picture of the lower classes as a "headless multitude", which, given the opportunity, would run amok destroying and looting. They saw the prostitute as either a young woman led astray or as a hardened woman who plied her trade for love of finery. Many of these women were believed to live in drains and hedges and be so badly diseased that "the flesh was dropping off their bones..."⁴⁴ Certainly there were women of this nature, but the majority of the prostitutes from

⁴³ Great Britain, Sessional Papers. 1871 (c408) xix, 51. Report of Royal Commission upon the Administration and Operation of the Contagious Diseases Acts. P. 51.

⁴⁴ Great Britain, Sessional Papers. 1871 (c408) xix, 51. Report of Royal Commission upon the Administration and Operation of the Contagious Diseases Acts. P. 51.

this period turned to the trade only during times of unemployment.

Parent's study on prostitutes in Paris showed that women tended to work as prostitutes for one to four years before leaving the trade and opening small businesses or finding another form of employment.⁴⁵ Indeed, the Admiralty may have contributed to the problem because, until 1859, a sailor was paid when his ship was decommissioned and not on a monthly or even yearly basis.⁴⁶ Wives and girlfriends were often left to fend for themselves until the sailor returned. Even if they had been left money it was usually insufficient as the tour of duty could last many years. Faced with starvation, no money, and the difficulty women in port towns found in obtaining work, prostitution would have had to be a viable opportunity. This policy of paying the sailors in this fashion undoubtedly created a situation where they were more obvious targets for con-men, prostitutes, and thieves. Consequently, when the sailor returned to his home he may have had little money to support a family and even less to leave the latter for support when

⁴⁵ Judeth R. Walkowitz, 'We are not Beasts of the Field': Prostitution and the Campaign Against the Contagious Diseases Acts. 1869 - 1886. PhD Dissertation, Rochester New York, 1974. PP. 47 - 57.

⁴⁶ PRO. Adm. 1/5718 of 1859. This also Allowed a sailor to allot a portion of their wages to a dependent during their absence.

Wilson could compare his conclusions, he had insufficient information for assessing the full nature of the problem.

The reports on health in the navy eventually became an annual event. After the Crimean War the army decided to begin producing a similar kind of report. It is with the problems encountered by Britain's armed forces during the Crimean War that many of the origins of the Contagious Diseases Acts are to be found.

The most common explanation given for the origins of the Crimean War is that it began when the French and the Russians argued over who would care for certain Christian holy places that were within the Turkish Empire. There can be no doubt that the war had much more complex origins than this and that the eventual results of the war would be just as complicated.

The Crimean War was the first conflict in which the popular press played an effective part. With the introduction of the steam propelled ships and the telegraph, the mail could now be counted on to be delivered in days rather than in weeks or months. These factors came to play a major role in the world of English politics.

The correspondents in the Crimea used these new methods of communication to transmit their perceptions of the war to the reading public. Consequently the British people had

news of the war virtually as it happened. Lord Raglan, the commander of the British forces in the Crimea, was not at all used to dealing with the press, and his hope that they would just go away was to no avail.⁶ Raglan did not impose a censorship over the correspondents, and reports of just how ill-prepared and blind to the needs of the men the army really was, were published in the press. The war was very popular in Britain, but the population found the ineptitude of the military hierarchy intolerable.

The army only began to address their problems after public opinion forced some kind of action. Most of the problems stemmed from the inability, or perhaps unwillingness, of the British armed forces to maintain pace with the changes in attitudes that had taken place since the end of the Napoleonic Wars. As a result, by 1854 the Army was not prepared for war.

At this time after forty years of peace the British Army was ill prepared for war, and had been starved of money and equipment. The chief default lay in the administrative services, the Commissariat and the Medical Department, both of which were civil departments; but neither was there an organized Transport Corps or Ordnance Corps to take the field. Reliance was placed upon the tradition of the Peninsular War, where requisitioned transport of the country in which the army

⁶ Alan Hankinson, Man of Wars; William Howard Russell of the Times. London, Heinemann Educational Books Ltd. P. 55.

fought provided for its needs.⁷

This lack of preparation naturally had dire results for the average soldier or sailor.

For the men the problems that caused them the most concern were the demands of drill and dress restrictions, the lack of sufficient food and proper clothing, and, perhaps the most debilitating of problems, disease. The army had not been in a major conventional war since the defeat of Napoleon the First. As a result, most of its functions and attitudes had become little more than ceremonial.⁸ When the troops arrived in the Crimea, officers, ingrained in this ceremonial attitude, would not allow any relaxing of the dress codes. The troops were forced to soldier on, clean shaven, in uniforms that were totally unsuited to the climate.

The soldier's discomfort was enhanced by the poor planning which resulted in inadequate supplies being brought to support them. For example, some shortages resulted from inadequate transport facilities; food and equipment would be sent but would go to the wrong place or be mislaid along the way. In addition, as winter approached, the soldiers found

⁷ Lieut. Gen. Sir Neil Cantlie, A History of the Army Medical Department. Vol. 2. Edinburgh and London; Churchill, Livingstone Longman, 1974. P. 6.

⁸ Alan Hankinson, Man of Wars: William Howard Russell of the Times. London; Heinemann Educational Books, 1982. P. 46.

that no provision had been made to equip them with winter clothing or extra blankets.

These problems seem insignificant when compared to the devastation that disease caused in the armies of all the combatants. Of the 18,058 deaths in the Crimea only 1,724 resulted from battle; the other 16,334 deaths were caused by disease.⁹ There were many diseases that could take a man's life in the Crimea, but the disease that the men feared most was cholera. Between 1841 and 1850, three different cholera epidemics had spread west from India and China, and the third of these caught the armies in the Crimea.¹⁰ The epidemic was a very malignant strain which could, and often did, kill a man in a single day. At one time, the rate of death in the fleet reached 13 percent. The insufficient and inefficient hospital and medical facilities that the War Office and Admiralty had provided were soon taxed to the limit. Men died uncared for, unattended and unnoticed. Much of the problem lay in the fact that the military hierarchy had decided to establish its main hospital facility at Scutari, which was three hundred miles from the main base in the Crimea. Delayed medical attention and lack

⁹ Lieut. Gen. Sir Neil Cantlie, A History of the Army Medical Department. Vol. 2. Edinburgh and London; Churchill, Livingstone, Longman, 1974. P. 185.

¹⁰ Stanley Bonnett, The Price of Admiralty: An Indictment of the Royal Navy, 1805 to 1966. London; Robert Hale Limited, 1968. Pp. 79-80.

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¹⁰ Stanley Bonnett, The Price of Admiralty: An Indictment of the Royal Navy, 1805 to 1966. London; Robert Hale Limited, 1968. Pp. 79-80.

of transport to evacuate patients caused those who became wounded or ill at the front many hours of unnecessary suffering.¹¹

The excuse that it was not possible to prepare for every eventuality cannot be accepted, for as William Russell, the London Times correspondent who is credited with the fall of the Aberdeen Government, noted:

What we have most to fear in an encampment is an enemy that musket and bayonet can not meet or repel. We have a fearful lesson in the records of the Russo-Turkish campaign of 1828-9, in which 80,000 men perished by 'plague, pestilence and famine,' and let anyone who has the interests of the army at heart just turn to Moltke's history of that miserable invasion and he will grudge no expense, and spare no precaution, to avoid, as far as human skill can do it repetition of such horrors. Let us have plenty of doctors. Let us have an overwhelming army of medical men to combat with disease. Let us have a staff -- full and strong -- of young and active men. Do not let our soldiers be killed by antiquated imbecility.¹²

The officers in command were reluctant to allow any change in what had become traditional methods and attempts by civilian organizations to lend assistance met with resistance. Indeed, Florence Nightingale, the woman who introduced modern nursing practice to England, found opposition to her efforts in the Crimea at every turn. Yet the need for change was evident, and reform was eventually

¹¹ Redmond McLaughlin, The Royal Army Medical Corps. London: Leo Cooper Ltd, 1972. P. 11.

¹² Allan Hankinson, Man of Wars; William Howard Russell of the Times. Heinemann Educational Books Ltd, 1982. P. 51.

brought about despite resistance from within.

Florence Nightingale was instrumental in the reform that took place at the conclusion of the war. She used her recently developed connections in the government and with the Royal family to bring her ideas and opinions to the fore. Eventually her influence in official circles resulted in action, for as she informed Lady Canning in a letter:

Lord Panmure is going to give us a Royal Commission of Inquiry into all that concerns the health of the Army at home and abroad. And I have been commanded by the Queen and by him to write a *Precis* for the government.¹³

Her influence was such at this point that she had some say as to whom should be selected to sit on the Commission.

Of the ten members eight could be said to have been her nominees.¹⁴ The Commission was mandated to consider four separate concerns. The first was if and how the Army Medical Department could be reorganized to make it more efficient. The second was the creation of an Army practical school which would teach members of the medical department specialized military medical matters. The third was the possibility of the establishment of an Army department of medical statistics. The final area of consideration covered

¹³ Sue M Goldie, Florence Nightingale in the Crimean War, 1854-56. Manchester, England; Manchester University Press, 1986. P. 290.

¹⁴ Lieut. Gen. Sir Neil Cantlie, A History of the Army Medical Department. Vol. 2. Edinburgh and London; Churchill, Livingstone, Longman, 1974. P. 200.

the question of what methods might be used to improve barracks and hospitals in order that the spread of disease could be reduced.

Of the four areas, Florence Nightingale felt that the development of some method of keeping Army medical statistics was the most important.¹⁵ Nightingale, who was known as "the passionate statistician", felt that the information obtained by such a department would be indispensable in maintaining the health of the army. This new department, which was headed by Dr. Graham Balfour, and the annual reports that it produced, were soon to develop a reputation for excellence.¹⁶ Men like Balfour and his naval counterpart, Dr Bryson, represented the gradual change from an armed forces dominated by the aristocracy to one controlled by a bureaucracy.¹⁷ It was men like Balfour and

¹⁵ Lieut. Gen. Sir Neil Cantlie, A History of the Army Medical Department. Vol. 2. Edinburgh and London; Churchill, Livingstone, Longman, 1974. P. 203.

¹⁶ Thomas Graham Balfour entered the army in 1836 after graduating from medical school. He became deputy inspector-general in charge of the new medical statistical branch of the army in 1859 and held the post for 14 years. He died in 1891.

Sir Leslie Stephen and Sir Sidney Lee, Dictionary of National Biography. London England; Oxford University Press, 1937- 1938. Vol 22. P. 115.

¹⁷ Alexander Bryson entered the Royal Navy in 1827. Eventually he progressed to the rank of director-general of the medical department of the navy and headed up the department of naval medical statistics.

Sir Leslie Stephen and Sir Sidney Lee, Dictionary of National Biography. London England; Oxford University

Bryson "who actively organized opinion on the problem of venereal disease among the military and who advocated a regulation system. The medical statistical reports of the army and navy provided the initial ammunition."¹⁸

Venereal disease was not a topic that was often referred to during the course of the Commission, probably because the overwhelming problems that were existent in the Army put it on a much lower rung, but the few times that it was mentioned had quite an impact. During the course of the Commission several witnesses were called, one of whom was George Russell Dartnell. Dartnell was a Deputy Inspector of Hospitals who had been retired on half pay. Prior to the Commission, every man in the British Army had routinely undergone a health examination, which was conducted by the regimental medical officers. Part of this examination was the inspection of the genitals for signs of syphilis. Dartnell objected to this inspection of the genitals because he felt that it was "a most odious and disgusting operation and leads to very unpleasant consequences sometimes, and I do not believe that it is effective."¹⁹ Dartnell implied

Press, 1937-1938. Vol 3. P. 169.

¹⁸ Judith Walkowitz, Prostitution and Victorian Society; Women, Class and the State. Cambridge; Cambridge University Press, 1980. P. 74.

¹⁹ Great Britain, Sessional Papers. 1857-1858 (2318) xviii, 1.

that it was the rank and file that objected to the examination. Living as they did in crowded conditions with very little opportunity for privacy, it is not likely that they objected to this rather insignificant event. A more likely explanation is that the medical officers, or the portion of them that Dartnell represented, found the procedure distasteful and hoped to have it discontinued.²⁰ The Commission decided that the examination should be left to the discretion of the medical officer attached to each regiment. In many regiments the examination for signs of syphilis was retained, but in some it was discarded. There were attempts at compromise. In some regiments the endeavour to maintain the soldiers' sense of dignity resulted in a medical inspection where each man stood in front of the medical officer with his trouser legs rolled above the knee and his shirt sleeves rolled above his elbows. He was then asked if he had any illness. This naturally led to early symptoms of many diseases being overlooked.

The Commission was attempting to rectify many problems that the army had faced. One area of concern was that the public did not look upon a career as a military medical

²⁰ Great Britain, Sessional Papers. 1867-1868 (4031) xxxvii, 425. Report of the Committee Appointed to Enquire into the Pathology and Treatment of Venereal Disease with the View to Diminish its Injurious Effects on the Men of the Army and Navy.

officer with favour and suggestions were made by the Commission to rectify this problem.²¹ Acting on the Commission's suggestions the Army decided that the Army surgeon was to receive an increase in pay, and, perhaps more important, he was to be given rank relative to that of line officers. He would be entitled to all the privileges and honours that accompanied the title.²² This would have had the effect of increasing the worth of the position of Army Medical Officer in the eyes of the public as well as in the eyes of future Army doctors, with the result that the Army might attract higher quality doctors. Unfortunately, a Royal Warrant in 1861 withdrew the clause that gave the doctors rank equal with other officers based on the date of that they were Commissioned, "and although after a great deal of agitation this had been restored in another Royal Warrant 1863 it was not sufficient to restore confidence in these shifts of War Office policy."²³ This lack of respect for the position of medical officer would naturally have made it much more difficult to recruit the best quality

²¹ Adm 1/5973. Report of the Committee on Medical Officers in the Royal Navy. Feb. 1866.

²² Lieut. Gen. Dir Neil Cantlie, A History of the Army Medical Department. Vol 2. Edinburgh and London; Churchill, Livingstone, Longman, 1974. P. 202.

²³ Lieut. Gen. Dir Neil Cantlie, A History of the Army Medical Department. Vol 2. Edinburgh and London; Churchill, Livingstone, Longman, 1974. P. 268.

doctors. This may have had an effect on the outcome of the Contagious Diseases Acts in that if the Army doctors had been of the highest quality, they may have been in a position to better aid the soldiers in their care. Improved medical inspections would have resulted in earlier detection of the disease and contagion may have been better contained. Further if the men had been better educated in hygiene and basic health practice they might not have caught the disease in the first place.

With the conclusion of the Commission in 1859 and the implementation of many of its proposals, many of the problems that had plagued the Army medical corps began to find resolution. The problem that venereal disease (especially syphilis) presented, however, remained. Between the years 1859 and 1861 there was a rise of 28.8 syphilis patients for every 1000 men in the Royal Navy. At a time when the Admiralty and the War Office were making attempts to improve the health of the men in the armed forces this rise was not acceptable. The Admiralty and the War Office decided that a special committee should be convened to enquire into the problem and suggest possible solutions to it.

The committee, chaired by Samuel Whitbread, a member of the brewing family, was composed of several distinguished men. The influence of Florence Nightingale was still

strong, and she may have been responsible for writing some of the questions that the committee asked.²⁴ Most of the members of the Committee were from a medical background: they tended to be fundamentalist in their religious beliefs and most had had some kind of military experience.

The Whitbread Committee, in order to gather information on the best method of dealing with the problem that syphilis presented, decided that they needed information from a variety of sources, namely the commanders of the major camps and ports, police officials in the cities where the disease was the worst, and civilian and military medical officials were also interviewed. A review of the methods that other countries used to deal with this problem would also be necessary.

The Committee asked the commanders of the various military bases to give information about the effects that the disease had on their operations, and to explain if hospital facilities were available, especially for the prostitutes, to help deal with the problem. The Committee's questionnaire to these commanders also asked them to suggest ways to deal best with syphilis and its attendant problems. The most common suggestion was that a regulation system, whereby prostitutes would be required to submit to regular

²⁴ Judith R Walkowitz, Prostitution and Victorian Society; Women, Class, and the State. Cambridge; Cambridge University Press, 1980. P. 75.

medical inspection, should be instituted. Similar programs existed on the Continent and were often cited as feasible models to be followed. That not being possible, several Commanders suggested that improvements be made to existing hospital wards where syphilis was treated so that the women would not be inclined to leave before they were deemed fully cured.

Police officials in Portsmouth, Plymouth, Chatham, Sheerness, Gosport, Aldershot, and Shorncliffe were also asked to respond to a questionnaire. This questionnaire dealt mainly with the prevalence of the prostitutes in the cities where prostitution was notable and the methods that were used to deal with them. In general, the responses indicated that the police paid no real attention to prostitutes unless they made a nuisance of themselves. This fact is not too surprising given the number of prostitutes, an estimated 4000 in the Portsmouth area, and that their profession was not really considered a crime. Another issue raised by this questionnaire was that many police officials felt many beerhalls were merely brothels where beer was available.

The information that was presented by medical authorities tended to centre on what might be done to reduce the rate of syphilis in the men, rather than on the nature of the disease or how it could best be treated. This interest in

reducing the rate of syphilis in the men probably resulted from many of the doctors interviewed being military personnel who held medical posts. It also probably resulted in their seeing the regulation of prostitutes as being the most practical method of reducing rate of the disease. Dr W. C. Maclean noted in his response that the introduction of a system whereby prostitutes were regulated might result in people developing "the opinion that to regulate it is to recognize and even to sanction it. Others object to interference on political grounds, being fearful of trenching on the liberty of the subject."²⁵ Yet despite these concerns, virtually all the medical witnesses interviewed felt that the best possible solution would be to introduce some kind of compulsory examination of prostitutes.

It is perhaps not too surprising that so many of the witnesses who were questioned should suggest a system of enforced examination of prostitutes as many European countries had already opted for this method. Indeed, many of England's colonies such as Malta, Hong Kong, and India, claimed very high success rates with this system. Information from these countries and colonies was presented before the Whitbread Commission and was used to show the

²⁵ PRO WO 33/12/188. Report of the Commission upon Venereal Disease in the Army and Navy. P. 12.

success or failure of various methods. Forms of legislation that England could possibly adopt were suggested.

Evidence suggested that one could greatly reduce the rate of venereal disease by introducing a program with some form of regular examination of prostitutes. Later, the statistics that this evidence was based upon would come into question.

It is at the same time right to remark that if these Reports convey a clear impression of the facts, the ratio of venereal cases to strength is remarkably lower in France than in England, being 70 for France, against 369 for England, to the 1000.

In Prussia and in Austria, where the soldier is subject to very severe regulations having for their object the prevention of this disease, the proportion of venereal to all other case has been for several years very small. In Italy also the proportion of admissions to hospital is small, being only 8 per cent.; yet the ration of cases of venereal disease to strength is 70 the 1,000, equal to that of France.²⁶

While the case favouring the introduction of regulation of prostitutes appeared very strong (based on figures such as those above) the Committee noted that there were situations where a system of regulation existed but the rate of venereal disease remained high. The Netherlands had a rate of 230 syphilis cases to every 1000 men in their navy and yet regulation had existed for some time. The Committee concluded that it would not be acceptable to base decisions on evidence from countries where information pertaining to the actual workings of the regulation systems was not

²⁶ PRO WO 33/12/188. Report of the Commission upon Venereal Disease in the Army and Navy. P. 2.

readily available. There existed situations where Britain's colonies had introduced regulation systems, and therefore it was easier to acquire more in detailed data from these dependents.

Several of England's colonies had instituted enforced examination. The Committee chose to review the history of the regulations in force in Malta and Gibraltar more than elsewhere, probably because these two places had had contradictory rates of success while using similar programs. In Malta, laws enforcing examination and treatment of prostitutes had been in effect since 1825, but in 1859 the laws had been rescinded because it was felt that the regulation system might have been interfering with the civic rights of the prostitutes. In the first six months after regular examinations ceased, the rate of disease rose from 235 per 1000 to 364 per 1000 and to 875 per 1000 in the following year.²⁷ It was felt by the authorities on Malta that this rapid rise in the rate of syphilis required the re-introduction of the regulation laws, whereupon the rate of syphilis dropped off rapidly. Indeed, so successful was the new law that on October 18, 1861, Sir W. F. Martin,

²⁷ PRO WO 33/12/188. Report of the Commission upon Venereal Disease in the Army and Navy. P. 25. It should be noted that while this information appears impressive there had been periods in previous years where the rate of syphilis in the men had risen quite high: 682 per 1000 men in 1855 for example.

Commander-in-Chief at Malta, wrote to the Admiralty that no one was being treated for syphilis at any Malta hospital.²⁸

Malta's successful experience was not duplicated at Gibraltar, where the Committee noted that "venereal disease was far from infrequent."²⁹ The Committee suggested that the continued high rate of syphilis in a situation where regulation existed was perhaps the result of the poor quality of doctors employed to treat the victims, but this point was not elaborated upon in the report. Whatever the cause for this disparity, its existence was enough for the Committee to decline to promote the introduction of a system for regulating prostitutes in England. In considering this notion, the Committee questioned the legality of introducing such legislation into England.

The Committee concluded that syphilis could be controlled if those who contracted the disease could be enticed to submit themselves voluntarily for treatment. It was felt that no matter which system, voluntary or enforced, was introduced for controlling venereal disease, provision must be made to house those who were being treated. To this end they suggested that more Lock wards be established especially in Portsmouth, Plymouth, and Devonport, where the

²⁸ PRO WO 33/12/188. Report of the Commission upon Venereal Disease in the Army and Navy. P. 19.

²⁹ PRO WO 33/12/188. Report of the Commission upon Venereal Disease in the Army and Navy. P. 3.

disease was the most prevalent. The Committee suggested that municipalities be admonished by the government for allowing the rate of venereal disease to reach such heights. They also suggested that improvements in washing and recreational facilities for the men in the armed forces would probably result in a decrease in this and other diseases and that men returning from overseas and receiving back pay should not be quartered in towns where prostitution was at its worst. Finally, the Committee felt that while the men should not be punished for getting the disease; they should be punished for concealing it.

The question concerning those beerhouses that were merely glorified brothels received only passing comment. The Committee felt that the existing laws, if properly enforced, were enough to control this problem. Other than this, the question was probably not really explored, perhaps because "there were political implications, since some members of Parliament owned several suspicious beerhouses."³⁰

All the members of the Committee signed the report which was presented to Parliament, but Sir John Liddell felt it was necessary to add a dissenting comment. Liddell wrote that while he hoped that all the Committee's suggestions

³⁰ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD. Thesis, University of Southern Mississippi, May 1983. P. 61.

would be accepted and would result in the reduction of venereal disease, only the enforced examination of prostitutes would bring about the desired diminution. He felt that laws such as those which had been introduced to prevent the spread of plague and other infectious diseases indicated that preventative laws were accepted in society and were warranted in this situation. Liddell argued that with diseases such as smallpox, invasive treatments had been accepted and yet diseases of this kind had, in general, the infirm as its victim. He felt therefore that syphilis, which afflicted the youth of the nation, should come under comparable attack.

Florence Nightingale had hoped that the Whitbread Committee would condemn the notion that regular examination of prostitutes would be a solution to the problem that syphilis posed.³¹ She might have felt, with the conclusion of the Whitbread Committee and its resolution in favour of voluntary treatment, that the possibility of the introduction of a system of involuntary treatment had passed.

In 1863 Nightingale began corresponding with the leading feminist Harriet Martineau, and in her letters Nightingale presented the best arguments against the introduction of

³¹ Judith R Walkowitz, Prostitution and Victorian Society; Women, Class and the State. Cambridge; Cambridge University Press, 1980. P. 75.

enforced examination. This may have been a simple case of two like minds discussing an issue about which both held strong attitudes, or it may be that Miss Nightingale's contacts in the government and military hierarchy informed her that the issue had not come to an end once the Whitbread Committee had presented its findings. The correspondence was timely since, in late August of 1863, several letters which supported the introduction of a regulatory system based on the continental model appeared in *The Times*.

These letters, which began on August 21, 1863, suggested that the primary source of the disease was prostitution. While the authors of the letters, all of whom remained anonymous, tended not to advocate control as strict as that which many countries on the continent had adopted, they did desire some measure be brought about which would control the prostitutes who carried the disease. In the words of one writer;

For my own part, I believe if it were possible to make all known to be of the calling subject of so much naval, military or civil law as should exclude them from any near approach to camp, garrison, or naval town, except under the certificate of an army or naval medical Board, a great deal of good would be done.³²

This type of sentiment was continued in *The Times* for the next few days and may have been an attempt to provide the public with what was becoming an official point of view. In

³² *The Times*. (London) Saturday, August 22, 1863. P. 6.

early September Harriet Martineau sent several articles to the Daily News, a newspaper that tended to provide a format for more liberal points of view.³³ In her columns Martineau provided the countervailing arguments which she had acquired from Florence Nightingale. Her efforts, as mentioned above, may have already been in vain.

In late 1863 and early 1864 the Admiralty received from Dr David Macloughlin a series of pamphlets and articles which presented his views on syphilis. These articles, such as "Proof of the Non-Existence of a Specific Enthatic Disease" and "A Letter to His Grace the Duke of Somerset, First Lord of the Admiralty, relative to the question, Is there a Syphilitic Virus", claimed that syphilis was not one disease but many, and that mercury treatments were ineffective against them.³⁴ The consequence of his theory Macloughlin pointed out, would be that the men of the Army and Navy would have been exposed to harmful mercury

³³ Judith R Walkowitz, 'We are not beasts of the Field': Prostitution and the Campaign against the Contagious Diseases Acts, 1869 - 1886. PhD. Dissertation, Rochester, New York, University of Rochester, 1974. P. 111. (The articles appeared on 4, 15, 20 and 25 September, 1863.)

³⁴ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD Dissertation, University of Southern Mississippi, May 1983. P. 64.

treatments for no good reason.³⁵ Macloughlin may not have been accurate in his medical assumptions, but his words were accepted, especially in light of the rise in the rate of syphilis that occurred in the early 1860s.

It was at this time that the First Lord of the Admiralty, the Duke of Somerset, requested that the Parliamentary Secretary for the Admiralty, Lord Clarence Paget, and the Permanent Secretary to the Admiralty, William G. Romaine, develop a bill that would provide for some method of treating prostitutes so that the men in their charge would have less chance of contracting syphilis. The bill was written, and on June 20, 1864 Lord Clarence Paget introduced the bill in the House of Commons for parliamentary consideration.

The bill was brought to the House and passed very quickly. Those that later sought to repeal the Contagious Diseases Acts felt that the manner in which the bill passed through legislative process had an air of secrecy to it. Prior to its being introduced to the House the military members of both parties were polled in an effort to discover

³⁵ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD Dissertation, University of Southern Mississippi, May 1983. P. 64.

how much support could be expected.³⁶ The bill was introduced to the House during an evening session when only fifty members were present, many of whom did not know what it was intended to do.³⁷ Indeed, the passage of the Act appeared, to those who were came to oppose it, to take on an even greater degree of underhandedness, especially when it became known that there were acts, called the Contagious Diseases Acts, which dealt with disease in animals and that no effort was being made to distinguish between the two types of acts.³⁸ The Select Committee which had been established to study the new bill consisted of twenty one men, nineteen of whom were in favour of some form of regulation. "The Committee offered amendments limiting police powers and introducing the clause whereby a women could avoid public court appearance by volunteering for examination."³⁹ Efforts to pass the Act as quickly and

³⁶ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD Dissertation, University of Southern Mississippi, May 1983. P. 65.

³⁷ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD Dissertation, University of Southern Mississippi, May 1983. P. 65.

³⁸ Eugene L Rasor, Reform in the Royal Navy: a Social History of the Lower Deck, 1850-1880. Hamden Conn; Archon Books, 1976. P. 89.

³⁹ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD Dissertation, University of Southern

quietly as possible probably arose from the unpleasant nature of the subject matter and from the fact that announcing an attempt to pass the measure would probably have had unpleasant political repercussions.

This air of conspiracy should not, however, be overplayed by historians. It is unlikely that an obscure piece of legislation would attract too much attention at the best of times; this in itself might explain why there were so few members in the House when the Act was passed and why many of them were unaware of the nature of the bill. Taking stock of the amount of support that a bill can expect prior to submitting it to the House would seem to be a rather normal method of operation. Finally, the flurry of newspaper articles which preceded the passage of the first Contagious Diseases Act (1864) would tend to indicate that some people must have had an inkling that some kind of legislation was being contemplated. The bill acquired Royal Assent on July 29, 1864.

A Bill for the Prevention of Contagious Diseases at Certain Naval and Military Stations. (1864) was intended, as the title suggests, to apply, within a radius of five miles, around eleven garrison and seaport towns with very high

rates of venereal disease.⁴⁰ The Act, which was to be administered by the Admiralty, was to remain in effect for three years. Under this Act, prostitutes who had been identified as having contracted a venereal disease would be required to enter a hospital for treatment and to remain there for up to three months or until the medical authorities deemed that she was cured. The Metropolitan Police was appointed as the agency who was responsible for enforcing the Act. The Admiralty and the War Office hoped that soldiers and sailors who contracted a venereal disease would identify to the authorities the prostitute who had passed on the disease. At this point the policeman would request from a Superintendent, Inspector of Police, or the Constabulary a written order that would allow him to request that the woman appear for an examination. If she refused to do so, she could be taken into custody.⁴¹ The accused woman would then be brought before a magistrate, who, if he were satisfied that there was sufficient reason to believe

⁴⁰ Great Britain, Sessional Papers. 1864 (163) i, 473. A Bill for the Prevention of Contagious Diseases at Certain Naval and Military Stations. (The towns were Portsmouth, Plymouth, Woolwich, Chatham, Sheerness, Aldershot, Colchester, Shorncliff, The Curragh, Cork and Queenstown.) While the title of this piece of legislation indicates that it was a bill, later pieces of legislation were called acts and that term will be used to describe the 1864 Bill.

⁴¹ Great Britain, Sessional Papers. 1864 (163) i, 473. A Bill for the Prevention of Contagious Diseases at Certain Naval and Military Stations. Section 10.

that the woman was a prostitute suffering from a contagious disease, would order her to appear for an examination by the visiting surgeon. Any woman who felt that she had been wrongly accused could petition the magistrate for release. If the surgeon found that the woman did have a venereal disease the magistrate would order that she be taken to a Lock Hospital and held there until she was deemed to be cured or until three months had elapsed.⁴²

The Admiralty and the War Office were charged under the Act with ensuring that proper medical attention was afforded to the women who were brought into hospital. To this end they appointed a Superior Medical Officer, who was to "examine and report on the condition of certified hospitals and on the regulations for the direction and management of the Act."⁴³ Hospitals that wished to have Lock wards had to apply to the Admiralty for a license to do so. If the Superior Medical Officer inspected the hospital and found that it no longer met the required standards then the license could be withdrawn by placing a notice in the London

⁴² Great Britain, Sessional Papers. 1864 (163) i, 473. A Bill for the Prevention of Contagious Diseases at Certain Naval and Military Stations. Section 12.

⁴³ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD Dissertation, University of Southern Mississippi, May 1983. P. 75.

or Dublin Gazette.⁴⁴

The term "Lock" in the expression Lock Hospital does not refer to barriers on doors, but is derived from the French word "loques" meaning rags or bandages. It was a term that was often used in connection with leprosy, because of the bandages and rags that lepers used. Thus hospitals that dealt with lepers tended to be referred to as "Lock hospitals". Southwark Hospital was on the site of a hospital that had once dealt with leprosy victims. Although the hospital now dealt with all kinds of disease, including venereal disease, it was still referred to as a Lock hospital. This was perhaps because both diseases had raised feelings of distaste. Soon other hospitals that had wards for women brought in under the Contagious Diseases Acts became known as Lock Hospitals.⁴⁵

The 1864 Act, as with subsequent Acts, was to be administered by the Admiralty and financed by funds from the War Office and the Admiralty. While in hospital, the women were to be provided with the basic bodily requirements, free

⁴⁴ Great Britain, Sessional Papers. 1864 (163) i, 473. A Bill for the Prevention of Contagious Diseases at Certain Naval and Military Stations. Section 9.

⁴⁵ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD. Dissertation, University of Southern Mississippi, May 1983. P. 28.

of charge.⁴⁶ The patient was expected to act in a civilized fashion and the Act provided for punishments if this were not so. Punishments of up to one month in jail could be meted out if a woman violated hospital rules. If the woman left the hospital without the consent of medical authorities, she could have been returned to the hospital or sentenced for up to three months in jail.⁴⁷ If a woman engaged in prostitution when she knew that she had a venereal disease, or if a brothel keeper housed a prostitute who was known to have a venereal disease, he or she could be punished under the Act.⁴⁸ The authorities continued to hope that women would come voluntarily to the hospital to seek the free medical treatment available to them.

Naturally, the Admiralty and the War Office hoped that the Contagious Diseases Act (1864) would effectively eradicate contagious diseases in the areas in which it was introduced. Soon after it became operational, however, it became apparent that there were some major flaws in the system which would make the Act difficult to enforce.

⁴⁶ Great Britain, Sessional Papers. 1864 (163) i, 473. A Bill for the Prevention of Contagious Diseases at Certain Naval and Military Stations. Section 4.

⁴⁷ Great Britain, Sessional Papers. 1864 (163) i, 473. A Bill for the Prevention of Contagious Diseases at Certain Naval and Military Stations. Section 14 and 17.

⁴⁸ Great Britain, Sessional Papers. 1864 (163) i, 473. A Bill for the Prevention of Contagious Diseases at Certain Naval and Military Stations. Section 13 and 18.

Primary among these difficulties was the problem of identifying prostitutes. A period of a week to three months could elapse before the soldier or sailor in question showed any outward signs of syphilis. During this time he may well have consorted with other prostitutes. Considering the passage of time, the dim lighting in beerhouses, and the alcohol-soaked condition of many of the men, it was not really practical to expect them to recall the source of the disease. A further problem was that the custom of the day was that if a woman was menstruating she would not be examined so that her modesty be preserved. Naturally, any woman who did not want to be examined would have merely informed the doctor that she was menstruating and the examination would be put off. Another anomaly in the Act was that while women who entered the hospital because the law required them to do so were forced to remain in hospital; women who volunteered to enter found that they also could volunteer to leave.⁴⁹ As a consequence of these problems it was decided by the Admiralty and the War Office that changes must be made to the Act.

When compared with legislation that was in effect in other countries, the first Contagious Diseases Act was not

⁴⁹ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD Dissertation, University of Southern Mississippi, May 1983. P. 84.

really very harsh. Prostitutes who were identified as being the source of a sexually transmitted disease were summonsed to appear for a medical examination, and if it were proven that they did indeed have the disease they were hospitalized for a period required to treat the illness. There had been a policy whereby the men of the Royal Army and Navy underwent routine medical inspections which would have revealed any sexually transmitted disease, but, unfortunately, as has been previously mentioned, this policy was abandoned at a time when the rate of syphilis was on the rise. The effort to stem the rise of this disease resulted in the introduction of the first Contagious Diseases Act, but shortly after its introduction the men who administered the Act realised that the loop holes in the legislation outweighed any benefit that might be gained, and they decided to introduce a more stringent piece of legislation.

CHAPTER THREE

In the fifties and sixties, the code still held good, but the philosophy on which it was based was visibly breaking up. It had rested on two assumptions which experience was showing to be untenable: that the production of wealth by the few, meant, somehow, and in the long run, welfare for the many; and that conventional behaviour grounded on a traditional creed was enough to satisfy all right demands of humanity.¹

The British Admiralty and War Office hoped that by removing diseased prostitutes to hospital, where they would be treated and hopefully cured, they would dramatically reduce the incidence of venereal disease. The 1864 Act had only been in operation for a short time, though, when it became apparent that alterations had to be made in order for the Act to really work. Two further pieces of legislation were introduced, one in 1866 and the other in 1869 that, it was hoped, would effectively deal with the failings in the 1864 Act. Sadly, these modifications were much more repressive.

The Contagious Diseases Acts ran from 1864 to 1886

¹ G.M. Young, Victorian England: Portrait of an Age. London, England; Oxford University Press, 1971. P 100

when, after being fiercely opposed, they were repealed. During this period society in Britain became much more liberal. The percentage of the population that was allowed to vote was expanded, and the secret ballot was introduced. Labour Unions were legalized by an act of Parliament and debtors' prisons were abolished. Women became active in education and were elected to local councils. Given this liberalizing trend it is difficult to understand why the Contagious Diseases Acts lasted as long as they did and why the movement to repeal the Acts started so late. Efforts to repeal the Acts only began to develop in 1869.

A great deal of confusion existed during this period as to the exact nature of venereal disease. No one really knew what caused the disease, what happened once it was contracted or how it could be cured. In 1864 the Admiralty established a committee to study the question of pathology and treatment of venereal disease and selected F.C. Skey as the chairman.² The committee was successful in that the true symptoms of the disease were defined and in that they denounced some of the treatments that quacks and charlatans were advocating. The Skey Committee, as it became known, also examined the methods that other countries used in their

² Great Britain; Sessional Papers, 1867-1867 (4031) xxxvii, 425. Report of the Committee Appointed to Enquire into the Pathology and Treatment of Venereal Disease with the View to Diminish its Injurious Effects on the Men of the Army and Navy.

attempts to deal with the problem of venereal disease, especially with regard to prostitution. This led the Committee to recommend some method of compulsory examination be introduced in those areas where the disease was most rampant:

The Committee would have more hesitation in so earnestly recommending a periodical examination of the public prostitute under the Act, and their seclusion until cured, did they not confidently feel that in so doing they are acting not only in the interest of the community, but especially so in that of the women themselves, with whom their profession has taught them deeply to sympathize, and, were they not, moreover, convinced that such examination in nowise involves the legalization, or in any respect, the encouragement of vice. They believe that by a treatment, while in hospital, marked by sympathy and kindness, by a careful selection of attendants and the cooperation of judicious friends, many of these women may be brought to a sense of their past degradation.³

The Skey Committee did not report its findings to both Houses of Parliament until 1868, but an interim report presented in early 1866, along with the problems encountered in the 1864 Act, was enough to convince the Admiralty that a new Act must be considered.

On 15 March, 1866 this new Act was introduced into

³ Great Britain; Sessional Papers, 1867-1867 (4031) xxxvii, 425. Report of the Committee Appointed to Enquire into the Pathology and Treatment of Venereal Disease with the View to Diminish its Injurious Effects on the Men of the Army and Navy.

parliament in an attempt to control the spread of syphilis.⁴ The authors of the new Act recognized that the existing laws which dealt with discovering which prostitutes were carrying venereal disease was impractical, and they decided that the best solution would be to approximate more closely the French model. Under this system a woman who was identified as residing in an area where the Act was in force and was identified as being a common prostitute by the police was required to appear before a magistrate who, after hearing evidence, could order that the woman be registered and required to appear for a routine periodic medical inspection. If during the course of an examination the specially appointed visiting surgeon found that the woman was suffering from a contagious disease, she would be transferred to the lock hospital of the visiting surgeon's choice, there to remain until cured or for up to three months. The three month period could be extended by a further three months if it was felt that further treatment was required and thereafter the woman could consent to extend her stay on a monthly basis. If the woman was deemed to be disease free, either after the periodic examination or after a hospital stay, the visiting surgeon would issue her with a certificate which stated that she was free of

⁴ Great Britain; Sessional Papers, 1866 (78) ii, 219. A Bill for the Better Prevention of Contagious Diseases at Certain Naval and Military Stations.

venereal disease.⁵

While the issuance of a certificate seemed at first like the practical solution, some problems nonetheless arose from it. The main difficulty was that many people regarded the certificate as being an official recognition and sanction of prostitution. This led to the women in question referring to themselves as the "Queen's women".⁶ The prostitutes felt if the Crown's ministers were going to concern themselves over the lives and the health of the women, then they were on par with the sailors or the "Queen's men". A further difficulty arose when those who could get the certificates sold or loaned them to those who could not. As a result of these problems the Admiralty decided that the certificate should be abandoned.⁷

Another serious flaw in the 1864 Act was that there was no provision for dealing with brothel keepers who, concerned with the loss of income, persuaded prostitutes to ignore their disease. The 1866 Act introduced punishments, a

⁵ Prostitution in the Victorian Age: A Debate on the Issue From 19th Century Critical Journals. Westmead, England; Gregg International Publishers Limited, 1973. P. 8.

⁶ Great Britain; Sessional Papers, 1871 (c408) xix, 1. Report of the Royal Commission upon the Administration and Operation of the Contagious Diseases Acts.

⁷ John Gill Gamble, The Origins, Administration, and Impact of the Contagious Diseases Acts From a Military Perspective. Phd Dissertation, University of Southern Mississippi, May, 1983. P. 110.

twenty pound fine or up to six months in prison with or without hard labour, for anyone who knowingly harboured a diseased working prostitute.⁸ The new Act also provided penalties for women who disobeyed the law. A woman who failed to appear for a periodic exam, who broke the hospital rules, or who left the hospital without authorization could be sentenced for up to one month in jail for the first offense, with or without hard labour, and up to three months for subsequent offenses.

Once the 1866 Act was in operation and the Admiralty had succeeded in removing the obvious flaws, the whole process gave the impression of being quite streamlined. Since a prostitute no longer had to appear before the magistrate prior to her physical examination and was being examined on a periodic basis, it was felt that those carrying the disease would be quickly identified and treated. A woman who felt that she had been wrongly accused or wrongly held could still appeal to a magistrate for release from the periodic examinations or from the lock hospital. Further, if a woman decided that she was not going to continue to be a prostitute she could apply to a magistrate to have her name removed from the list of those

⁸ Great Britain; Sessional Papers, 1866 (78) ii, 219. A Bill for the Better Prevention of Contagious Diseases At Certain Naval and Military Stations. Section 28.

required to appear for periodic examination.⁹ The woman would have to wait a probation period of three months to see if she was serious about leaving prostitution, but efforts were made, beginning with the court appearance to preserve her modesty:

... and save that the Room or Place in which a Justice sits to inquire into the Truth of the Statements contained in any Information under this Act against a Woman as a Common Prostitute shall not, unless the Woman so desires, be defined an open Court for the Purpose; and unless the Woman otherwise desires, the Justice may, in his Discretion, order that no Person have access to, or be or remain in that Room without his Consent or Permission.¹⁰

In addition to the above changes, the radius in which the Act was to be effective was also expanded from five miles to ten. This was undertaken to prevent women from living just outside the area in which the Act was to be enforced, but continuing to work in the area.

It is perhaps natural, as the Act became tougher, that women would move to places where there were no regulation. In 1868 it became apparent that there had been a substantial increase in the number of prostitutes plying their trade in the town of Windsor and that the young men from Eton were

⁹ Great Britain; Sessional Papers, 1866 (78) ii, 219. A Bill for the Better Prevention of Contagious Diseases At Certain Naval and Military Stations. Section 25-27.

¹⁰ Great Britain; Sessional Papers, 1866 (78) ii, 219. A Bill for the Better Prevention of Contagious Diseases At Certain Naval and Military Stations. Section 29.

very probably being led astray.¹¹ As a result, a piece of legislation entitled A Bill to Amend the Contagious Disease Act, 1866, which mildly altered the Act, was entered into parliament.¹² This was not a new Contagious Diseases Act, but merely a minor change in some of the wording in the existing Act. It did, however, introduce Windsor as the only town which was not a military station to be covered by the Contagious Diseases Acts.

In 1868 a House of Lords Select Committee was set up to investigate the workings of the Contagious Diseases Acts. It was suggested during the course of the investigation that the Contagious Diseases Acts should apply to all military and naval stations and to any municipality that should apply and which had the facilities to maintain the operations of the Act.¹³ Naturally this raised the question of who should administer the Act. The Admiralty suggested that the Home Office should take control since it did not seem practical that the Admiralty, which had been the administering authority, should be the controlling agency

¹¹ F.B. Smith, "Ethics and Disease in the Later Nineteenth Century: The Contagious Diseases Acts." Historical Studies (1971) Vol 10. P. 121.

¹² Great Britain; Sessional Papers, 1867 -1868 (193) i, 335. A Bill to Amend the Contagious Diseases Act, 1866.

¹³ John Gill Gamble, The Origins, Administration, and Impact of the Contagious Diseases Acts From a Military Perspective. Phd Dissertation, University of Southern Mississippi, May, 1983. P. 102.

in a situation where the civilian population was concerned. The Lords Committee recognized that there would be great expense incurred in setting up such a system but felt that the expense would be reduced over time as the incidence of disease lessened. It was the hope of the Lords Select Committee that their recommendations would be implemented by Order in Council.

The submission of the Report of the House of Lords Select Committee can be seen as a turning point in the progress of the Contagious Diseases Acts. From this point forward, attempts to repeal the Acts all together gained more and more strength. This can be attributed to many factors. The Lords Select Committee report naturally caught the attention of more people simply because it suggested the extension of the Acts to the public at large. No longer would the Contagious Disease Acts be a quiet piece of legislation which effected only military stations and port towns. If the recommendations were introduced then any woman in a great many civilian centres could be required to appear for periodic examinations, since the definition of prostitution was loose and open to the interpretation of the police.

Another factor that had some effect on the Acts was the Parliamentary Reform Bill of 1867 which resulted in a much larger voting population. Many of these new voters were

from the lower classes and, as such, were less likely to vote for the Contagious Diseases Acts, which predominately affected women from their class.¹⁴ Similar bills introduced under the Gladstone administration in 1884 and 1885 had the same effect. Further, the reduction of the paper tax meant that these new voters and the public at large had much better access to information.

During this period there was a real change in the status of women. Women began to have more and better forms of employment open to them as industry made more positions available to them. This was not a sudden improvement of employment opportunity but a result of a general steady rise in available work. Further, women began to express themselves in the electoral system. Although it was still several decades before women were to get the vote, women did begin to get involved in local councils and school boards. In 1870 for example, Mrs. Garrett Anderson and Miss Emily Davis succeeded in getting elected to school boards, becoming the first women in England to do so.¹⁵ Independence for women could not really be gained until they had some protection of their rights of property. In 1857, the Divorce Act allowed a legally divorced woman to own

¹⁴ Michael Bently, Politics Without Democracy, 1815 - 1914. London, England; Fontana Paperbacks, 1984. P. 193.

¹⁵ G.M. Young, Victorian England: Portrait of an Age. London, England; Oxford University Press, 1971. P. 201.

legally the property that she acquired after her divorce. This trend was continued in 1881 with the Married Woman's Property Act which protected the woman's right over property acquired or earned while married.¹⁶ While these changes were marginal when compared with the social, political and economic gains that men continued to have, they would have done much to enhance the position of the women who came to oppose the Contagious Diseases Acts.

Shortly after the House of Lords Select Committee presented its report, the House of Commons established a committee of its own.¹⁷ The mandate of the Committee was to consider the 1866 Act and to consider the extension of the Act to the civilian population. The House of Commons Select Committee decided very quickly that the question of extending the Act was too large an issue to deal with so late in the session; therefore they would only examine the 1866 Act and the possibility of applying it to other military stations. The Committee found that the Act had been successful in reducing the problems associated with prostitution and made several suggestions as to how to improve the Act. These suggestions were used to produce the

¹⁶ Geoffrey Best, Mid-Victorian Britain, 1851 - 1870. London, England; Fontana/Colins, 1971. P. 304.

¹⁷ Great Britain; Sessional Papers, 1868-1869 (306) vii, 1. Report from the Select Committee on the Contagious Diseases Act (1866).

1869 Contagious Diseases Act.

Table 1

This table shows the rise in the rate of syphilis just prior to the introduction of the first Contagious Diseases Acts and the dramatic decrease in the disease after the introduction of the 1866 Act.¹⁸

Year	Force	Syphilis	Ratio	Gonorrhoea	Ratio
1857	17890	2273	77.8	489	27.3
1858	16840	1390	73.9	518	30.7
1859	25360	1245	82.6	914	36.0
1860	29930	2097	86.1	785	26.2
1861	26630	2578	108.1	877	32.9
1862	26720	2879	111.4	989	37.0
1863	25380	2997	110.0	820	32.2
1864	24470	2515	102.7	646	26.4
1865	25240	2597	102.8	831	32.9
1866	26280	1960	74.5	638	24.2
1867	28200	1984	70.3	681	24.1
1868	28260	1551	54.8	927	32.8

¹⁸ Great Britain; Sessional Papers, 1867-1867 (4031) xxxvii, 425. Report of the Committee Appointed to Enquire into the Pathology and Treatment of Venereal Disease with the View to Diminish its Injurious Effects on the Men of the Army and Navy.

In 1868, an organization was founded to support the activity of the Contagious Diseases Acts and to attempt to extend the Act to the rest of the country. The Association for the Extension of the Contagious Diseases Acts of 1866 to the Civil Population of the United Kingdom had in its membership several very prominent men, including several medical authorities, members of the upper clergy, senior educators, and, naturally, members of the military.¹⁹ In 1868 these men began to pressure Parliament to deal with some of the shortcomings of the Contagious Diseases Act.²⁰ While the organization was never successful in getting the Contagious Diseases Acts extended to the civil population, it was successful in causing Parliament to revise the existing legislation.

In 1869, Parliament passed an Act that marked the final alteration that the Contagious Diseases Acts were to undergo.²¹ This modification enlarged the area again in

¹⁹ F.B. Smith, "Ethics and Disease in the Later Nineteenth Century: The Contagious Diseases Acts" Historical Studies (1971) Vol 15 P. 121.

²⁰ Great Britain; Sessional Papers, 1867 - 1868 (266) lv, 421. Letter to Duke of Marlborough, Lord President of Her Majesty's Privy Council.

²¹ Great Britain; Sessional Papers, 1868-1869 (244) i, 495. A Bill Intituled an Act to Amend the Contagious Diseases Act, 1866.

which the Act was enforced, from ten miles to fifteen, and increased the number of military stations that were to come under the Act from twelve to eighteen. The 1869 Act allowed a woman to be detained for up to five days if she claimed to be menstruating. Further, it provided for a twenty four hour detention of women who were drunk at the time of their examination. The new Act also extended the amount of time that it was possible to hold a woman in hospital from six months to nine. Finally, if a woman wished to have her name removed from the list of women required to submit to a periodic examination she no longer had to go before the magistrate, but merely ask the visiting surgeon. The visiting surgeon would then take the request before the Superintendent of Police who would approve the request if he felt that it was warranted. While this was perhaps much more convenient for the women, it also removed the overseeing powers provided by the magistrate by one step. The 1869 revision was the final form of the Act until 1883, when Parliament eliminated enforced periodic inspection, a move which left the Act with powers quite similar to the 1864 Act.

Organized opposition to the Contagious Diseases Acts did not really begin until after the institution of the 1869 Act. In the fall of 1869 Doctor Eli Hooppell argued against the extension of the Contagious Diseases Acts at a meeting

in Newcastle. His comments were printed in the newspaper and led to Dr Hooppell being contacted by Dr. Charles Bell Taylor. The two men got together and organized a meeting at Bristol to promote opposition to the Contagious Diseases Acts.

The movement to repeal the Contagious Diseases Acts was centred in two main groups, the National Association for the Repeal of the Contagious Diseases Acts and the Ladies National Association for the Repeal of the Contagious Diseases Acts. They were joined later by other groups, but these later groups were neither as active nor as powerful. At first the opposition was light, but it quickly became concentrated as the repeal organizations became systematic about how they were going to oppose the Contagious Diseases Act. The National Association was the first group to be established. Initially, the organization was centred in the North of England, but in August of 1870 it moved its headquarters to London. This move allowed for easier access to those in power and to those who could end the Contagious Diseases Acts.²²

An ironic omission of those founding the National Association was their failure to include female members in their organization. Many women were angered by this; since

²² Judith R. Walkowitz, Prostitution and Victorian Society: Women, Class and the State. Cambridge, Cambridge University Press, 1980. P. 92.

women bore the brunt of the operation of the Acts, they felt women should be the natural group to oppose them. In order that their collective voice might be heard they established their own organization: the Ladies National Association.²³ Elizabeth Wolstenholme, a woman who had attended the original meeting organized by Drs. Hooppell and Taylor, contacted Josephine Butler, a friend of hers who had been concerned for some time with the plight of young prostitutes.²⁴ Mrs. Butler was the daughter of John Grey, a wealthy liberal from Northern England. Through her father, she was related to Earl Grey and consequently had a background in reform and reform movements. Josephine Butler became the main focus in the effort to repeal the Contagious Diseases Acts.

As the head of the Ladies National Association she did more to bring to the attention of the general public the nature and the workings of the Contagious Diseases Acts. In the first few months of office she managed to travel 3700

²³ Judith R. Walkowitz, Prostitution and Victorian Society: Women, Class and the State. Cambridge, Cambridge University Press, 1980. P. 93.

²⁴ John Gill Gamble, The Origins, Administration, and Impact of the Contagious Diseases Acts From a Military Perspective. Phd Dissertation, University of Southern Mississippi, May, 1983. P. 126.

miles and address 99 meetings.²⁵ Mrs. Butler had a great amount of charisma and endless energy which she devoted to her efforts to bringing the Contagious Diseases Acts to an end.

The Ladies National Association was very successful in raising public indignation over the Contagious Diseases Acts, but because women were unable to become Members of Parliament they were really unable to exert any influence in the Houses of Parliament. Fortunately for the repeal movement, there were men in both Houses prepared to use their position to promote the cause:

In the 1870's, William Fowler, Liberal M.P. for Cambridge, led the fight in the House of Commons. When Fowler was defeated in 1874, James Stansfeld, a Liberal representing Halifax and a former Cabinet Minister, became leader of the forces working for repeal.²⁶

This included the introduction of many repeal bills, beginning with William Fowler's in March of 1870.

On January 1, 1870 the Ladies National Association published "The Women's Protest" in the Daily News. Authored by Harriet Martineau, this document was the first real statement by women, detailing their disgruntlement with the

²⁵ John Gill Gamble, The Origins, Administration, and Impact of the Contagious Diseases Acts From a Military Perspective. Phd Dissertation, University of Southern Mississippi, May, 1983. P. 126.

²⁶ Margaret Hamilton, "Opposition to the Contagious Diseases Acts 1864 - 1883." Albion Vol 10, #1 (Spring 1978). P. 15.

Contagious Diseases Acts. Eight clauses define why the women felt that the Acts should be repealed. They maintained that the Acts were brought in under a measure of secrecy and because of this the nation was not allowed its democratic right to review the legislation before it became law. They felt that the Acts were illegal because they resulted in the police being the final arbiter of reputation and freedom and because the law did not clearly define the offense which it was punishing. The women naturally felt that it was unjust to punish one sex and not the other, and they also felt that the laws resulted in the moral controls that once restrained men being weakened, leading to an increase in immorality. They further felt that the Act should be repealed because the medical examination that prostitutes were required to undergo were painful and degrading. The women felt that the Acts failed to achieve the reduction in venereal disease that it sought and having thus failed should be removed. Finally, the publication maintained that the Acts, unlike the legislation that existed to prevent the spread of the plague or cholera, were moral in nature and that attempts at sanitary control were useless.²⁷ Those who defended the necessity of the Contagious Diseases Acts were also publishing documents at

²⁷ Josephine E. Butler, Personal Reminiscences of a Great Crusade. London; Horace Marshall and Son, 1896. P. 19.

this time.

In April of 1870 William H. Sloggett, who was an inspector of the hospitals covered by the Acts, produced a document which detailed the history and defended the necessity of legislation such as the Contagious Diseases Acts.²⁸ Sloggett noted that there was great loss in manpower to the nation as a result of venereal disease:

Assuming the mean strength of the United Kingdom to be 90,000 men the inefficiency from venereal diseases would be equal to 2417 men for the whole year or three regiments; and many of the disease included in this class are likely to impair the constitution, and though not an immediate cause of death, to give rise to pulmonary consumption and other diseases and disqualify the men for permanent service.²⁹

Indeed it was estimated that health care and training that directly resulted from men contracting a contagious disease was more than £50,000 for the navy alone, an incredible sum for that time.

The efforts of the repeal campaign were not limited to debating the legislation in the news papers. During the course of the campaign to repeal the Acts 17,367 petitions were organized and presented to the Houses of Commons and

²⁸ PRO ADM 1/6365 History and Operations of the Contagious Diseases Acts in the Home Ports. April 10, 1879 by W. H. Sloggett.

²⁹ PRO ADM 1/6365 History and Operations of the Contagious Diseases Acts in the Home Ports. April 10, 1879 by W. H. Sloggett

900 meetings were held.³⁰ The National Association and the Ladies National Association were active in the port and garrison towns where the Acts were in force. They agitated with local authorities to have the town removed from the list covered by the Acts, and they informed prostitutes exactly what rights they had under the law. This led to women who previously had quietly submitted to the requirements of the Acts becoming much more demanding with regard to their legal rights. On July 13, 1870 Harriet Hicks became the first woman to win release from a lock hospital through appeal to a magistrate.³¹ She did this with the aid of legal council retained at the expense of the repeal association.

Another tactic employed by the repeal associations had a more dramatic effect. During elections, efforts were made to unseat incumbent Members of Parliament if they were a supporters of the Contagious Diseases Acts and replace them with Members who sought repeal. The unseating of Sir Henry Storks is perhaps the best example of this. Sir Henry Storks, the former Governor of Malta, had promoted the

³⁰ Judith R. Walkowitz, 'We are not Beasts of the Field': Prostitution and the Campaign Against the Contagious Diseases Acts, 1869-1886. Ph.D Dissertation, Rochester, New York, University of Rochester, 1974. P. 116.

³¹ Judith R. Walkowitz, Prostitution and Victorian Society: Women, Class and the State. Cambridge, USA; Cambridge University Press, 1980. P. 181.

Contagious Diseases Acts in Malta and continued to support the Acts in England. The Colchester riding, in which he was running, was considered to be a safe Liberal seat, but repeal opposition led to his defeat. A similar situation in Pontefract led to the defeat of the Rt. Hon. H. Childers, who had formerly been the First Lord of the Admiralty.³²

In May of 1870, a Royal Commission was proposed to study the nature and operations of the Contagious Diseases Acts and to suggest whether they should be "amended, maintained, extended or repealed."³³ The Commission sat from December 1870 to May 1871 and heard representatives from those who supported the Acts as well as those who opposed them. It is interesting that the Royal Commission, like all studies that had preceded it, did not attempt to question the prostitutes nor the soldiers and sailors that consorted with them. It was brought to the Royal Commission's attention that there continued to be several problems with the way the Act operated. Despite the fact that the Contagious Diseases Acts had been in operation for several years there were still not enough hospital beds for the number of patients. It was not until late 1870 that the

³² A.S.G. Butler, A Portrait of Josephine Butler. London; Faber and Faber, 1954. P. 75.

³³ Great Britain; Sessional Papers, 1871 (c408) xix, 1. Report of the Royal Commission upon the Administration and Operation of the Contagious Diseases Acts.

Admiralty issued a document which listed the regulations, regarding periodical examinations, that Visiting Surgeons were to follow. The two most notable regulations were that the Visiting Surgeon was to have a female attendant present at examination and that he was to examine "every Woman who is subject to the provisions of the Acts, once a fortnight at least, and oftener if he shall think it necessary."³⁴ The Royal Commission was informed that only at Sheerness had it been possible to institute the fortnightly examination of prostitutes and that this made it very difficult to assess the success or failings of the legislation. The Commission was reminded that the term "prostitute" continued to be undefined and that police were thus required to use their own judgement as to whether a woman was indeed a prostitute or not. This was a situation that led to charges of police corruption and abuse. An associated problem was that of clandestine prostitutes, who only resort to prostitution occasionally and were thus not listed as women who were required to appear for periodic examinations. In general, these women supported themselves by working in conventional jobs and only turned to prostitution when hard times forced them. The plight of clandestine prostitutes was doubled if they were caught and confined to the lock hospital. Not

³⁴ PRO ADM 1/6160 27 October 1870. Regulations Respecting Periodical Medical Examinations.

only did they have to undergo the embarrassment of their friends and neighbours finding out that they were prostitutes and then suffer the confinement of the lock hospital, but they would also lose any regular jobs that they might have had.

The Royal Commission came to the conclusion that the Contagious Diseases Acts did indeed reduce the incidence of the worst forms of syphilis and that it was responsible for reducing the number of brothels and public solicitations. Further, the Commission reported that the Acts had been responsible for a reduction of the number of prostitutes, although it noted that the number of clandestine prostitutes had gone up.³⁵ The Commissioners did note, however, that factors other than the Contagious Diseases Acts could have had an influence in these reductions:

It is true that this ameliorated state of things is attributable in some degree to causes independent of the Acts for prevention of contagious diseases. The manners and habits of the people have become generally much more decorous and wholesome during the last generation and this improvement has reach even the degraded classes of society.³⁶

A big part of this improvement might have been the rise of the temperance movement that paralleled the rise of the

³⁵ Great Britain; Sessional Papers, 1871 (c408) xix, 1. Report of the Royal Commission upon the Administration and Operation of the Contagious Diseases Acts.

³⁶ Great Britain; Sessional Papers, 1871 (c408) xix, 1. Report of the Royal Commission upon the Administration and Operation of the Contagious Diseases Acts.

Contagious Diseases Acts. In the 1850s, Dame Agnes Weston had begun a movement which combined evangelical Christianity and temperance. In 1868 the Royal Navy Temperance Society was established, and within ten years it had 8000 pledged abstainers.

The final consensus of the Royal Commission of 1870 was that although the Contagious Diseases Acts appeared to have had some success in reducing the rate of the more severe forms of syphilis, it was not a moral piece of legislation. The Commissioners recommended that periodic examinations be abandoned:

What bothered the Royal Commission was the outrage inflicted on public morality by what is called the State's recognition of vice and the infraction of constitutional liberty by arrest of street walkers on suspicion.³⁷

While the operations of the Acts were continued in exactly the same way as before the Royal Commission, it was apparent that the tide was turning against the Contagious Diseases Acts.

The fact that there was a rising consensus that the Contagious Diseases Acts should be repealed did not prevent those who supported the Acts from attempting to introduce even stronger legislation. There were continuing efforts to extend the Acts to the civilian population, and suggestions

³⁷ The Times July 20, 1871

were made as to how the Contagious Diseases Acts could be repealed, but their effects not lost. One example of this was the Bruce Bill. In 1872 H.A. Bruce, the Home Secretary in the Gladstone Government, proposed that the Contagious Diseases Acts should be repealed. Instead, Bruce suggested that the existing vagrancy laws be used to prevent soliciting.³⁸ Any woman who was sentenced to a prison term for soliciting, or any woman who was sentenced to a prison term for that matter, would undergo a routine medical exam upon entering prison. If the exam revealed that she had a contagious disease she would be taken to the prison infirmary for treatment, where she could be held for up to nine months or until cured. In effect, any woman -- and this would not apply to men -- convicted of a crime and sentenced to prison could find herself serving a nine-month sentence, no matter what her original sentence had been.

Bruce's Bill appealed to some as a more justifiable piece of legislation. Those who felt that anyone who was sent to jail deserved whatever punishment they got had no problem accepting Bruce's proposal. Those concerned with the spread of venereal disease were contented by the fact that while the number of prostitutes examined might go down, the total number of women examined would go up. Naturally,

³⁸ Great Britain; Sessional Papers, 1872 (42) i, 261. A Bill for the Prevention for Contagious Diseases and for the better Protection of Women.

the women of the Ladies National Association for the Repeal of the Contagious Diseases Acts opposed Bruce's Bill, "objecting to it on constitutional and moral grounds, as a dangerous extension of state power and sanction of the double standard."³⁹ The Bruce Bill was never passed, probably because in his attempt to please everyone, Bruce pleased no one.

Efforts to repeal the Contagious Diseases Acts continued during the 1870s. As more time passed the organizations dedicated to the repeal of the Contagious Diseases Acts sought more ways of gaining power. One quite successful method was to appeal to other existing groups. Groups that sought to bring higher learning or the vote for women were natural choices, but other groups were also approached. In 1873 Josephine Butler and other women from the Ladies National Association met with trade unionists at the annual TUC conference at Leeds.⁴⁰ The church, especially the Nonconformist churches, was also a source of support.

Besides enjoying the backing of powerful institutions such as the churches and the unions,

³⁹ Judith R. Walkowitz, Prostitution and Victorian Society: Women Class and the State. Cambridge, USA; Cambridge University Press, 1980. P. 96.

⁴⁰ Judith R. Walkowitz, 'We are not Beasts of the Field': Prostitution and the Campaign against the Contagious Diseases Acts, 1869 - 1886. PhD. Dissertation, University of Rochester, 1974. P. 121.

Butler's campaign also benefited from (and of course also in part reflected) a growing trend towards moral repressiveness in the wake of the Reform Acts of 1867 and 1884.⁴¹

It should be noted, however, that the venereal diseases and the nature of the Contagious Diseases Acts continued to be a sensitive subject and not everyone wanted to have his name associated with it.⁴²

While the efforts to repeal the Contagious Diseases Acts continued to gain momentum, the Acts themselves continued to have problems. In the middle years of the 1870s, more and more women were discharged from hospital before they had been cured, because they were "in an advanced state of pregnancy".⁴³ The question of what to do with pregnant women continued to be a problem for the administrators of the Acts. If they remained in hospital, then they were occupying a bed that another patient could be using. If they were discharged, then the claim made by those who sought repeal, that the Acts existed not to treat women but to ensure that the soldiers and sailors of the

⁴¹ Richard J. Evens, The Feminists: The Women's emancipation Movements in Europe, America and Australasia, 1840 - 1920. New York, USA; Harper and Row, 1977. P. 66.

⁴² Judith R. Walkowitz, 'We are not Beasts of the Field': Prostitution and the Campaign against the Contagious Diseases Acts, 1869 - 1886. PhD. Dissertation, University of Rochester, 1974. P. 121.

⁴³ Public Record Office Adm 12/984 Pro R April 12, 1876, Pro T May 20, 1876, Pro R July 27, 1876.

British Armed Forces have clean prostitutes, takes on more validity. Accusations ranging from assault to common rudeness continued to be levied against the police and against the visiting surgeons, incidents which those enforcing the acts, whether those accused were guilty of the crimes or not, would have found embarrassing. Naturally the associations for repeal used these incidents to further their cause. Many of these events were reported, if not in the national press, then in The Shield, the pamphlet published by the National Association. Naturally the associations for the repeal of the Contagious Diseases Acts continued their work.

In virtually every session of Parliament after the institution of the 1869 Contagious Diseases Act, someone proposed that the Acts should be struck down. On 20 April 1883, James Stansfeld introduced a yet another resolution into the House that the Acts be abolished.⁴⁴ After debate and rebuttal, 182 to 110 voted in favour of removing the clause that required periodic examination of prostitutes. On 3 May 1883, the Admiralty ordered the visiting surgeons to discontinue the periodic examinations. This meant that women who went into hospital voluntarily were still forced

⁴⁴ John Gill Gamble, The Origins, Administration and Impact of the Contagious Diseases Acts from a Military Perspective. PhD. Dissertation, University of Southern Mississippi, May 1983. P. 162.

to remain there until it was deemed that they were cured, but a prostitute could no longer be forced by the police to undergo a routine examination to discover whether or not she was infected with a venereal disease. In actuality, the Act was simply reverted to its pre-1866 form.

Yet the Acts continued to exist, and women continued to be required to undergo hospitalization. In 1885 W.T. Stead published "The Maiden Tribute of Modern Babylon" in the Pall Mall Gazette, this series of articles exposed the white slavery trade as it existed in England. The revelation that young girls and women could be bought and sold in England naturally raised a great deal of anger and drew further attention to the Contagious Diseases Acts. "A further impetus to repeal may have been the popular indignation over alleged official corruption and aristocratic libertinage stirred up by Stead's exposes of white slavery in the Pall Mall Gazette."⁴⁵ Public attention resulted in more people wanting to see the end of the Acts.

On 20 April 1886, another resolution was entered into Parliament. It proposed that the Contagious Diseases Acts be completely removed from the statute books, thereby eliminating the last vestiges of the Acts. This resolution was passed and the Contagious Diseases Acts, as they had

⁴⁵ Judith R. Walkowitz, Prostitution and Victorian Society: Women Class and the State. Cambridge, USA; Cambridge University Press, 1980. P. 99.

existed in England, ceased to exist.

CONCLUSION

The dramatic rise in the rate of syphilis that was experienced in the British armed forces prior to 1864 was cause for great alarm in the British Admiralty. During this period large numbers of men were returning to England, from service in the Crimea or in India, passing through a few port and garrison towns. With few forms of entertainment other than drinking and carousing, it could be expected that there would be some increase in the incidence of contagious diseases. That this rise would probably abate as the men dispersed to their homes or to new assignments was information that would not have been available to the men who were in authority in the military and medical professions. The collection of statistical information regarding the nature and amount of injury and disease in the Royal Navy had only begun 20 years prior, and information regarding long term trends would not be available for some time to come.¹

¹ Great Britain, Sessional Papers. 1840 (159) xxx, 369. A Statistical Report on the Health of the Navy.

This rise in the rate of syphilis corresponded to the rise in the rate of technological change that was being required in the armed forces and especially in the Royal Navy. The need for better trained, better qualified men would have two effects. First, the training and experience that a sailor received provided marketable skills, and they were not something that the Admiralty was prepared to squander. As a result, attempts were made to retain sailors who had been educated at the nation's expense, under the Continuous Service scheme.² Under this scheme the men who joined the Royal Navy could expect better working conditions, better pay, and a pension after a period of extended service.

The second thing that occurred was closely related to the first. The Royal Navy was able to attract a higher class of volunteers. These sailors were no longer prepared to accept the squalor, drunkenness, or harsh treatment that the average blue-jacket had expected in centuries past, nor did they have to because they had skills that the navy wanted.

A rise in the rate of an incapacitating disease at a

² Great Britain, Sessional Papers. 1859 (2496, Session 1) vi, 0 - xlvii. Report of the Commission Appointed to Inquire into the Best Means of Manning the Navy. Please note the Appendix which follows for more information as to the nature of the rise in technology and the introduction of the Continuous Service Scheme as may pertain to the Contagious Diseases Acts.

time when it was becoming much more costly for the Army and Navy to pay and support soldiers and sailors was a cause for great alarm. Suddenly, the man who just a few years prior could be press-ganged, used up, and then discarded, was becoming a valued commodity, and any disease that reduced the amount of his service had to be seriously considered. Medical examination of the men was one possible solution to the problem, but it was not in favour because it was believed to be unpopular with the men. A more likely solution was to prevent the men from catching the disease in the first place. Active control of prostitutes was the most likely choice, especially since several other countries claimed success with this solution. There can be no doubt that the double standard played a big role in this choice; but the history of syphilis and the distasteful nature of the disease would also have had some influence. The possibility that economics played a part should not be overlooked, since it would be cheaper to reduce the incidence of syphilis in prostitutes and thereby lower the rate in soldiers and sailors.

Claims that the late development of opposition to the Contagious Diseases Act was the direct result of the secrecy in which the Admiralty and the War Office enshrouded the Acts fails to deal with the fact that there was a large amount of public awareness prior to and after the

introduction of the first Contagious Disease Act in 1864. In 1863, Florence Nightingale corresponded with her friend Harriet Martineau and described what she thought would be the best arguments against the introduction of a system whereby prostitutes were regulated. Further, Florence Nightingale, who was very involved in the medical side of the military, would surely have been aware of the situation. The Lancet published articles in support of some form of social control.³ After the first Contagious Diseases Act was introduced in 1864, the Times published an leading article in support on July 23, 1864. It does not seem likely, therefore, that the public was unaware of the introduction of the first Contagious Diseases Act.

There can be no doubt that the introduction of the first Contagious Diseases Act can be directly attributed to the rising number of men who were incapacitated by this disease and the rising cost of maintaining a professional force. An additional feature that must be considered is the effect that an expanding Empire had on the limited resources allocated to the Royal Navy and the Army. With more territories, colonies, and protectorates to defend, the armed forces would be much less adverse to introducing restrictive legislation.

When the first Contagious Diseases Act was introduced

³ Lancet Vol 1 March 19, 1864.

it was not intended to be an oppressive measure, but when it became apparent that the existing measure did not work, the Act was modified in an attempt to resolve the problems. These modifications were of a much more oppressive nature. It should not be concluded, however, that the men that introduced this measure were determined to oppress an identifiable minority. A much more likely explanation is that the male stereotype of prostitutes allowed men to think that the Acts would be a benefit, rather than an oppression. After all, the basic needs of the women were to be provided for: food, shelter and medical treatment were to be given free of charge. The men of the Admiralty and the War Office would naturally have felt that the hospital would be a much better situation than the drains and hedges in which the women were reputed to be living.⁴ Further, any confinement that the women underwent was to be for the good of the nation. After all, the nation needed the Army and the Navy to protect national interests.

The Contagious Diseases Acts were repealed in 1886. However, they were not repealed because they were an infraction on the legal rights of the women. The Admiralty and the War Office had legal experts to counsel them on constitutional issues. Further attempts to combat the Acts

⁴ Great Britain, Sessional Papers. 1871 (c408) xix, 1. Report of the Royal Commission upon the Administration and Operation of the Contagious Diseases Acts.

in court were to no avail. The Acts were brought to an end because it became apparent that they were immoral and because more and more evidence proved that they just did not work.

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APPENDIX A

Despite the fact that Britain's only major European war between 1815 and 1914 was fought against Russia, British defence planning until at least 1900 was directed primarily against one potential enemy-France. Only France possessed a navy capable of rivalling the Royal Navy, and only France was capable of landing an army on the shores of the British Isles. To prevent such an occurrence, generations of Britain's military planners had relied primarily on the Royal Navy, with fixed land defences, necessitated by the numerical inferiority of the British Army, taking second place.¹

The Victorian era in Great Britain has been considered by people living in the twentieth century to be a time of peace. There is little doubt that during time, Britain was the most powerful country in the world. Given her industrial might and the resources that came from her Empire, the impression was that she would remain so. As we know now, this was an illusion. The Empire faded and England's mercantile prowess was replaced by that of Germany and America in the later nineteenth century. Even the mask of peace during the Victorian era was an illusion, for

¹ Partridge, M. S. "The Defence of the Channel Islands, 1814-1870." Journal of the Society for Army Historical Research. Vol 64, # 257. P. 34.

during this period England was at war with many nations and came close to being at war with others. The economic and political machinations that occurred during this time had a dramatic effect on the thinking of the civilian and military population. They also had a dramatic effect on the formation of policy both inside and outside the armed forces. A broadening electorate began to effect the political system and the way the political system addressed problems. The popular press enjoyed a great rise in power and began to bring news to the public quickly enough to have an effect on the outcome of events.

A problem for every nation has always been how to find the manpower, especially during times of war, for the armed forces. Prior to the end of the Napoleonic Wars, England solved her naval labour problem with the press gang. Under this system a press gang, led by a junior officer, would go out and take any able bodied man whose occupation was in any way associated with the sea. Certain occupations and the wealthy were exempt from this system. A high rate of desertion meant that the men could not be allowed to leave the ship. For the "recruited" man the ship was a virtual prison for the duration of the commission which was usually from three to five years. This prisoner's lifestyle was suffered by those who volunteered for service as well, since it was difficult to determine who was pressed and who was a

volunteer. There were not sufficient officers and marines to police the comings and goings of the different classes of men. While many both inside and outside the Navy saw the press gang as a solution in a time of crisis, it was not seen as a solution for the modern period that Britain was entering. Although the press gang continued to be held as a legal method of raising men, it was not used after 1815. Once again the question arose as to where England would find the forces it needed to defend the realm. Given the concern over the manning of the Royal Navy, it was not difficult to see how the loss of manpower due to a rise in venereal disease could cause great alarm.

Prior to 1852 no real effort was made to find an alternative method for recruiting men for the Royal Navy. Part of the problem may have been that the laws that allowed for the press gang had not been removed from the books and hence the navy would still have recourse to it if crisis should arise. Another problem was many of the officers of the navy felt that the press gang was a legitimate and reasonable method for manning the armed forces; others defended it as a necessary evil, saying that this was the only way that the nation could be protected.² Other people, including many naval officers, thought differently.

² Rasor, Eugene. Reform in the Royal Navy: A Social History of the Lower Deck 1850 - 1880. London: Archon Books, 1976. P. 24.

Significantly several countries had by this time managed to operate their navies without the use of the press gang.

The problem of labour in the navy must be approached as a two fold issue; that of the navy in peace-time and that of the navy at war. During peace it is possible to predict, with relative certainty, the number of men who will be required during the course of the forthcoming year. In times of war it is not possible to tell how many men will be needed, and given the wretched conditions aboard ship in the early part of the nineteenth century, it was difficult to acquire large numbers of men swiftly. There are several problems with this, besides the obvious moral problems. As mentioned, to be taken by force and to be forced to work under brutal conditions was not an option that was readily accepted by port-town inhabitants. Naturally, there were efforts to evade the gang, and desertion was very high. In the words of one officer "If you freighted a ship for heaven, and was obliged to touch in at hell for wood and water, half the boat's crew would desert."³ In fact one Parliamentary debate suggested that the numbers were even more alarming:

It shows the number of men who were pressed into the service, and the number of those who deserted

³ Karsten, Peter. The Naval Aristocracy: The Golden Age of Annapolis and the Emergence of Modern American Navalism. New York: The Free Press, 1972. P. 58.

during the years 1811, 1812 and 1813, which were the three last years of the period during which that system was pursued. There were pressed into the service 29,405, while the number of those who deserted was 27,300. So that the total gain to the country during those three years by impressment was 2,105.⁴

Another factor that was becoming increasingly important as the century passed was that sailing and fighting a war-ship was no longer simply a matter of sending men up into the sails or having them help with the guns. A crew now had to work as a team, with more and more complex equipment and under very trying conditions.

The effort to attract of men to work for the Navy during times of peace prior to 1853 was something of a ritual. When the Admiralty decided to commission a ship, the officers and marines would board her in preparation for departure, but the men had yet to be recruited. The ship could sit for as long as several months before enough men had been induced to volunteer so that she could head to sea.⁵ During this time the men who had already volunteered resided in old unused ships or hulks that were anchored in port and waited.⁶ Once a week they would muster on board

⁴ Great Britain, Hansard's Parliamentary Debates Third Series. London: Cornelius Buck, 1859. P. 909.

⁵ Great Britain; Sessional Papers. 1859 (2469) vi, 1. Minutes of Inquiry on Manning the Navy.

⁶ Great Britain; Sessional Papers. 1859 (2496) vi, 0 - xlvi. Report of the Commissioners Appointed to Inquire into the Best Means of Manning the Navy.

the ship they were to serve, but were otherwise not expected to do much. Once all the crew necessary to make the voyage were assembled they would be transferred on board and training would begin to form them into a fighting unit. After about eighteen months of training at sea, the crew would be organized and disciplined enough to work together. After another eighteen months or so had elapsed, the ship would be decommissioned and the crew would be paid off and released. The ship would sit idle for a period until a new mission was organized and then process would then begin all over again. This system of manning was known as hire and discharge. While this probably worked well in ancient times when England had only a few ships, it no longer worked during the Victorian period. The waste of manpower and money while the men sat waiting for enough crew to enlist or for the crew to become fully trained was no longer acceptable to the nation or to the Navy.

In 1852 a Committee was established to enquire into more efficient ways of manning. Among the recommendations that the Committee suggested were better pay, paid leave, making pensions easier to acquire, and, most important, a continuous service scheme of manning. Continuous service meant that when a ship was decommissioned the men would not just disappear, to be rehired, it was hoped, at a later date. The men would be allowed a period of leave and then

would be reassigned. This would reduce the amount of time that a ship sat idle and would provide a sense of continuity for both the men and the Admiralty. This system would allow the Admiralty to plan for the future, since it would know how many men it had and how many it needed. The Admiralty's reputation also improved because the continuous service system was perceived by most people as being a much more moral system than impressment.

Perhaps the greatest advantage of a continuous service scheme was that it allowed the Navy to benefit in the long term from education and training that men had gained. A man who had been trained on one ship carried that training with him from assignment to assignment. Further, there would be less time for him to sit idle and therefore less time for him to forget the fine points of each job.

It is not surprising that a scheme for continuous service came about at a time when the navy was coming to rely more and more on technology and on the men who could make that technology work. For the average sailor prior to the advent of steam, his post on the ship displayed his status among the men. In essence, the further forward and higher up he worked the higher his status. Those men who worked in the waist of the ship held the lowest status, with

the exception of boys who were inferior to all adults.⁷ Naturally, the technician did not appear to fit into this scheme.

The advent of the skilled professional associated with progress--the stoker, the engineer, the gunner, and the diver--caused complications in the hierarchical structure and created strained relations. The trend toward specialization and the emphasis upon professional competence, often acquired at instructional institutions, was resented by the traditional seaman. The newcomer was an encroacher who threatened his vested interests.⁸

Ironically, the average seaman was to benefit from this newcomer. As the navy came to require more and more technicians and professionals, they had to improve the conditions under which these new men worked.

To keep up with progress the navy was obliged to abandon sail, wooden hulls, and simple guns, all of which had been standard for centuries, and cultivate and prepare a new type of seaman, a more sophisticated professional capable of manipulating the new equipment and weapons. The higher calibre man who possessed potential to learn the new skills was more discriminating, less docile, and more difficult to please than his predecessor. He unhesitatingly questioned such established practices as flogging and lack of leave. Intensive, complicated and delicate relations with the bluejacket on the lower deck involving sympathetic consideration of his concerns and interests was something new and foreign to the naval

⁷ Rasor, Eugene L. Reform in the Royal Navy: A Social History of the Royal Navy, 1850-1880. Connecticut, USA: Archon Press, 1976. P. 34.

⁸ Rasor, Eugene L. Reform in the Royal Navy: A Social History of the Royal Navy, 1850-1880. Connecticut, USA: Archon Press, 1976. P. 34.

authorities at Whitehall.⁹

Naturally, changes in the way the social organization of the navy was organized were to take several years and there were many set backs.

Had the Continuous Service plan been allowed time to become fully operational, all might have gone well, but the progress of the improvements was interrupted by the outbreak of the Crimean War. The war required that large numbers of men be mobilized very quickly. Even then, ships were deployed without their full compliment of men. Admiral Sir Charles Napier, Commander-in-Chief of the Baltic Expedition, was ordered to sail and to "pick up some Norwegian sailors on the way."¹⁰ Napier complained bitterly about the insufficiencies in the fleet. Eventually, the Admiralty recalled him because he saw fit to go over the heads of the Admiralty and contact the Prime Minister directly. Later Napier entered Parliament and was influential in causing further reform in the navy. After the war, as after most wars, large numbers of men were demobilized. This demobilization was not a well organized affair, and many continuous service men were dismissed while many men of

⁹ Rasor, Eugene L. Reform in the Royal Navy: A Social History of the Royal Navy, 1850-1880. Connecticut, USA: Archon Press, 1976. P. 34.

¹⁰ Rasor, Eugene L. Reform in the Royal Navy: A Social History of the Royal Navy, 1850-1880. Connecticut, USA: Archon Press, 1976. P. 26.

questionable quality were retained. This caused great resentment among those who had entered the under the continuous service scheme and caused men to become suspicious of the Admiralty's motives.

After the Crimean War, attempts were again made by the Admiralty to improve the system for inducing men to join the Royal Navy, but again foreign circumstances caused disruption. The disruption that occurred in this instance was the panic resulting from the Orsini scandal.

Orsini was an Italian revolutionary who had resided in England. While in England he and some of his cohorts devised a plot to assassinate the Emperor of France, Napoleon iii, who, they felt was about to support those who opposed them in their bid to create a unified Italy. The assassination attempt, carried out in Paris on January 14, 1858, failed and the would be assassins, including Orsini, were captured.¹¹ The French people cast about for someone to blame for the attempt. England became the target as "...the 'nest of vipers' whence had come in recent years so many would be regicides."¹² Interestingly, James Stansfeld, who was later to become one of the most vocal

¹¹ Bentley, Michael. Politics Without Democracy, 1815-1914. London, England: Fontana Paperbacks. 1984. P. 162.

¹² St. John Packe, Michael. Orsini: The Story of a Conspirator. Boston: Little, Brown and Company, 1957. P. 265.

opponents of the Contagious Diseases Acts, was implicated in the attempt to kill Napoleon. Stansfeld was at this time a Member of Parliament for Halifax and a junior member of the Admiralty. He was also a proponent of a united Italy and a friend of Mazzini.¹³ Stansfeld had allowed his house and his name to be used by the conspirators, and although he denied having any knowledge of what their plans were, his association with the plotters was enough to cause his fall from grace. He resigned his position, but was returned to Parliament by his riding. He was later to reestablish himself and attain several prestigious positions, but "... obscured his political prospects by devoting himself heart and soul to the movement for the repeal of the contagious diseases acts."¹⁴

Palmerston attempted to appease those in France who were clamouring for some kind of action, and introduced a Bill that would prevent this kind of affair from happening again. His Conspiracy to Murder Bill was defeated in Parliament, and Palmerston's government fell.¹⁵ Many in

¹³ Dictionary of National Biography. Vol 22 (Supplement). London: Oxford University Press, 1937-38. P.1224.

¹⁴ Dictionary of National Biography. Vol 22 (Supplement). London: Oxford University Press, 1937-38. P.1225.

¹⁵ St. John Packe, Michael. Orsini: The Story of a Conspirator. Boston: Little, Brown and Company, 1957. P.

France were outraged that nothing had come of their requests and the possibility of war, to assuage wounded pride, became very likely.

The panic that ensued after the Orsini affair did not take too long to die down. No forces were amassed in France and no invasion fleet was prepared. In June 1859 the Conservative Party under Lord Derby fell from power, and Lord Palmerston began his last years in the office of Prime Minister. Napoleon iii had not been inactive during this time. He had entered into an alliance with the Italians and a combined French and Italian army attacked the Austrians who held northern Italy. In England, society was split over the rise of a unified Italian state. The lower and middle classes tended to see it as throwing off the yoke of Austrian tyranny. Some, especially in the upper class, supported the claims of Austria, which saw the actions of the Italian states as treasonous.

This explanation may help to account for the fact that the loudest notes of alarm and hostility against France resounded from that usually serene and impassive body the House of Lords. They did not avowedly espouse to defend the cause of Austria: public opinion was too strong in the opposite direction; but to proclaim the danger of an invasion of England and thus to rouse the hostile passions of the country against the French Emperor...¹⁶

266.

¹⁶ Cobden, Richard. The Three Panics: An Historical Episode. New York: Kraus Reprint Co, 1970. P. 78.

The support of the Italians by the lower classes did not mean that there was any diminution of anti-French feelings in England.

Monkton Milnes, a pro-Italian M.P. and supporter of Palmerston, was asked by French friends: 'What do you English really want?' 'We want,' he answered, 'first that the Austrians should beat you French thoroughly; next, we want that the Italians should be free; and then we want them to be very grateful to us for doing nothing towards it.'¹⁷

In April 1859 a rumour was circulated that France had entered into an alliance with Russia, an event that was always feared in England. This rumour, which found support in The Times, was enough to start a panic on the Stock Exchange.¹⁸

The result of this second invasion panic was that the armed forces were augmented yet again. Interestingly, the supplements that the military received as a result of this invasion scare tended to be of a more defensive nature. A Volunteer Rifle Corps was developed and received official sanction in May. The Royal Navy Reserve also came into being in 1859.¹⁹ As a reserve organization, the Volunteer

¹⁷ Beales, Derek. England and Italy, 1859-1860. London: Thomas Nelson and Sons Ltd, 1961. P. 65.

¹⁸ Beales, Derek. England and Italy, 1859-1860. London: Thomas Nelson and Sons Ltd, 1961. P. 65.

¹⁹ Morton, Patricia. "A Military Irony: The Victorian Volunteer Movement." Journal of the Royal United Services Institute for Defense Studies. Vol 131 # 3 (September 1986). P. 64.

Rifle Corps would be available in times of crisis, but it would not be as much of a drain on the budget as a standing force. The idea behind the Volunteer Rifle Corps was that men in various localities would come together on a regular basis for military training. They would be used in the event of an invasion to repeal the enemy until units of the regular army could be dispatched to the invasion site. Or in the case of the Royal Navy Reserve, the men would be expected to undertake a period of annual training aboard a ship of war.

These organizations did not meet with much approval from the established military, primarily because the riflemen treated the periods of training that they were expected to accomplish as weekend excursions where they would have opportunities to fire their rifles. Little discipline was exerted.²⁰ These volunteer organizations did not produce the massive rise in available manpower that the authorities hoped for, and once the novelty and the fear of invasion had worn off, attendance began to fail. However, the organizations did have some impact in that they caused many middle class people to have some contact with the military where they might not have had before. This

²⁰ Morton, Patricia. "A Military Irony: The Victorian Volunteer Movement." Journal of the Royal United Services Institute for Defense Studies. Vol 131 # 3 (September 1986). P. 68.

contact might have had a civilizing effect on the armed forces, since the volunteer was not as much under the power of military authority and would not have to tolerate the abuse that the regular soldier or sailor would. While the average soldier or sailor may not have liked the volunteer, he could not have helped but envy the fact that the volunteer was not subject to the harsh punishments or poor living conditions imposed on the "red coat" or "blue jacket".²¹

Another aspect of the defensive nature of this second invasion scare was the massive fortification building program undertaken by the last Palmerston administration. The Navy was still held by the nation as the first line of defence against any invader. It was felt that in order to attack the nation any invader would first have to deal with the ships of the Royal Navy. The best way to do this would be to attack them in port. The government felt that the best way to prevent this was to establish large fortifications at the major port towns. It is indicative of just how anxious the nation was about the possibility of invasion that the government was allowed to borrow the five million pounds to finance the building scheme. This was the

²¹ Morton, Patricia. "A Military Irony: The Victorian Volunteer Movement." Journal of the Royal United Services Institute for Defense Studies. Vol 131 # 3 (September 1986). P. 67.

first time that the government had "departed from its long-standing practice (since 1815) of paying for all military expenditure, including fortifications, from annual revenue."²² The building program was to take a few years. By the time of their completion, the nature of weapons and warfare had changed so much that the fortifications were totally useless. They became known as "Palmerston's follies".²³

The second invasion crisis was dying down when a new crisis began. This third crisis came about in November 1859, after the French introduced a revolutionary style of ship which, most people believed, made the ships of the Royal Navy obsolete. This new style of ship had its origins in the Crimean War.

Prior to the onset of the Crimean War, the ships of the world's navies were not remarkably different from those that Nelson knew. Sails and guns, decks and rudders had not altered much since the turn of the century. During the 1820s, a French artillery officer, Major H. Paixhans, developed a cannon that would fire an explosive shell. His plan was to mount the cannon on steam ships which would

²² Welborn, Robert H. "The Fortifications Controversy of the Last Palmerston Administration." Army Quarterly and Defense Journal. Vol 112, # 1 (1982). P. 50.

²³ Welborn, Robert H. "The Fortifications Controversy of the Last Palmerston Administration." Army Quarterly and Defense Journal. Vol 112, # 1 (1982). P. 50.

allow the French ships to close very quickly on the British ships, where the explosive shells would sink them.²⁴ While the explosive shell increased the amount of damage done, the shells tended to be much less accurate. Over the next few years, the Paixhans shell guns became much more popular and after they were used by the Russians to devastate the Turkish fleet in November of 1853, it became apparent that shell guns were a force to be reckoned with.

While the shell guns were of real concern they did not cause a crisis because the British had the guns too. As the war progressed, however, it became apparent that some response to Paixhans guns must be developed. As mentioned above, there were two methods developed to deal with a threat of this kind. The gunboat dealt with the problem by being fast, manoeuvrable, and having mounted shell guns of their own. A ship whose armour plating would offer it some means of protection was the second solution.

The British had attempted to produce an iron-plated ship in the 1840s. Indeed, several of the vessels had been ordered before the Admiralty discovered that the iron plates were more of a threat than an asset. Tests on the plates showed that they would shatter into fragments, which acted

²⁴ White, Colin. The End of the Sailing Navy. Homewell, Havant, Hampshire: Kenneth Mason, 1981. P. 33.

like shrapnel, when they were hit by regular shot.²⁵ The Admiralty decided that they would not pursue the innovation of iron plated ships but would follow their usual pattern and wait until someone else had solved the problem, then follow suit.

Despite the fact that they had fought as allies to the French during the Crimean War, the English continued to consider the France as the most likely source of attack. This was partially a result of the Napoleonic war still being in living memory and partially a result of what appeared to be expansionist attitudes on the part of Napoleon iii. It was Napoleon's policy to expand the French navy and dockyard facilities, an action that was perhaps sound national policy at the time, but one guaranteed to cause anxiety in England.

After the Crimean War, England had cut back on the funding for both new construction and repair of ships that had been damaged. France, on the other hand, did not.²⁶ While England was attempting to retrench during the first few years after the War, the French navy and port facilities were being expanded. Indeed Queen Victoria was so concerned

²⁵ Bonnett, Stanley. The Price of Admiralty: An Indictment of the Royal Navy, 1805-1966. London: Robert Hale Limited, 1968. P. 90.

²⁶ Lambert, Andrew. Battleships in Transition: The Creation of the Steam Battlefleet, 1815-1860. London: Conway Maritime Press, 1984. PP. 53-54.

about the expansion of the port at Cherbourg, that, in 1858, she "... asked the Admiralty if the Navy was adequate for the tasks it might have to perform in wartime."²⁷ Her Majesty's concern led to the establishment of the Derby Committee. This Committee was to investigate the comparative strengths and weaknesses of the Royal Navy in comparison with the French. Naturally the Admiralty wanted to get as much out of the national pocket as possible and therefore painted a grim picture for the Derby Committee. The Committee was convinced that the French Navy had surpassed the British Navy.

Last year we were in this position: France exceeded us in line-of-battle ships in a small proportion, but she exceeded us in an enormous proportion in steam frigates. At present we surpass her in line-of-battle ships considerably, but we are still greatly inferior in those important vessels, steam frigates.²⁸

This assessment is not entirely accurate, since the Committee had not carefully examined the ships in each class. Had they done so it would have been apparent that many of the French ships were of inferior quality to the British ships. In fact, some of the "French frigates were

²⁷ Lambert, Andrew. Battleships in Transition: The Creation of the Steam Battlefleet, 1815-1860. London: Conway Maritime Press, 1984. P. 71.

²⁸ Great Britain, Hansard's Parliamentary Debates Third Series. (Vol 154, 1859). London: Cornelius Buck, 1859. P 619. Lord Lyndhurst is speaking.

20 years old paddle frigates which carried only 16 guns."²⁹ The outcome of the Derby Committee was that the Royal Navy and port facilities were to be expanded. The trend that the Admiralty had always followed was to let other nations develop new technology. Thus the ships that were to be built or altered, in order to bring the navy up to par with the French, were to be built on old designs. Revolutionary thought had no place in the Navy.

France, on the other hand, was developing revolutionary ships. In March 1858, Napoleon III ordered that a series of ships be built on a pattern developed by his Directeur du Materiel, Dupuy de Lome. The French had not been daunted by the initial lack of success displayed by iron-plated ships. In fact the success of the armoured batteries during the Crimean War had indicated that this was the way to deal with explosive shells. Consequently, on November 29, 1858, after dealing with the problem of shattering armour, the iron-plated ship "La Gloire", was launched.³⁰

Naturally, the fact that France had a ship that was virtually indestructible was enough to produce panic in Britain, especially at a time when France appeared to be developing an entente with the Russians. The British fleet

²⁹ Cobden, Richard. The Three Panics: An Historical Episode. New York: Kraus Reprint Co, 1970. P. 68.

³⁰ White, Colin. The End of the Sailing Navy. Homewell, Havant, Hampshire: Kenneth Mason, 1981. P. 40.

would be unable to defend itself against a vessel of this nature, which would leave the nation open to invasion. The crisis became worse when it became known that the French had launched six such ships.³¹

The Admiralty had to come up with some response. Initially the Admiralty planned to develop two wooden-hulled, iron-plated ships, similar to "La Gloire", but after some consideration it decided to abandon their previous tactic of adopting other nations technology and to take a revolutionary step:

...nothing less than a huge all-iron ship, with heavy armour plating covering her vital parts. She was to have engines of 5000 hp. which would give her a speed of over 14 knots, despite her weight. She was to have a full suit of sails, to enable her to operate anywhere in the world and her unprecedented length of 380 feet and her slender clippership lines meant that, unlike her wooden predecessors, she would perform almost as well under sail as under steam. But her most revolutionary feature, which in fact made her invincible at the time she was launched, was her armament: twenty-six muzzle-loading 68-pounder guns and ten brand-new breech loaders, firing shells of 110 pounds.³²

This ship was named "HMS Warrior" and although she was longer under construction than the Admiralty would have

³¹ Cobden, Richard. The Three Panics: An Historical Episode. New York: Kraus Reprint Co, 1970. P. 168. This news was actually misleading, since the ships were merely wooden hulls which then had armour plates attached. The armour was attached once the ship was afloat, a process which took some time, so while the ships were afloat they were not yet ironclads.

³² White, Colin. The End of the Sailing Navy. Homewell, Havant, Hampshire: Kenneth Mason, 1981. P. 42.

liked, she was without a doubt the most powerful ship afloat at the time.³³ Ironically, the first battle which matched ironclad against ironclad was not "La Gloire" against "HMS Warrior" but "USS Monitor" against "CSS Virginia" (formerly known as the "Merrimac"). This battle sealed the fate of the wooden hulled warship.³⁴

The onset of yet another invasion crisis required that yet more men be employed by the navy. Further, the development of a ship as technologically advanced as the Warrior required that the men who sailed her be just as advanced. No longer would it be possible in times of war to press-gang sailors with the intention of sending them immediately on a warship.

The American civil war was a factor that influenced the men who called for the introduction of some kind of legislation that would control syphilis in the men that served in the armed forces. The war broke out on April 12, 1861 when armed forces from the Southern states attacked

³³ Great Britain; Sessional Papers. 1861(347),xxxviii, 637. "Correspondence between The Admiralty and the Contractors who built the "Warrior" in reference to the Non-fulfilment of their Contract within the Stipulated time.

³⁴ Stokesbury, James L. Navy and Empire. London: Robert Hale,1983. P. 253. On September 7, 1870 HMS Captain foundered in a storm off Cape Finisterre, virtually the entire crew was lost. This loss, it was determined, was the result of being too top heavy because of the sails and masts. After this the use of sails was abandoned on battleships.

Fort Sumpter. Initially, most of Britain's sympathy lay with the Southern forces. While few Englishmen approved of the use of slaves, most saw the southern states through romantic eyes and felt that if they wanted to form their own country, they should be allowed to do so. The South hoped to force concessions from Britain by suspending shipments of the raw cotton that kept the cotton mills of Lancashire going. This, they felt, would hamper England's economy to the point that she would be forced to negotiate. Naturally this only antagonized the British, many of whom may have supported the Southern cause. English opinion did not favour the North either, which it might have if Lincoln had claimed to be fighting the war in order to free the slaves.³⁵ Further, since the South did not possess the industrial strength to remain independent, it was dependent on imports to keep itself going. In an attempt to reduce the amount of supplies that the South was receiving, Lincoln ordered that the Southern coasts be blockaded and that ships approaching or leaving be searched.³⁶

The Trent affair arose from this policy of blockade, search, and seizure.

³⁵ Lincoln could not afford to state that the war was to free the slaves because he could not afford to alienate slave-owning states that were aligned with the North.

³⁶ Stokesbury, James L. Navy and Empire. London, England: Robert Hale, 1983. P. 250.

The South sent two commissioners to Europe, gentlemen by the name of Mason and Slidell. They successfully ran the Union blockade, still a token matter in the spring of 1861, and reached Havana. There they took passage for England in the Royal Mail Steamer Trent. On the morning of November 8, the Trent was plowing up the Bahama Channel, when a steam sloop, the USS San Jacinto, fired a shot across her bows. Captains of Royal Mail packets simply did not acknowledge shots across their bows, and the Trent kept on. A second shot came closer, and the Trent disdainfully hove to. At this the San Jacinto sent a boat across, and an officer climbed up the side and silenced the British captain's protests by producing a warrant for the arrest of Mason and Slidell.³⁷

England was outraged and war seemed imminent. The government did not really want to get involved in a war, but felt there would be no choice. The British Government sent a stern message to the American government warning them of the possibility of war and 10,000 men were sent to reinforce Canada. Further, the North American and West Indies squadron under Rear Admiral Sir Alexander Milne was supplemented in the hope that if Canada were attacked, that the squadron could effectively blockade the Northern States.³⁸ Naturally, in order to get these efforts underway, the ships that were used needed to be in seaworthy condition with a full complement of healthy men. The Trent Affair did not result in war, primarily because neither side

³⁷ Stokesbury, James L. Navy and Empire. London, England: Robert Hale, 1983. P. 251.

³⁸ Lambert, Andrew. Battleships in Transition: The Creation of the Steam Battlefleet, 1815-1860. London, England: Conway Maritime Press, 1984. P. 84.

really wanted it and because Prince Albert ordered that the dispatch that was sent to the American Government should be reworded in a less aggressive tone.

England was involved in many wars and was almost involved in more. The crises that England underwent during the years 1858 to 1863 resulted in increased spending and an increase in the manpower that was allocated to her primary source of defense, the Navy. After 1864 the possibility of invasion diminished and the likelihood of being involved in a war that England could not win was also diminished. This naturally resulted in both the nation and the government voting to lessen the amount of manpower allotted to the Navy, but it did not lessen the role, in an expanding empire, that the Navy would have perceived that it should play. The Navy was forced to make do with what was allotted. The Admiralty found itself facing a situation where it required as many, if not more, men, but the number of men available to it was reduced first by the government and then by disease. The Admiralty did not have much say over how much the nation voted for its use, but it could attempt to do something about the problem of syphilis.

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