55TH CONGRESS, 3d Session. | SENATE. | DOCUMENT No. 85.

VENEREAL DISEASE AMONG THE BRITISH TROOPS IN INDIA.

IN THE SENATE OF THE UNITED STATES,
January 27, 1899.

Ordered, That two medical reports to the English war office concerning the sickness of soldiers in the English army in the tropical regions be printed.

Attest:

WM. R. COX, *Secretary.*

REPORT OF A DEPARTMENTAL COMMITTEE ON THE PREVALENCE OF VENEREAL DISEASE AMONG THE BRITISH TROOPS IN INDIA.

[Presented to Parliament by command of Her Majesty.]

TERMS OF REFERENCE.

I appoint a departmental committee—

To examine the official returns of venereal disease among British troops stationed in India, and to report what changes, if any, have taken place during recent years in the prevalence of such disease and in its character and intensity.

To obtain and report any information which may be available with regard to the presence of venereal disease and its character and intensity in foreign armies.

The committee to consist of the following gentlemen:

The Earl of Onslow, G. C. M. G., chairman.

Sir James Peile, K. C. S. I.

Surg. Maj. Gen. W. Taylor, M. D.

Surg. Col. J. Richardson.

Mr. W. F. Newmarch to act as secretary to the committee.

GEORGE HAMILTON.

INDIA OFFICE, *November 9, 1896.*

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REPORT.

1. The committee have examined the official returns of venereal disease among British troops stationed in India, with a view to ascertaining what changes, if any, have taken place in recent years in the prevalence of such disease, and in its character and intensity.

2. *Nature of the returns.*—The returns are contained in the annual reports of the sanitary commissioner with the government of India, and of the sanitary commissioners, Madras and Bombay,[1] and in the tables appended thereto. They include, for the years 1852–53 to 1856–57, a record of the ratios of admission for venereal diseases in the Bengal army only, unaccompanied, however, by any detailed figures; for the years 1858 and 1859, tables showing the average strength, total numbers of cases, and ratios of admission for venereal diseases, for each month and for the whole year, in the Bengal army and each division of it; for the years 1860 to 1871, similar tables, besides others (the annual regimental returns and summaries of them) showing in detail the numbers of cases of each class of venereal disease for the whole year; from 1871 onward, similar tables for the whole of India. For the Madras army tolerably detailed figures are available from 1860, and for the Bombay army from 1865. They show results not differing materially from those given by the Bengal returns for the corresponding years; but not being compiled on a uniform basis with the latter, they do not admit of exact comparison. The committee will therefore base their observations on the Bengal returns down to 1871; after that year, on the figures for the whole of India.

3. *Discrepancies in the returns, their extent defined.*—The total admissions, and ratios of admission, for venereal diseases, are somewhat variously stated in the official returns for the years prior to 1889. Any discrepancy shown in those returns is, however, almost entirely confined to the figures contained in Column V (other venereal diseases) of Table II,[2] printed on pages — and —, and the totals in Column VI so far as affected by those in Column V, which latter amount to a fraction averaging only about one-seventh of the totals. Hardly any discrepancy of statement is found for the whole period under review as to the amount of primary syphilis, secondary syphilis, and gonorrhœa; no discrepancy of any consequence is found after 1885, and none at all after 1888. The returns under the first and last of these three headings are affected, for

[1] Madras and Bombay down to 1870 only; after that date the health statistics for the whole of India were collected and checked by the statistical officer to the government of India. Detailed abstracts of the returns for more recent years have also been sent home in military dispatches from the government of India.

[2] The figures in that table are taken from the detailed annual returns for each year and the summaries.

purposes of comparison, by changes[1] of classification and nomenclature; but the figures themselves, for all three, as shown in Tables I and II, may be considered as perfectly reliable for the whole period from 1860 onward.

4. *Greater accuracy in the returns after 1887.*—Some of the headings[2] comprised under "Other venereal diseases" (Column V), however, undoubtedly admitted of the inclusion of nonvenereal cases. To remedy this orders were issued in October, 1887, that only those cases should be included which were stated by the returning medical officers to be of venereal origin. The amount of venereal disease under such headings, and consequently the total amount, may therefore be considered to have been more accurately given[3] in the returns since 1887 than in previous ones; and this must be borne in mind in comparing the figures for the years since 1887 with those of previous years.

The facts disclosed by the official returns may now be stated as follows:

5. *Historical survey.*—A great increase in the prevalence of venereal disease was recorded in the years immediately following the outbreak of the mutiny, 1858–61.[4] This increase has been attributed[5] to the large influx of new and inexperienced troops into India during those years, the extent of which may be gathered from the fact that between the outbreak of the mutiny in 1857 and the summer of 1859 the strength of the British troops in Bengal was nearly trebled, i. e. it rose from 21,288 to 60,977.[6] In April, 1858, more than 16 per cent of the troops were estimated to be under 20 years of age. By 1864 the percentage had fallen to 2.42.[7] The subject was considered by the royal commission on the sanitary state of the army in India[8]; and their recommendations led to the establishment of the lock hospital system. Lock hospitals began to be opened in 1865; the system was gradually extended down to 1872, remained in full force down to 1884, was partially suspended from 1st of January, 1885, to the spring of 1887, and totally abolished in the later

[1] Down to 1886 "primary syphilis" included "simple venereal ulcer;" from that date the two were differentiated (see Column II of Table II on page —), and the figures for both must be added together for purposes of comparison with earlier years. In 1893, orders were issued for all venereal cases to be returned under the heads "Primary syphilis," "Secondary syphilis," "Gonorrhœa," and "Ulcer of the penis," which include also their sequelæ. This order was partially followed in 1893, and entirely in subsequent years, with the result that the heading, "Other venereal diseases," comprises only a small number of cases in 1893, and finally disappears in 1894; cases which would have been returned under that heading being thenceforth either included in Columns II and IV or not included at all. This change brought the system of classifying venereal diseases in India into agreement with that which had many years previously been adopted in the preparation of the army medical department reports.

[2] e. g., Stricture, inflammation of the inguinal glands.

[3] The sanitary commissioner with the government of India, in his report for the year 1888 (published in 1890), wrote: "In the last three years much greater pains than formerly have been taken to discriminate between venereal and nonvenereal affections in all possibly doubtful cases (e. g., inflammation and suppuration of the inguinal glands, stricture, warts, etc.). This has tendered to lower the amount of venereal shown in our tables, so that a high ratio now means more than in former years; it would, that is, have been higher still under the old system.

[4] Mean admission rate for five years, 1852–53 to 1856–57 (Bengal troops), 168 per 1,000; 1858, 261 per 1,000; 1859, 359 per 1,000; 1860, 318.8 per 1,000; 1861, 352.2 per 1,000. But see paragraph 2 above as to figures prior to 1860.

[5] Report of the sanitary commissioner with the government of India for 1867, p. 160; same, 1894, p. 42.

[6] Report on organization of the Indian army, presented to Parliament in 1859, Appendixes 15 and 17. Report of sanitary commissioner for Bengal, 1864–65, table 37.

[7] Report of sanitary commissioner with government of India for 1870, pp. 250, 254.

[8] Report presented to Parliament, 1863.

half of 1888; so that 1884 was the last year in which it was in full operation.

From 1861 there was a steady and marked decline in the admission rate for venereal diseases until 1867, when it reached the lowest figure (160.2 per 1,000) recorded in the period under review. From 1867 it moved irregularly, but with an upward tendency, until 1873 (181.7 per 1,000), afterwards more rapidly upward until 1884 (293.5 per 1,000). Between 1867 and 1884, however, secondary syphilis, the worst form of venereal disease, showed practically no increase. The admission rate for this, which was 23.7 per 1,000 in 1867, and 24.4 in 1884, fluctuated in the interval between a maximum of 25.4 in 1868 and a minimum of 20.4 in 1873, with a mean of 23.5 for the whole period. In the years 1885 and 1886 there was a general and serious increase in all forms of venereal disease, followed by some diminution in 1887. From the year 1888 to 1890[1] the rise was alarming, the admission rate in 1890 exceeding 50 per cent of the strength. (See Tables I and II, and chart, pages 14 and 15.)

6. *Influences of the short-service system.*—It was chiefly in the years 1873 to 1886, and especially after 1876, that the influences commonly associated with the short-service system were making themselves felt. These were (1) an increase in the annual arrival of new troops, fresh to the country and peculiarly exposed to the dangers of association with the native women; (2) greater youthfulness of the troops; (3) larger proportion of unmarried[2] men. The change for the worse in all these respects really dated from the outbreak of the mutiny. It has been shown in paragraph 5 how the enormous influx of new troops following that event influenced the composition of the Army of Bengal, as regards age and length of service, and what a marked increase of venereal disease followed these changes. The suppression of the mutiny was followed by a return to a more normal state of things, but the conditions previously existing under the East India Company's rule, when service in the Queen's troops was exceedingly long, and in the company's troops, forming two-fifths of the whole garrison, was practically

[1] *Ratio per 1,000 strength.*

Year.	Primary syphilis.	Secondary syphilis.	All venereal diseases.	Year.	Primary syphilis.	Secondary syphilis.	All venereal diseases.
1887	75.5	29.4	361.3	1889	134.3	51.2	481.5
1888	72.1	32.4	372.2	1890	135.6	66.3	503.6

[2] The influence of this change may be illustrated as follows:

Returns for a series of years (1867-1872) showed that the percentage of admissions for venereal disease among married soldiers was only one-fiftieth of the percentage among the unmarried. The effect of an increase in the proportion of unmarried to married men from 89 to 96 per cent, such as occurred between 1874 and 1887, would, on this basis, be as follows: On a force of 10,000 an admission rate of 200 per 1,000 unmarried and 4 per 1,000 married, would give:

With 89 per cent unmarried—
8,900 at 200 per 1,000 ..... 1,780 admissions.
1,100 at 4 per 1,000 ..... 5 admissions.
178.5 per 1,000.

With 96 per cent unmarried—
9,600 at 200 per 1,000 ..... 1,920 admissions.
400 at 4 per 1,000 ..... 2 admissions.
192.2 per 1,000.

lifelong, with 30 per cent married,[1] were never entirely restored, and the introduction of the short-service system[2] completed the changes which the events of the mutiny and the transfer of India to the Crown had partly initiated. The influences traceable to the short-service system appear, however, to have almost reached their full development by the year 1887. (See Table III, on page 16.)

7. *Abolition of lock hospital system: cantonment acts of 1889 and 1895.*—On the 5th of June, 1888, a resolution was passed by the House of Commons "that, in the opinion of this house, any mere suspension of measures for the compulsory examination of women, and for licensing and regulating prostitution in India, is insufficient, and the legislation which enjoins, authorizes, or permits such measures ought to be repealed," and on 26th July following explicit orders were issued by the government of India, under instructions from the secretary of state, with a view to putting an end to all such practices. With the same object a new cantonment act was passed in 1889, authorizing the governor-general in council to make rules to provide for the "prevention of the spread of infectious and contagious disorders within a cantonment, and the appointment and regulation of hospitals and other places within or without a cantonment for the reception and treatment of persons suffering from any disease." This act took effect from 1st January, 1890. Rules[3] under it were published 4th July, 1890, and cantonment hospitals, as authorized by those rules, were established in the latter part of the year. In the year 1892 instructions[4] were issued by the Government of India with a view to securing the strict observance of these cantonment rules and of the resolution of the House of Commons of 5th June, 1888. The system maintained under these rules was, however, condemned by the majority report[5] of a committee presided over by Mr. G. Russell, M. P., and instructions were telegraphed[6] to the Viceroy by the Secretary of State on 20th September, 1893, resulting, after considerable correspondence, in the passing of an amending act[7] which prohibited the compulsory or periodical examination of women, and rules which excluded venereal disease from those diseases sufferers from which if refractory may be removed from cantonments. Powers are conferred on the government of India by section 26 (23) of the cantonment act, 1889, above referred to, to make rules providing for the "removal and exclusion from a cantonment of persons whom the commanding officer deems it expedient to exclude from the cantonment, with or without assigning any reason for excluding them therefrom," but the secretary of state in a dispatch of 29th November, 1894,[8] was unable to concur in the view expressed by the government of India that the authorities charged with the health of cantonments should have discretion as to the class of persons allowed to remain in them.

8. *Changes in prevalence of venereal disease, 1890–1895.*—The great

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[1] Report of royal commission on the sanitary state of the army in India, 1863, page xxiv.

[2] By the army enlistment act of 1870, which did not, however, materially affect the composition of the army of India before 1877.

[3] For full text of the rules, see report of committee to inquire into rules, etc., in India with regard to prostitution, etc., presented to Parliament, 1893 (C. 7148), pages 156, 157.

[4] See paragraphs 11–16 of dispatch printed on pages 209–212 of papers presented to Parliament in 1893. (See last note.)

[5] Presented to Parliament 1893. See note 3.

[6] Papers presented to Parliament 1895 (318), page 1 et seq.

[7] The cantonments act amendment act (No. V) of 1895.

[8] Papers presented to Parliament 1895 (318), page 37.

increase in the prevalence of venereal disease which, as we have seen, occurred in the years 1888 to 1890, was followed in 1891 by the most rapid decline[1] in the admission rate shown in any year of the series. It rose somewhat in 1892[2], and in the three succeeding years the rise was rapid and continuous, reaching in 1895 the highest figure yet recorded, 522.3 per 1,000 strength, or 536.8 per 1,000 of troops in cantonments only; i. e. excluding troops on field service in Chitral and Waziristan. (See military dispatch from government of India, No. 184, of 4th November, 1896, printed as Appendix I.) The prevalence of the disease varies greatly in different stations and at different times, and it is found to decrease materially when, owing to outbreaks of smallpox or cholera, bazars or cities in the neighborhood of cantonments are temporarily placed out of bounds.

9. *Great increase of syphilis in recent years.*—Far the most serious feature in recent years has been the disproportionately great increase in the amount of primary and secondary syphilis. The latter, as we have seen, showed no very serious increase from the years of its lowest prevalence[3] down to 1884. In the two following years it increased rapidly, but it diminished in 1887. The figures for primary syphilis can not be given for the years prior to 1887, as it was not differentiated from the nonsyphilitic sore until 1886, and only partially in that year (see note 1 on p. 3). The figures of secondary syphilis may, however, be taken as a fair measure of the virulence of the disease generally. From 1887 onward we are able to show clearly the changes which have taken place in the prevalence of syphilis both primary and secondary, with the following truly alarming results: In the nine years 1887–1895, while nonsyphilitic venereal affections[4] have remained almost stationary in amount (but see paragraph 4, and note 1 on page 7 as to the effect of a stricter method of classification on a portion of these figures), the admission rate for primary syphilis has risen 130 per cent (i. e., from 75.5 to 174.1 cases per 1,000 men), and that for secondary syphilis no less than 188 per cent (i. e., from 29.4 to 84.9 cases per 1,000 men).[5] The rise was not indeed continuous, a temporary but marked

[1] *Ratio of admission per 1,000.*

1890	503.6
1891	400.7

[2] *Ratio of admission per 1,000.*

1892	409.9
1893	466
1894	511.4
1895	522.3

[3] *Secondary syphilis—Ratio of admission per 1,000.*

Bengal figures:		All India:		All India:	
1867	23.7	1873	20.4	1881	23.1
1868	25.4	1874	25.2	1882	23.2
1869	23	1875	25.1	1883	22.5
1870	25	1876	23.9	1884	24.4
1871	24.2	1877	22.1	Mean for years 1872-1884	23.3
1872	22.8	1878	22.1	1885	28.7
All India:		1879	24.1	1886	33.3
1872	22.4	1880	23	1887	29.4

[4] *Ratio of admission per 1,000.*

1887	256.4
1895	263.3

[5] *Ratio per 1,000.*

Year.	Primary syphilis.	Secondary syphilis.	Year.	Primary syphilis.	Secondary syphilis.	Year.	Primary syphilis.	Secondary syphilis.
1887	75.5	29.4	1890	135.6	66.3	1893	129.3	61.6
1888	72.1	32.4	1891	104	60	1894	173	74.6
1889	134.3	51.2	1892	102.6	57.8	1895	174.1	84.9

improvement being shown in 1891 and 1892, but the latest figures are the worst yet recorded. Secondary syphilis was more than four times as prevalent in 1895 as it was in 1873.

10. *Greater virulence of the disease.*—Greater virulence of the disease is further attested by a longer average duration of treatment, and by an increase in the numbers of invalidings and deaths due to venereal disease, as shown in the following table:

Year.	Average duration of each case of venereal disease.	Number of men finally discharged the service for venereal disease.	Ratio of men discharged for venereal disease to total number discharged.	Number of deaths due to syphilis.	Ratio of deaths due to syphilis to total deaths.
	Days.		*Per cent.*		*Per cent.*
1887	25.95	22	3	1	0.1
1888	25.68	65	7.7	4	.4
1889	28.39	66	7.2	6	.5
1890	29.07	72	6.3	6	.6
1891	29.50	112	10.9	3	.3
1892	29.01	76	9	9	.8
1893	29.82	27	3.7	4	.5
1894	30.77	111	10.3	5	.4
1895	31.49	130	15.8	15	1.5

11. In 1895, an average of 45 men per 1,000, or 3,200[1] in a force of 71,031 British soldiers in India, were constantly in hospital for venereal disease. But these figures by no means represent the total amount of inefficiency due to this cause.[2] Many cases of secondary syphilis have in the last few years been treated by hypodermic injection of mercury, without admission to hospital, and do not, therefore, figure in the returns. A large number of men who are nominally cured are only fit for service under peace conditions, and would break down on field service. Among 5,822 men detailed for field service with the Chitral relief force, 462, or nearly 8 per cent, had to be rejected for venereal disease; 279 more, or an additional 4½ per cent, had to be transferred from the field hospitals to the base for the same cause. In the great majority of these cases the disease had been contracted before the men crossed the frontier. On a basis of 8 per cent rejected before starting on field service, and 4½ per cent more subsequently invalided for disease contracted before crossing the frontier, 8,880 men out of a total force of 71,031 would have to be put down as useless, from this one cause, for field operations.

12. Further, a great amount of sickness and inefficiency not coming under the head of venereal disease (e. g., many cases of rheumatism, dysentery, heart disease, etc.), is well known[3] to be attributable to or aggravated by the specific disease.

The increase of this latter is the more striking when contrasted with

[1] As will be clearly seen from the ratios in the tabular footnote to paragraph 12, the numbers of men admitted for any disease are not identical with the numbers of admissions. Some men are admitted more than once in the year. In the case of venereal disease, it appears from figures supplied by the principal medical officer in India, that the number of men admitted in 1895 was rather more than three-fourths of the number of cases, i.e., admissions. (But see note 3 on page 3.) The number constantly sick is correctly arrived at by multiplying the number of cases for the year by the average duration of a case in days, thus: 37,096 × 31.49 ÷ 365 = 3,200.

[2] Army Medical Department Report for 1895, page 125.

[3] This is clearly shown by the medical history sheets of many of the invalids at Netley. (See Appendix III.)

the improvement[1] in the general health of the troops in India which has been progressing ever since the mutiny, and which would assuredly have been greater in recent years but for the growing influence of venereal disease in predisposing to and aggravating so many other complaints. Improved sanitation has had the very greatest effect upon every disease other than venereal; this alone has not only been unchecked in recent years, but has increased to an extent which is appalling and disastrous.

13. *The state of Netley Hospital.*—The committee paid a visit to the military hospital at Netley, where all cases invalided home from India are sent for treatment. They visited the wards of the hospital, and found 263 cases, of which not less than 196, or 74 per cent, had a history of syphilis. Ninety-four had been invalided home, mostly from India, for that disease; 108 were actually under treatment for it. The officers in charge of the hospital having the longest experience at Netley declared that never had so many cases of secondary syphilis, or of so virulent a type, been sent home as during the last five years. Of the total discharged during the past four months 148 were so discharged after suffering from this disease; of these 59 were unfit for further service, while in the case of the remaining 89, there was every probability that the disease, or its sequelæ, would reappear.

It must not be forgotten that these are all young men,[2] not much more than lads, who upon entering the service were medically examined, and would have been rejected had they then shown any symptoms of constitutional taint.

During their short term of military service a great part (in some cases more than half) of their time has been spent in hospital, either in India or at home. Before reaching the age of 25 years these young men have come home presenting a most shocking appearance. Some lay there having obviously but a short time to live;[3] others were unrecognizable from disfigurement by reason of the destruction of their features, or had lost their palates, their eyesight, or their sense of hearing; others, again, were in a state of extreme emaciation, their joints distorted and diseased. Not a few are time-expired, but can not be discharged in their present condition, incapacitated as they are to earn their livelihood, and in a condition so repulsive that they could not mix with their fellow men. Their friends and relatives refuse to receive them, and it is inexpedient to discharge them only to seek the asylum

[1] *Mean admission rate for nonvenereal diseases.*

Year.	Per 1,000.	Ratio of venereal to nonvenereal admission rate.	Year.	Per 1,000.	Ratio of venereal to nonvenereal admission rate.
		Per cent.	India—Continued.		*Per cent.*
Bengal, 1860–1864	1,606	18.2	1891	978	40.9
India:					
1872–1876	1,177	17	1892	1,107	37
1887	1,009	35.8	1893	949	49.1
1888	1,010	36.8	1894	997	51.3
1889	1,017	47.3	1895	940	55.5
1890	1,016	49.5			

[2] The average age of the 263 patients in the hospital at the end of January, 1897, was less than 25 years.

[3] Two causes are thus described in a return furnished by the P. M. O. at Netley: "Dying from syphilitic ulceration of the bones." "Dying of syphilis: ulceration of bones."

of the poorhouse; so they remain at Netley in increasing numbers, which, as matters now are, seem likely to continue to increase.

14. The committee desire to call attention to the medical report,[1] dated 21st August, 1896, by Surg. Maj. H. R. Whitehead, lately in charge of the surgical division at Netley, on the cases of syphilis arriving from India.

One of the professors, having a large experience of continental hospitals, informed us that nowhere on the Continent could such sights be witnessed as are to be seen in the syphilis wards at Netley, now known among the officers there as the "Inferno."

An examination of the medical history of the cases which, for all causes, come to Netley, reveals the fact that the numbers entered as venereal do not by any means exhaust those which find their way to Netley in consequence of having contracted diseases of that class.[2]

Seventy-four per cent of the whole have at some time during their short military career contracted syphilis; and there can be little doubt that most of them would never have been sent to Netley at all had it not been for the previous influence of venereal disease.

Deaths directly attributable to this cause bear but a small relation to the numbers in hospital, but that life is seriously shortened by it, as well as rendered miserable, in numbers of cases, is beyond a doubt.

15. *Influence on the health of the population at home.*—Some of its victims are completely crippled, while the danger exists, in the case of each of them who may afterwards marry, that he may transmit to his wife and children a loathsome and horrible complaint. This danger is not indeed confined to the Netley invalids, but extends to a far larger and increasing number of men who annually come home with the seeds of constitutional disease in their systems.

More than 13,000[3] British soldiers annually leave India, most of whom are eventually absorbed among the civil population at home. How large a proportion of these bring home the seeds of communicable and inheritable disease may to some extent be estimated from the following figures. It was ascertained[4] that of 70,642 British soldiers serving in India on the 15th July, 1894, 19,892,[5] or 28 per cent, had been admitted to hospital for syphilis since arrival in India. Only 26,247 men, or 37 per cent, had never suffered in or out of India from any form of venereal disease. And all the evidence we have points to the existence of a still worse state of things since that date. Less than 4 per cent of these men are married. It is to be feared that a considerable number who have contracted disease marry afterwards, and are liable to transmit it to their wives and children. Nor is intercourse between the sexes the only means by which syphilis can be communicated. Doctors contract it in the performance of their duties. It may be caught through drinking out of a cup or smoking a pipe which has been touched by diseased lips. Nurses can communicate it to infants and infants to nurses. It is altogether a most easily communicable poison. The present condition of the army in India, with the enormous prevalence of venereal disease which has been shown to exist, yearly sending home thousands of men infected with constitutional taint, is therefore a great and growing source of danger to the whole community. The influence

[1] Appendix II.
[2] See Appendix III.
[3] Numbers—1892-93, 13,350; 1893-94, 12,930; 1894-95, 14,654.
[4] See Army Medical Department Report, 1894, page 118.
[5] The numbers and ratios in this and the following sentence represent men, not cases; see note 1 to paragraph 11.

which it is liable to exercise upon the health of the home population is one of the gravest aspects of the whole question.

16. *Comparison of foreign armies.*—The committee have been supplied with a considerable amount of information, from official sources, as to the presence of venereal disease, its character and intensity, in foreign armies. This is shown in detail in Tables IV to VI.

The following table shows the ratio of admission per 1,000 strength for all forms of venereal disease in the principal European armies, besides those of Japan and the United States, for the years 1890, 1891, and 1892. The corresponding ratios for the British troops in the United Kingdom and in India are added for comparison:

Year. (*a*)	Germany.	Russia.	France.	Austria-Hungary.	Italy.	Holland.		Japan.	United States.	Great Britain.	
						Home.	East Indies.			Home.	India.
1890	26.7	43	43.8	65.4	73.4	96	483.9	27.3	84.66	212.4	503.6
1891	27.2	41.5	43.7	63.7	71.5	60.4	442	37.5	75.22	197.4	400.7
1892	27.9	44.6	44	61.6	69	53.1	440.9	36	72.46	201.2	409.9
Mean, 3 years.	27.3	43	43.8	63.6	71.3	69.8	455.6	33.6	77.45	203.7	438.1

a In the case of Germany the years are 1889–90, 1890–91, 1891–92.

Among European armies Germany has far the lowest rate. Russia and France come next, then Austria-Hungary, then the home army of Holland, then Italy. No continental army included in the above comparison has so high a rate as that shown by the United States Army, and there, moreover, the actual prevalence of venereal disease is stated to be considerably greater than the returns indicate. The small amount of this disease in the army of Japan is noticeable.

17. In all the above armies, with the exception of that of the United States, some special regulations are in force for preventing the spread of venereal disease. These generally consist of (1) weekly or fortnightly examination of men for the detection of the disease, noncommissioned officers and married men being in some cases exempted; (2) registration and periodical examination of all women ascertained to be leading a life of prostitution.

In the Italian army regulations of this latter kind were relaxed in 1888, but reestablished with modifications in 1891.[1]

18. In the case of most of the above armies the comparison may be carried into further detail as follows:

Mean annual admission rate per 1,000 for three years, 1890–1892.

	Germany.	France.	Russia.	Italy.	Dutch troops.		British troops.	
					Home.	East Indies.	Home.	In India.
Primary and secondary syphilis...	5.5	9	13.1	13.9	14.8	47	101.7	175.4
All other venereal diseases.....	21.8	34.9	29.9	57.4	55	408.6	101.9	262.6
Total.....	27.3	43.9	43	71.3	69.8	455.6	203.6	438.1

In these years, then, the German army had scarcely more than one thirty-second, and no European army had as much as one-eleventh the amount of syphilis which devastated the British troops in India. The Dutch troops in the East Indies, with an exceedingly high rate of

[1] Decree published in the Official Gazette, 29th October, 1891.

venereal disease generally, did not suffer from syphilis one-third as much as our army in India. And there, as we have seen, the rate has risen rapidly[1] since the period included in the above comparison, while in the Dutch East Indies it has materially declined.

The comparative immunity from venereal disease enjoyed by the German troops is no doubt partly attributable to their being quartered entirely at home. It seems to be universal rule that troops quartered among an alien, but not entirely hostile, population suffer worse[2] in this respect than troops stationed at home. Thus the French troops in Algiers suffer worse than those in France.[3] (See Table V.) In the Austro-Hungarian army a large increase of venereal disease followed the occupation of Bosnia-Herzegovina in 1878.

19. The great prevalence of this evil among the Dutch troops in the East Indies has already been noticed. There, however, the difference between the admission rates for Europeans and for Asiatics is far less marked than in our Indian army, as the following figures will show:

Ratio per 1,000 strength.

Year.	Dutch army in the East Indies.				Army in British India.			
	Europeans.		Asiatics and Africans.		British troops.		Native troops.	
	Syphilis.	All venereal diseases.	Syphilis.	All venereal diseases.	Syphilis.	All venereal diseases.	Syphilis.	All venereal diseases.
1890	53.9	483.9	11	248	201.9	503.6	18.2	41.1
1891	43	442	11.6	243.6	164	400.7	16.3	37.9
1892	44	440.9	9.7	223.5	160.4	409.9	17.1	39.6
1893	40	370	8	218	190.9	466	17.9	36.4
1894	37	416	7.8	191.8	247.6	511.4	17.7	32.3
Mean for 5 years	43.6	424.7	9.6	225	195	458.3	17.4	37.5

In the Dutch East Indies, Asiatic troops suffer from all venereal diseases more than one-half as much, and from syphilis more than one-fourth as much, as Europeans. In our own Indian army the native troops do not suffer from venereal diseases one-twelfth as much, nor from syphilis one eleventh as much, as the British troops. It seems that in India caste feeling helps to deter the native soldier from consorting with the lowest and most dangerous class of prostitutes. But there are many other[4] reasons for his comparative immunity from disease.

20. *Summary.*—The present situation may be summed up as follows: In 1895 venereal disease attacked the British troops in India to an

[1] *Mean rate per 1,000.*

	Dutch troops in East Indies.	British troops in India.
1890–1892	47	175.4
1893	40	190.9
1894	37	247.6
1895	.....	259

[2] This is not usually the case, however, with troops engaged on active field service. The amount of venereal disease among British troops in the last Afghan campaign, 1879–80 (less than 70 per 1,000), and in the Chitral field force, 1895 (157 per 1,000), was very small.

[3] And in India it is noticed that "Gurkhas, being foreigners, have higher ratios than other native troops." (Inclosure to military letter from India, No. 19, of 1891.)

[4] See Parliamentary Return No. 318, 1895, East India Cantonment Acts, page 33.

unprecedented extent. The amount of syphilis was disproportionately great, and it was of an increasingly virulent type.[1] Of the enormous total of 522[2] venereal cases per 1,000 troops, syphilis contributed very nearly one-half, i.e., 259 cases per 1,000, a figure many times greater than the highest of which we can find any record in the statistics of Continental armies for recent years, either at home or abroad. Venereal disease directly caused more than one-third of the total amount of sickness, 15 deaths in India, 348 invalidings, resulting in 130 cases in final discharge from the service; the constant and total disablement of 3,200 men out of a force of 71,000 men, and a vast amount of partial disablement[3] and unfitness for any but routine duties. Indirectly, it increased the amount of sickness and invaliding under the head of many other complaints.[4] The military efficiency of the army was most seriously impaired, and the increasing prevalence and intensity of contagious and inheritable disease among a body of 71,000 men, of whom many thousands are annually coming home to mingle with the civil population, was a growing danger[5] to the health of the community.

This deplorable state of things does not appear to be attributable to increased immorality in the Army. Drunkenness and crime have greatly diminished.[6] The attention of successive commanders in chief in India, and of none more than Lord Roberts, has been given to the provision and improvement of recreation rooms, libraries, regimental workshops, etc., to the encouragement of cleanliness and, so far as the climate admits, of active exercise and sports.[7] Much also has been

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[1] See extracts from medical officers' reports, quoted in Army Medical Department Report for 1895, page 125: "The syphilitic cases were of a most virulent type, and in most instances the health of those attacked was markedly impaired." "The course of many acute diseases was materially directed by syphilis." "The type of the disease appears to have increased in severity." "The type of syphilitic affections appears to be getting worse." See also paragraph 10 above.

[2] See paragraph 8.

[3] See paragraph 11; also remarks by the principal medical officer in India, quoted in Army Medical Department Report for 1894, p. 119: "The figures relating to secondary syphilis show to what an extent the army suffers from a disease which seriously undermines a man's constitution, makes him liable to break down at any time, particularly when exposed to the fatigues and hardships of active service, and at all times makes him less able to contend against acute disease, and thus increases the mortality of such disease." Also Army Medical Department Report for 1895, pages 125–126.

[4] See the last note, also paragraphs 12 and 14 above.

[5] See paragraph 15 above.

[6] See General Annual Return of the British Army for 1895, Tables 41 to 49. Fines for drunkenness diminished in the ten years 1886–1895 from 240 to 127 per 1,000. Courts-martial declined in the same period from 83 to 51 per 1,000 men at home, and from 65 to 36 abroad. The members of the Army Temperance Association in India, founded in 1888, increased from 13,487 in 1889–90 to 23,715, or more than one-third of the whole force, in 1894–95. Cases of veneral disease among abstainers are, as might be expected, much less numerous than among nonabstainers (Army Temperance Association Report for 1894–95).

[7] See Appendix IV. The following extract from a publication entitled The Administration of the Marquis of Lansdowne, by G. W. Forrest, director of records to the government of India, 1894, pages 30–31, will show something of what has been done in more recent years: "The condition of the British soldier has also received liberal improvement. For many years past, libraries, recreation rooms, workshops, gardens, and cricket grounds have been established; but it was not until 1887 that—at the instance and under the guidance of Lord Roberts, then commander in chief in India—a further development was made by bringing together the various regimental clubs, and forming them into what are now called regimental institutes. The aim and object of these institutes was to improve the social condition of the soldier, and to reduce intemperance by the provision of such reasonable comfort and physical, as well as mental, recreation as to make them a center of attraction, and to lessen the habit of seeking entertainment elsewhere. The plan has been carried out in nearly every regiment stationed in India, and has proved most successful." See also Forty-one Years of India, by Field Marshal Lord Roberts, 1896, Vol. II, pages 418–421.

done by societies, such as the Army Temperance Association (which is aided by a Government grant of Rs. 8,000 per annum) and the Army Health Association, toward encouraging self control among the soldiers. In a dispatch dated 4th November, 1896, which is printed as Appendix I to this report, the government of India state that they have been careful to adopt such means as lie in their power to protect the British soldiers from temptation likely to lead to the contraction of venereal disease; but they express their strong conviction that without some fresh powers no instructions or regulations can have any material effect in mitigating this scourge. The short-service system does not appear to be responsible for any increased tendency to sexual indulgence during the last few years (see paragraph 6 and Table III). The hard fact remains that among a body of men, mostly very young, and nearly all obliged by the conditions of the service to remain unmarried, removed from home ties and restraints into a country where climate and environments conduce to sexual indulgence, comparatively few are able to control the strongest passion in human nature, with the disastrous consequences, under present conditions, which the preceding paragraphs have described.

The committee desire to express their appreciation of the services rendered to them by Mr. F. W. Newmarch, the secretary of the committee, who has bestowed much time and care on the preparation of the several tables of statistics, and chart, necessary to a proper appreciation of available statistics.

ONSLOW, *Chairman.*
J. B. PEILE.
W. TAYLOR.
J. RICHARDSON.
F. W. NEWMARCH, *Secretary.*

FEBRUARY 20, 1897.

TABLE I.—*Venereal disease among British troops in India, 1860–1895.*

BENGAL.

Year.	Admission rate per 1,000 strength.							Remarks.
	Primary syphilis.	Simple venereal ulcer.	Total.	Secondary syphilis.	Gonorrhœa and other venereal diseases.	Grand Total.	Increase or decrease compared with previous year.	
1860	.....	.....	118.7	25.8	174.3	318.8	.....	1860. Weekly inspection of men for venereal disease discontinued.
1861	.....	.....	140.4	28.7	183.1	352.2	+ 33.4	
1862	.....	.....	116.4	26.9	163.6	306.9	— 45.3	
1863	.....	.....	98.1	30.2	152.1	280.4	— 26.5	
1864	.....	.....	87.4	33.1	135	255.5	— 24.9	1864. Bengal Act XXII authorized lock hospital system.
1865	.....	.....	64.8	28.7	121.4	214.9	— 40.6	1865. Lock hospitals began to be opened.
1866	.....	.....	64.6	25.5	116.3	206.4	— 8.5	
1867	.....	.....	51.4	23.7	85.1	160.2	— 46.2	
1868	.....	.....	56.2	25.4	112.4	194	+ 33.8	
1869	.....	.....	69.8	23	114.3	207.1	+ 13.1	
1870	.....	.....	a40.7	25	129.1	194.8	— 12.3	1870. Army enlistment act introducing short-service system.
1871	.....	.....	73.3	24.2	124.9	222.4	+ 27.6	
1872	.....	.....	62.3	22.8	112.1	197.2	— 25.2	

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1872	.....	.....	61.4	22.4	107.2	191	.....	
1873	.....	.....	53.4	20.4	107.9	181.7	— 9.3	1873. Proportion of unmarried soldiers began to increase.
1874	.....	.....	67.5	25.2	104.8	207.5	+25.8	
1875	.....	.....	67.1	25.1	121.3	213.5	+ 6	
1876	.....	.....	59.8	23.9	119.8	203.5	— 10	
1877	.....	.....	65.2	22.1	137.1	224.4	+ 20.9	1877. Annual arrivals of new troops began to increase.
1878	.....	.....	95.4	22.1	174.1	291.6	+ 67.2	
1879	.....	.....	81.6	24.1	147.6	253.3	— 38.3	1879-80. Large numbers of troops were on active service in Afghanistan.
1880	.....	.....	87.4	23	138.6	249	— 4.3	
1881	.....	.....	92	23.1	144.5	259.6	+ 10.6	
1882	.....	.....	87.6	23.2	154.7	265.5	+ 5.9	1882. Married establishment, India, reduced.
1883	.....	.....	87.2	23.5	160.6	271.3	+ 5.8	
1884	.....	.....	90.2	24.4	178.9	293.5	+ 22.2	
1885	.....	.....	122.1	28.7	191.8	342.6	+ 49.1	1885. Fifteen lock hospitals experimentally closed, 1st January, 1885.
1886	.....	.....	157.9	33.3	194.6	385.7	+ 43.1	
1887	75.5	66.6	142.1	29.4	189.9	361.3	— 24.4	1887. Closed lock hospitals reopened early in the year.
1888	72.1	70	142.1	32.4	197.7	372.2	+ 10.9	1888. Lock-hospital system abolished in latter half of the year.
1889	134.3	90.9	225.2	51.2	205.1	481.5	+109.3	
1890	135.6	85.1	220.7	66.3	216.6	503.6	+ 22.1	1890. New contonment rules published, July; cantonment-hospital system established in latter part of the year.
1891	104	55.2	159.2	60	181.5	400.7	—102.9	
1892	102.6	58.5	161.1	57.8	191	409.9	+ 9.2	
1893	129.3	84.3	213.6	61.6	190.8	466	+ 56.1	1893. Majority report of Mr. G. Russell's committee condemned cantonment-hospital system.
1894	173.	75.1	248.1	64.6	188.7	511.4	+ 45.4	
1895	174.1	74.9	239	84.9	198.4	b522.3	+ 10.9	1895. New cantonments act V of 1895, and new rules.
..	178.6	66.8	245.4	86.8	204.6	a536.8		

a See note *b*, Table II.
b Including troops on field service.
a Excluding troops on field service.

Chart Illustrating Tables I and II.

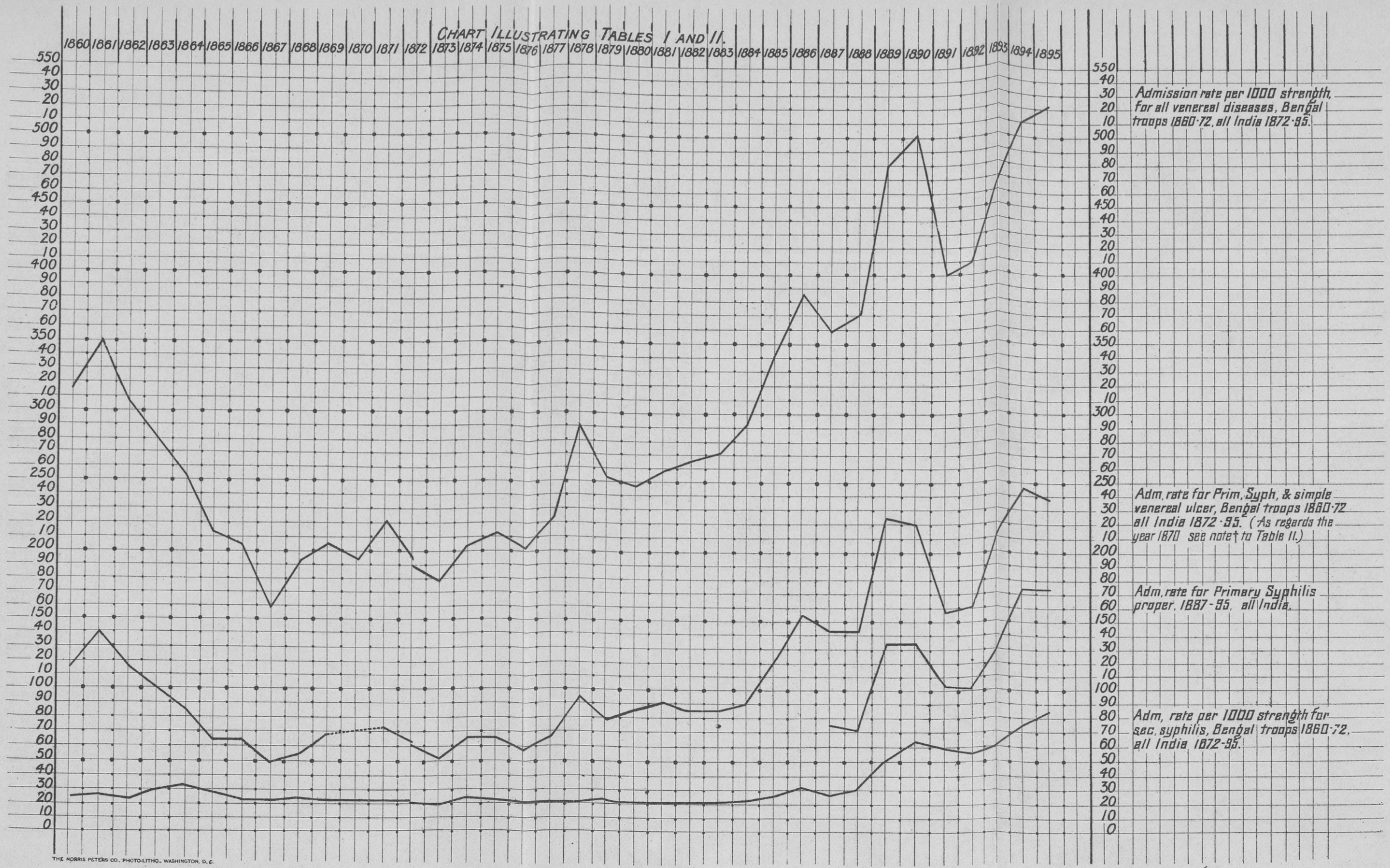

TABLE II.—*Venereal disease among British troops in India, 1860–1895.*

BENGAL.

Year.	Col. I.	Col. II.						Col. III.		Col. IV.		Col. V.*a*		Col. VI.	
		Primary syphilis.		Simple venereal ulcer.		Total.		Secondary syphilis.		Gonorrhœa.		Other venereal diseases.		All venereal diseases.	
	Average strength.	Number of cases.	Ratio per 1,000.	Number of cases.	Ratio per 1,000.	Number of cases.	Ratio per 1,000.	Number of cases.	Ratio per 1,000.	Number of cases.	Ratio per 1,000.	Number of cases.	Ratio per 1,000.	Number of cases.	Ratio per 1,000.
1860 ..	48,318	.....	.....	.....	.....	5,734	118.7	1,249	25.8	5,127	106.1	3,294	68.2	15,404	318.8
1861 ..	42,977	.....	.....	.....	.....	6,037	140.4	1,232	28.7	5,025	116.9	2,848	66.2	15,142	352.2
1862 ..	43,541	.....	.....	.....	.....	5,070	116.4	1,171	26.9	4,423	101.6	2,700	62	13,364	306.9
1863 ..	41,471	.....	.....	.....	.....	4,069	98.1	1,256	30.2	3,902	94.1	2,408	58	11,635	280.4
1864 ..	40,385	.....	.....	.....	.....	3,532	87.4	1,339	33.1	3,503	86.7	1,948	48.2	10,322	255.5
1865 ..	37,528	.....	.....	.....	.....	2,433	64.8	1,078	28.7	3,034	80.8	1,523	40.5	8,068	214.9
1866 ..	35,109	.....	.....	.....	.....	2,270	64.6	895	25.5	2,833	80.6	1,252	35.6	7,250	206.4
1867 ..	34,603	.....	.....	.....	.....	1,782	51.4	812	23.7	2,066	59.7	880	25.4	5,540	160.2
1868 ..	31,560	.....	.....	.....	.....	1,776	56.2	803	25.4	2,568	81.3	980	31	6,127	194
1869 ..	34,624	.....	.....	.....	.....	2,415	69.8	797	23	3,062	88.4	897	25.9	7,171	207.1
1870 ..	33,373	.....	.....	.....	.....	1,359	*b*40.7	832	25	2,962	88.7	1,349	*b*40.4	6,502	194.8
1871 ..	35,071	.....	.....	.....	.....	2,572	73.3	849	24.2	3,371	96.1	1,009	28.8	7,801	222.4
1872 ..	36,591	.....	.....	.....	.....	2,282	62.3	836	22.8	3,199	87.4	900	24.6	7,217	197.2

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1872 ..	58,694	.....	.....	.....	.....	3,609	61.4	1,320	22.4	4,712	80.3	1,573	26.8	11,214	191
1873 ..	58,816	.....	.....	.....	.....	3,143	53.4	1,202	20.4	4,777	81.2	1,571	26.7	10,693	181.7
1874 ..	59,253	.....	.....	.....	.....	4,002	67.5	1,493	25.2	5,190	87.5	1,613	27.2	12,298	207.5
1875 ..	59,368	.....	.....	.....	.....	3,984	67.1	1,488	25.1	5,233	88.1	1,970	33.2	12,675	213.5
1876 ..	58,506	.....	.....	.....	.....	3,501	59.8	1,398	23.9	5,463	93.4	1,540	26.3	11,902	203.4
1877 ..	58,032	.....	.....	.....	.....	3,784	65.2	1,281	22.1	6,298	108.5	1,669	28.6	13,032	224.4
1878 ..	56,664	.....	.....	.....	.....	5,406	95.4	1,252	22.1	8,130	143.4	1,741	30.7	16,529	291.6
1879 ..	57,810	.....	.....	.....	.....	4,720	81.6	1,395	24.1	6,754	116.9	1,777	30.7	14,646	253.3
1880 ..	60,034	.....	.....	.....	.....	5,248	87.4	1,382	23	6,358	105.9	1,965	32.7	14,953	249
1881 ..	58,414	.....	.....	.....	.....	5,376	92	1,352	23.1	6,265	107.3	2,175	37.2	15,168	259.6
1882 ..	57,198	.....	.....	.....	.....	5,013	87.6	1,327	23.2	6,849	119.8	1,997	34.9	15,186	265.5
1883 ..	55,454	.....	.....	.....	.....	4,835	87.2	1,304	23.5	6,958	125.5	1,947	35.1	15,044	271.3
1884 ..	55,349	.....	.....	.....	.....	4,992	90.2	1,352	24.4	7,982	144.2	1,922	34.7	16,248	293.5
1885 ..	57,116	.....	.....	.....	.....	6,972	122.1	1,638	28.7	8,987	157.3	1,974	34.5	19,571	342.6
1886 ..	61,750	.....	.....	.....	.....	9,752	157.9	2,055	33.3	9,470	153.3	2,545	41.2	23,822	385.7
1887 ..	63,924	4,830	75.5	4,255	66.6	9,085	142.1	1,875	29.4	9,676	151.3	2,465	38.5	23,101	361.3
1888 ..	68,549	4,941	72.1	4,798	70	9,739	142.1	2,218	32.4	12,318	179.7	1,237	18	25,512	372.2
1889 ..	69,266	9,299	134.3	6,293	90.9	15,592	225.2	3,549	51.2	12,334	178	1,878	27.1	33,353	481.5
1890 ..	67,823	9,198	135.6	5,769	85.1	14,967	220.7	4,497	66.3	11,725	172.9	2,963	43.7	34,152	503.6
1891 ..	67,030	6,971	104	3,700	55.2	10,671	159.2	4,024	60	10,066	150.2	2,101	31.3	26,862	400.7
1892 ..	68,137	6,591	102.6	3,987	58.5	10,978	161.1	3,940	57.8	10,829	158.9	2,180	32	27,927	409.9
1893 ..	70,091	9,064	129.3	5,909	84.3	14,973	213.6	4,316	61.6	12,784	182.4	*c*590	8.4	32,663	466
1894 ..	71,082	12,299	173	5,337	75.1	17,636	248.1	5,300	74.6	13,415	188.7	.....	.....	36,351	511.4
1895. {	*d*71,031	12,368	174.1	4,607	64.9	16,975	239	6,029	84.9	14,092	198.4	.....	.....	37,096	*d*522.3
	*e*68,331	12,208	178.6	4,565	66.8	16,773	245.4	5,929	86.8	13,979	204.6	.....	.....	36,681	*e*536.8

a Column V includes, down to 1885, all cases of bubo and inflammation of the inguinal glands (sometimes not shown separately in the returns), phimosis, warts and condyloma, gonorrhœal orchitis, stricture of the urethra. From 1st January, 1886, the nomenclature and classification were slightly different. From 1888 only those cases were included which were stated by the returning medical officers to be of venereal origin.

b The figures for 1870, except as regards secondary syphilis and gonorrhœa, hardly admit of comparison with those of other years. "Venereal sore" is separated from "primary syphilis" and included under one heading with "bubo" (in Column V); gonorrhœal and nongonorrhœal orchitis are not distinguished, and accordingly all cases of orchitis have been excluded from Column V. If they were included the totals in Columns V and VI would be increased by 636 cases and the ratios by 19 per 1,000.

c See note 3 on page 5.

d Including troops on field service.

e Excluding troops on field service.

TABLE III.—*Illustrating the influences of the short-service system in India as affecting the proportions of troops new to the country (Columns I and II), young troops (Column III), unmarried troops (Column IV).*

July—	Column I. Percentage of new arrivals to strength of British troops in India in July, previous to trooping season.	Column II. Percentage of men under 2 years' service in India.	Column III. Percentage of men under—		Column IV. Percentage of unmarried men.
			20 years of age.	24 years of age.	
1872	14	33.7	6.88	39.2	88.68
1873	14.7	31.7	4.9	38.7	88.74
1874	13.2	25.9	3.13	37.5	88.90
1875	12.9	26.1	2.1	35.5	89.20
1876	14.1	25.5	2	32.9	89.63
1877	16.9	25.2	2.2	33.5	90.30
1878	23.3	28.9	2.55	35.2	.....
1879	22.3	32.1	3.87	39.1	92.41
1880	21.7	33.4	2.52	40.7	93.37
1881	17	38.9	2.15	42.5	93.64
1882	16.9	33.1	3.37	40.6	94.06
1883	23	32.3	2.68	41.3	94.57
1884	21.3	36.2	2.77	44.9	94.80
1885	*a* 30.6	36.6	4.27	47.8	94.95
1886	18.6	38.8	5.17	52	95.77
1887	17.2	35.2	5.05	52	96.10
1888	17.8	32.4	3.17	50	96.16
1889	17.7	33	2.93	49	96.35
1890	20.4	32	2.86	50	96.40
1891	21.7	32	2.64	51	96.30
1892	22.8	34	2.94	51	96.64
1893	21.3	36	3.03	53	96.71
1894	22.2	34	2.75	54	96.71

a Exceptionally large arrivals of new troops in the autumn 1885–86, due to augmentation of establishment.

TABLE IV.—*Ratios of admission for all venereal diseases per thousand strength in the British and foreign armies.*

Year.	France.	Germany.	Austria-Hungary.	Russia.	Italy.	Holland, home army.	Japan.	United States.	Great Britain.	
									Home.	India.
1872	.....	.....	62	.....	.....	.....	.....	.....	202.2	191
1873	.....	.....	56	.....	.....	.....	.....	.....	167.6	181.6
1874 (*a*)	.....	38.4	53	.....	.....	.....	.....	.....	145.7	207.5
1875	.....	31.6	59	.....	.....	.....	.....	.....	139.4	213.5
1876	57	28.8	65.8	.....	.....	.....	.....	.....	146.5	203.5
1877	57.8	30	66.9	.....	.....	.....	.....	.....	153.2	224.4
1878	59.7	36	*b* 75.4	.....	.....	.....	.....	.....	175.5	291.6
1879	63.7	38.5	81.4	.....	.....	.....	.....	.....	179.5	253.3
1880	65.8	34.9	75.7	.....	.....	.....	.....	.....	245.9	249
1881	60.6	39.2	79	.....	.....	.....	.....	.....	245.5	250.6
1882	62	41	73.7	.....	.....	.....	.....	.....	246	265.5
1883	58.9	38.2	73.3	.....	.....	.....	.....	.....	260	271.3
1884	52.1	34.5	73.5	.....	.....	.....	.....	.....	270.7	293.5
1885	50.7	32.6	69	.....	.....	.....	.....	65	275.4	342.6
1886	49.6	29.7	65.8	.....	.....	.....	.....	55	267.1	385.8
1887	51.6	28.6	64.4	.....	.....	.....	39.3	72	252.9	361.4
1888	46.7	26.3	65.4	42.4	76.5	.....	29.7	74.37	224.5	372.2
1889	45.8	26.7	65.3	40.7	66.6	.....	24.7	80.88	212.1	481.5
1890	43.8	26.7	65.4	43	73.4	96	27.3	84.66	212.4	503.6
1891	43.7	27.2	63.7	41.5	71.5	60.4	37.5	75.22	197.4	400.7
1892	44	27.9	61.6	44.6	69	53.1	36	72.46	201.2	409.9
1893	42.8	.....	64.5	43.1	93.3	45.8	.....	76.73	194.6	466
1894	40.9	.....	64.8	.....	92	54.3	.....	73.08	182.4	511.4
1895	.....	.....	.....	.....	84.8	48.1	.....	.....	173.8	522.3
Mean for three years, 1890–1892	43.8	27.3	63.6	43	71.3	69.8	33.6	77.45	203.7	438.1

a In the case of Germany, 1873–74, 1874–75, and so on.
b Bosnia and Herzegovina were occupied in this year.

TABLE V.—*Amount of venereal disease among French troops in France and in Algeria compared.*

[Ratio of admission per 1,000 strength.]

Year.	Troops in France.				Troops in Algeria.							
					French troops.				Native troops.			
	Syphilis.	Chancre.	Gonorrhœa, etc.	Total.	Syphilis.	Chancre.	Gonorrhœa, etc.	Total.	Syphilis.	Chancre.	Gonorrhœa, etc.	Total.
1892	8.3	5.6	27.4	41.3	15	11.9	28.6	55.5	22.1	15.5	60.2	97.8
1893	8.4	5.8	25.3	39.5	15	12.1	32.5	60.6	17.5	12.2	70.9	100.6
1894	7.4	5.2	23.5	36.1	13.2	11.4	26.6	51.2	22.5	20.5	65.5	108.5

TABLE VI.—*Amount of venereal disease among the Dutch troops at home and in the East Indies compared.*

[Ratio of admission per 1,000 strength.]

Year.	At home.			Abroad.					
				Europeans.			Asiatics and Negroes.		
	Syphilis.	Other venereal disease.	Total.	Syphilis.	Other venereal disease.	Total.	Syphilis.	Other venereal disease.	Total.
1885	No returns for these years.			58.9	335	393.9	15.7	188	203.7
1886				60	411	471	15	143	158
1887				61.8	447.7	509.5	16.3	221	237.3
1888				53	384	437	12.9	203	215.9
1889				49.8	417.6	467.4	12.6	254	266.6
1890	13	83	96	53.9	430	483.9	11	237	248
1891	18	42.4	60.4	43	399	442	11.6	232	243.6
1892	13.4	39.7	53.1	44	396.9	440.9	9.7	213.8	223.5
1893	10.8	35	45.8	40	330	370	8	210	218
1894	13.3	41	54.3	37	379	416	7.8	184	191.8
1895	13.6	34.5	48.1	Complete returns not yet to hand.					

APPENDICES.

APPENDIX NO. I.

Military dispatch from the government of India to the secretary of state for India, No. 184, dated Simla, November 4, 1896.

MY LORD: We have on several occasions addressed your lordship regarding the prevalence of venereal disease among the British troops in India, and we now forward the latest statistics relative to the effects of this scourge, as well as a brief historical statement showing the measures adopted since 1885 in connection with venereal disease.

2. It will be seen from the statistical tables which accompany this dispatch that whereas in the decennial period 1876–1885 the rate of sick from this cause was only 258 per mille per annum, in the following decennial period it had risen to 443, while in 1895 the ratio had reached 522.3 per mille. In other words the annual admissions into hospital on this account now exceed in number more than half the total strength of British troops in the country. We would add that the present ratio includes troops on field service, who are less exposed to contagion than those in cantonments. The ratio of admissions of troops in cantonments in 1895 amounted to 536.8 per mille.

3. The growth of the disease and its dangerous effect on the strength and efficiency of the British army in India is incontestable. The statement of measures attached shows that in 1885 a number of lock hospitals were closed, that in subsequent years all restrictive measures were gradually removed and an increase in sickness took place during the decade 1886–1895. In 1884 the ratio was 293.9 per mille; by 1895 it had increase to 536.8 per mille for troops in cantonments.

4. A point to which we would draw attention is that while the ratio for British troops has more than doubled since 1881, among native troops there has been no appreciable increase. The ratio for native troops during the period 1877–1885 was 33.2 per mille, and during the following decade it was 34.7. An inference which we think can be legitimately drawn from this fact is that venereal disease has not increased to any remarkable extent among the loose women of the country generally, but that among the class of women with whom the British soldier associates there has been an increase out of all proportion to their numbers. From this inference the further deduction may be drawn that the increase among the particular class of women concerned is due to the operation of causes which do not affect the general population, and which may therefore be preventable. We should be glad to see an independent inquiry set on foot to establish, or controvert, the connection between the increase of venereal disease among the class of women referred to, and consequently among the soldiers who consort with them, and the abolition from time to time of the restrictive and protective measures which formerly existed.

5. We have been careful to adopt such means as lie in our power to protect British soldiers in India from temptation likely to lead to the

contraction of venereal disease, the last of these being rules under the cantonments act for the prevention of loitering and importuning by loose women or their male associates in cantonments; but we desire to express our strong conviction that, without some fresh powers, no instructions or regulations can have any material effect in mitigating the scourge of venereal disease.

We have the honor to be, My Lord, your lordship's most obedient, humble servants,

ELGIN.
GEO. S. WHITE.
J. WESTLAND.
J. WOODBURN.
M. D. CHALMERS.
EDWIN H. H. COLLEN.
A. C. TREVOR.

[Inclosure No. 1.]

Ratio of admissions per 1,000 of British soldiers in India for venereal disease in the years 1894 and 1895.

EUROPEAN TROOPS, BENGAL COMMAND.

Stations.	1894.			1895.			Difference.	
	Average annual strength.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Average annual strength.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Increase.	Decrease.
Fort William	1,108	530	478.3	1,037	696	671.2	192.9	.....
Fort Fulta	21	11	523.8	23	6	260.9	.....	262.9
Fort Chingrikhal	23	14	608.7	21	14	666.7	58	.....
Dum Dum	761	473	621.6	865	418	483.2	.....	138.4
Barrackpore	330	247	748.5	328	174	530.5	.....	218.7
Dinapore	998	873	874.7	954	808	847	.....	27
Benares	406	259	637.9	423	285	673.8	35.9	.....
Fyzabad	895	537	600	795	609	766	166	.....
Lucknow	2,623	1,539	586.7	2,278	1,114	489	.....	97.7
Sitapore	417	303	726.6	468	272	581.2	.....	145.4
Fategarh	222	95	427.9	208	140	673.1	245.2	.....
Cawnpore	902	595	659.6	833	806	967.6	308	.....
Allahabad	995	503	505.5	904	582	643.8	138.3	.....
Fort Allahabad	224	77	343.8	205	85	414.6	70.8	.....
Muttra	558	172	308.2	569	155	272.4	.....	35.8
Shahjahanpur	417	375	899.3	465	388	834.4	.....	64.9
Bareilly	1,371	1,008	735.2	1,455	1,042	716.2	.....	19
Moradabad	90	28	311.1	.....	.....	.....	.....	.....
Meerut	1,901	838	440.8	2,113	958	453.4	12.6	.....
Delhi	309	98	317.2	320	161	503.1	185.9	.....
Roorkee	455	191	419.8	388	148	381.4	.....	38.4
Nowgong	370	388	1,048.6	371	376	1,013.5	.....	35.1
Jhansi	741	488	658.6	906	740	816.8	158.2	.....
Sipri	101	54	534.7	8	4	500	.....	34.7
Agra	1,198	661	551.8	1,220	609	499.2	.....	52.6
Jubbulpore	901	454	503.9	832	449	539.7	35.8	.....
Saugor	362	227	627.1	377	245	649.9	22.8	.....
Gnathong	52	18	346.2	38	10	263.2	.....	83
Ranikhet	1,013	659	650.5	1,019	761	746.8	96.3	.....
Chaubuttia	284	129	454.2	311	209	672	217.8	.....
Chakrata	997	537	538.6	1,020	622	609.8	71.2	.....
Darjeeling Depot	368	130	353.3	416	159	382.2	28.9	.....
Naini Tal	196	85	433.7	112	34	303.6	.....	130.1
Landour	153	37	241.8	157	39	248.4	6.6	.....
Pachmarhi	109	24	220.2	114	48	421.1	200.9	.....
Marching	.....	.....	.....	706	306	433.4	.....	.....
Total Bengal command	.....	.....	.....	22,259	13,472	605.2	.....	.....

[Inclosure No. 2.]

EUROPEAN TROOPS, PUNJAB COMMAND.

Stations.	1894.			1895.			Difference.	
	Average annual strength.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Average annual strength.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Increase.	Decrease.
Umballa	1,911	819	428.6	2,101	1,071	509.8	81.2	.....
Jullundur	841	412	489.9	725	430	593.1	103.2	.....
Ferozepore	1,104	425	385	1,080	503	465.7	80.7	.....
Meean Meer	858	516	601.4	835	463	554.5	.....	46.9
Fort Lahore	97	34	350.5	93	31	333.3	.....	17.2
Amritsar	222	83	373.9	229	111	484.7	110.8	.....
Sialkot	1,156	414	358.1	1,277	412	322.6	.....	35.5
Rawalpindi	2,741	1,276	465.5	3,025	1,466	484.6	19.1	.....
Campbellpur	272	214	786.8	271	135	498.2	.....	288.6
Attock	162	68	419.8	160	54	337.5	.....	82.3
Nowshera	670	301	449.3	423	175	413.7	.....	35.6
Peshawar	1,839	542	294.7	1,667	577	346.1	51.4	.....
Mooltan	916	349	381	849	496	584.2	203.2	.....
Dagshai	747	262	350.7	795	427	537.1	186.4	.....
Solon	225	56	248.9	119	73	613.4	364.5	.....
Subathu	466	201	431.3	531	161	309	.....	122.3
Jutogh	233	82	351.9	229	100	436.7	84.8	.....
Bhagsu	72	40	555.6	Abolished.		Abolished.		.....
Khyragally	63	15	238.1	24	11	458.3	220.2	.....
Baragully	45	4	88.9	21	5	238.1	149.2	.....
Kuldunnah	453	179	395.1	237	143	603.4	208.3	.....
Kalabagh	49	13	265.3	51	26	508.8	244.5	.....
Camp Gharial	537	197	366.9	215	142	660.5	293.6	.....
Camp Thobba	293	117	399.3	85	54	635.3	236	.....
Camp Lower Topa	121	53	438	117	29	247.9	.....	190.1
Ghora Dhaka	162	46	284	83	22	265.1	.....	18.9
Cherat	454	96	211.5	203	100	492.6	281.1	.....
Kasauli	363	147	405	376	168	446.8	41.8	.....
Dalhousie	714	375	525.2	731	313	428.2	.....	97.0
Murree	201	76	378.1	66	10	151.5	.....	226.6
Waziristan field force	111	26	234.2	129	12	93	.....	141.2
Chitral field force	.....	.....	.....	2,571	403	156.7	.....	.....
Marching	.....	.....	.....	426	151	354.5	.....	.....
Total Punjab command	.....	.....	.....	19,733	8,274	419.3	.....	.....

[Inclosure No. 3.]

EUROPEAN TROOPS, MADRAS COMMAND.

Stations.	1894.			1895.			Difference.	
	Average annual strength.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Average annual strength.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Increase.	Decrease.
Port Blair	141	30	212.8	141	41	290.8	78	.....
Rangoon	992	520	524.2	1,097	715	651.8	127.6	.....
Thayetmyo	558	251	449.8	542	254	468.6	18.8	.....
Meiktila	338	196	579.9	381	247	648.3	68.4	.....
Fort Dufferin (Mandalay)	995	715	718.6	1,029	716	695.8	.....	22.8
Shwebo	486	290	596.7	467	367	785.9	189.2	.....
Bhamo	264	67	253.8	230	64	278.3	24.5	.....
Belgaum	1,180	805	682.2	997	605	606.8	.....	75.4
Secunderabad	2,931	1,556	530.9	2,764	1,554	562.2	31.3	.....
Cannanore	105	30	285.7	114	45	394.7	109	.....
Calicut	100	49	490	107	95	887.9	397.9	.....
Mallapuram	145	74	510.3	147	120	816.3	306	.....
Madras	523	284	543	533	312	585.4	42.4	.....
St. Thomas Mount	327	163	498.5	338	102	301.8	.....	196.7
Pallavaram	55	28	509.1	65	27	415.4	.....	93.7
Bangalore	2,114	898	424.8	2,150	797	370.7	.....	54.1
Bellary	648	336	518.5	695	354	509.4	.....	9.1
Ramandroog	38	18	473.7	24	7	291.7	.....	182
Wellington	1,112	512	460.4	1,136	530	466.5	6.1	.....
Bernardmyo	166	42	253	158	61	386.1	133.1	.....
Poonamallee Depot	78	27	346.2	133	89	669.2	323	.....
Marching	.....	.....	.....	169	18	106.5	.....	.....
Total Madras command	.....	.....	.....	13,417	7,120	530.7	.....	.....

[Inclosure No. 4.]

EUROPEAN TROOPS, BOMBAY COMMAND.

Stations.	1894.			1895.			Difference.	
	Average annual strength	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Average annual strength	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Increase.	Decrease.
Hyderabad	316	185	585.4	304	122	401.3	.....	184.1
Kurrachee	1,420	461	324.6	1,218	417	342.4	17.8	.....
Nasirabad	757	333	439.9	881	449	509.6	69.7	.....
Neemuch	436	343	786.7	473	268	566.6	.....	220.7
Indore	106	126	1,188.7	101	91	901	.....	287.7
Mhow	1,642	1,360	828.3	1,799	1,265	703.2	.....	125.1
Ahmedabad	236	211	894.1	264	184	697	.....	197.1
Deesa	369	161	436.3	325	214	658.5	222.2	.....
Ahmednagar	723	197	272.5	722	381	527.7	255.2	.....
Poona	2,034	1,210	594.9	2,073	1,607	775.2	180.3	.....
Kirkee	777	405	521.2	748	422	564.2	43	.....
Satara	214	105	490.7	220	147	668.2	177.5	.....
Kamptee	776	311	400.8	929	458	493	92.2	.....
Sitabaldi	44	26	590.9	44	14	318.2	.....	272.7
Colaba (Bombay)	1,354	706	521.4	1,194	499	417.9	.....	103.5
Quetta	2,219	972	438	2,354	935	397.2	.....	40.8
Taragarh	41	18	439	39	11	282.1	.....	156.9
Mount Abu	53	30	566	50	29	580	14	.....
Purandhur	131	40	305.3	110	27	245.5	.....	59.8
Khandalla Depôt	85	28	329.4	77	41	532.5	203.1	.....
Deolali Depôt	778	568	730.1	582	290	498.3	.....	231.8
Aden	1,049	472	450.0	1,038	343	330.4	.....	119.6
Marching	.....	.....	.....	76	16	210.5	.....	.....
Total Bombay command	.....	.....	.....	15,622	8,230	5,268	.....	.....

[Inclosure No. 5.]

SUMMARY OF PRECEDING TABLES.

Commands.	1894.			1895.			Difference.	
	Average annual strength.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Average annual strength.	Total number of admissions from venereal diseases.	Ratio per 1,000 of average annual strength.	Increase.	Decrease.
Bengal command	.....	.....	.....	22,259	13,472	605.2	.....	.....
Punjab command	.....	.....	.....	19,733	8,274	419.3	.....	.....
Madras command	.....	.....	.....	13,417	7,120	530.7	.....	.....
Bombay command	.....	.....	.....	15,622	8,230	526.8	.....	.....
Total India	71,002	36,351	511.4	71,031	37,096	522.3	10.9	.....

[Inclosure No. 6.]

Ratio of admissions for each class of venereal disease.

BENGAL COMMAND.

[Average annual strength, 22,259.]

Detail of venereal diseases.	Number of admissions.	Ratio per 1,000 of average annual strength.	
Primary syphilis	4,525	203.3	271.3
Ulcer of penis	1,513	68	
Secondary syphilis	2,007		90.2
Gonorrhœa	5,427		243.8

PUNJAB COMMAND.

[Average annual strength, 19,733.]

Detail of venereal diseases.	Number of admissions.	Ratio per 1,000 of average annual strength.	
Primary syphilis	2,882	146	191.7
Ulcer of penis	901	45.7	
Secondary syphilis	1,337		67.8
Gonorrhœa	3,154		159.8

MADRAS COMMAND.

[Average annual strength, 13,417.]

Detail of venereal diseases.	Number of admissions.	Ratio per 1,000 of average annual strength.	
Primary syphilis	2,973	221.6	246.9
Ulcer of penis	339	25.3	
Secondary syphilis	1,366		101.2
Gonorrhœa	2,452		182.8

Ratio of admissions for each class of venereal disease—Continued.

BOMBAY COMMAND.

[Average annual strength, 15,622.]

Detail of venereal diseases.	Number of admissions.	Ratio per 1,000 of average annual strength.
Primary syphilis	1,988	127.3
Ulcer of penis	1,854	118.7
		245.9
Secondary syphilis	1,329	85.1
Gonorrhœa	3,059	195.8

INDIA.

[Average annual strength, 71,031.]

Detail of venereal diseases.	Number of admissions.	Ratio per 1,000 of average annual strength.
Primary syphilis	12,368	174.1
Ulcer of penis	4,607	64.9
		239
Secondary syphilis	6,029	84.9
Gonorrhœa	14,092	198.4

[Inclosure No. 7.]

Ratio of admissions per 1,000 for all venereal diseases for India from 1876 to 1895.

Year.	British troops.	Native troops.	Year.	British troops.	Native troops.
1876	189.9	(*a*)	1889	481.5	38.9
1877	208.5	26.7	1890	503.5	41.1
1878	271.3	37.5	1891	400.7	37.9
1879	234.8	37.1	1892	409.9	39.6
1880	249.7	33.3	1893	466.	36.4
1881	260.5	39.5	1894	511.4	32.3
1882	265.2	34.4	1895	522.3	31
1883	270.3	31.6			
1884	293.9	27.9	*Decennial period.*		
1885	342.7	30.1			
1886	389.5	28.1	1876–1885	258.3	(*b*)
1887	361.2	27.4	1877–1885	.....	33.2
1888	370.6	31.5	1886–1895	443.5	34.7

a No returns. *b* Figures for 1876 not available.

[Inclosure No. 8.]

Statement showing the number of British soldiers serving in India on July 15, 1894, who have had venereal disease.

Corps.	Strength July 15, 1894.	Number of men who, since arrival in India, have had a first admission for—		Number of men who, since arrival in India, have been admitted for—			Number of men who have never had any form of venereal disease.
		Primary syphilis.	Secondary syphilis.	Gonorrhœa.	Any form of syphilis.	Other venereal diseases.	
Bengal	44,372	9,187	3,232	11,990	12,427	7,718	16,653
Madras	13,486	2,941	1,217	3,121	3,851	1,930	4,979
Bombay	12,784	2,822	972	3,572	3,614	2,039	4,615
Total	70,642	14,950	5,421	18,683	19,892	11,687	26,247

Thus, out of 70,642 Britis soldiers, only 37 per cent had never suffered from venereal disease.

[Inclosure No. 9.]

Ratio of admissions per 1,000 for all venereal diseases in foreign armies, 1890.

Prussian	26.7
Russian	43
French	43.8
Austrian	65.4
Italian[1]	104

[Inclosure No. 10.]

Statement showing the measures taken and orders issued consequent on the resolution of the House of Commons of the 5th June, 1888.

1. Previous to 1885, at nearly all military stations of any importance, "lock hospitals" had been established for the treatment of women suffering from venereal diseases. Such women were dealt with under the provisions of the rules framed under the following acts:

Bengal Act XXII of 1864 (reproduced in Act III of 1880).
Bombay Act III of 1867.
Madras Act I of 1866.

Under these rules all prostitutes living in cantonments were registered and subject to medical examination. In many cases special quarters were allotted for them in regimental or cantonment bazaars, and women evading the rules were subject to ejectment from cantonments.

1885.

2. Owing to the unsatisfactory reports on the working of the lock hospitals in military cantonments, the government of India decided that a certain number of lock hospitals should be closed, in view to a comparison being made of the results at those stations and at protected stations. Orders were accordingly issued to close the lock hospitals at certain stations, with effect from 1st January, 1885, viz., Chakrata, Murree, Kasauli, Meerut, Allahabad, Pindi, Peshawar, Mian Mir, Delhi, Cawnpore.

1887.

3. The results obtained by the experiment appeared at the time to point to the conclusion that there had been a marked and progressive increase of venereal disease among the soldiers at the stations where the lock hospitals had been closed, and that the percentage of disease compared most unfavorably with the percentage at the stations where these institutions had been maintained. The governor-general in council accordingly directed the reopening of the hospitals in question.

1888.

4. On the 5th June, 1888, however, the following resolution was passed in the House of Commons:

"*Resolved*, That, in the opinion of this House, any mere suspension of measures for the compulsory examination of women, and for licensing and regulating prostitution in India, is insufficient, and the legislation which enjoins, authorizes, or permits such measures ought to be repealed."

And in a dispatch dated 14th June, 1888, No. 136, military, the secretary of state for India directed that it should receive at the hands of the governor-general in council the careful consideration which a resolution of the House of Commons deserved.

In compliance with this dispatch, the governor-general in council issued explicit orders, dated 26th July, 1888, with a view to putting an end to any practices which involved the licensing or registration of prostitutes, or the compulsory examination of women in cantonments.

1889.

5. In 1889 the new cantonments act (XIII of 1889) was passed, by which the governor general in council was authorized to make rules to provide for "the prevention of the spread of infectious and contagious disorders within a cantonment, and the appointment and regulation of hospitals or other places within or without a cantonment for the reception and treatment of persons suffering from any disease."

[1] It may be noted that in 1888 the compulsory examination of prostitutes in Italy was abandoned. In the year previous to this, the rate was only 42.5, which accords well with the ratios in other European armies. In 1891, in consequence of the large increase in disease which had taken place, registration and examination were again resorted to.

1890.

The precise nature of these rules was the subject of discussion between the secretary of state and the government of India, and on the 4th July, 1890, the goverernor-general in council duly made and published certain rules under the act, providing, among other things, for the creation of such general hospitals as might be necessary in cantonments for the reception and treatment of persons suffering from any diseases, including infectious or contagious diseases, within the cantonment. These hospitals were designated "cantonment hospitals," and certain rules were laid down for their management, etc.

1891 TO 1893.

6. Toward the end of 1891, Dr. Rice, then surgeon-general with the government of India, expressed his opinion that the cantonment hospitals were conducted too much on the lines of the old lock hospitals, and were unlikely to fulfill the purpose for which they were created. He proposed the establishment in every cantonment of a hospital for the treatment of sick natives of all classes residing within the limit of the cantonment who are not enlisted soldiers. The government of India approved this proposal, and Dr. Rice was deputed to visit certain stations in the Bengal presidency in connection with the establishment of these new "cantonment general hospitals," as it was decided to call them. The result of his inspection was that cantonment general hospitals were established at Lucknow, Umballa, Rawal Pindi, Bareilly, Peshawar, Allahabad, Jubbulpore, Meean Meer, Meerut, Agra, Quetta, Dinapore, Fyzabad, Sitapore, Cawnpore, Mooltan, Ferozepore, Nowshera, and Sialkot. Proposals were also received for the establishment of similar hospitals in the Madras and Bombay presidencies, but owing to want of funds no action was taken thereon. From the foregoing it will be seen that there now were two classes of hospitals—(*a*) the "cantonment hospitals" established under the orders of 1890, and (*b*) the new cantonment general hospitals started by Dr. Rice.

1894.

7. In March, 1894, the commander-in-chief pointed out that the results obtained by the establishment of cantonment and cantonment general hospitals had not been satisfactory, inasmuch as these institutions had failed to attract the classes for whose treatment they were primarily started. His Excellency therefore inquired whether the policy of the government of India in regard to the maintenance of these hospitals was likely to be modified. The government of India concurred generally in the commander-in-chief's views, and directed that no expansion should occur in the expenditure on these hospitals, pending further consideration of certain points in connection with their future maintenance. In the meantime sanction was given to close the following hospitals as not fulfilling the object for which they were established, viz: Dinapore, Fatehgarh, Malapuram, Thayetmyo, Pachmari, Darjeeling, Barrackpore, Saugor, Mhow, Neemuch, and Nusserabad.

1895.

8. It may here be remarked that, notwithstanding the instructions which were issued from time to time in consonance with the orders of 1888, it was found that the practices which had been condemned by the resolution of the House of Commons, and which had been prohibited by the orders of the governor-general in council, had not been wholly discontinued in some cantonments, and in a dispatch dated 1st March, 1894, No. 26, the secretary of state for India intimated that the only effective method of preventing a recurrence of such practices was by means of legislation. Accordingly an act for this purpose was passed by the governor-general in council on 7th February, 1895, "providing that no rule made under the cantonments act of 1889 shall contain any regulation enjoining or permitting any compulsory or periodical examination of any woman by medical officers or others for the purpose of ascertaining whether she is or is not suffering from any venereal disease, or is or is not fit for prostitution." Similarly, it was provided "that no rule shall contain any regulation for the licensing or special registration of prostitutes, or for giving legal sanction to the practice of prostitution in any cantonment." This necessitated a revision of the 1890 cantonment rules, and a fresh set of rules were therefore drawn up and published for general information in G. G. Os.

Lastly, to avoid the possibility of any future misconception of orders, a resolution explaining the policy of the new act and rules, and prohibiting all practices, as distinguished from rules and regulations, inconsistent with that policy, was issued by the governor-general in council on the 29th April, 1895.

1895-96.

9. In January, 1895, the quartermaster-general submitted revised proposals for the medical treatment of government followers and the native civil population of cantonments, the principles on which these proposals were based being—

(*a*) That where feasible the native population should resort as formerly to civil

dispensaries, grants being made to those institutions by cantonment funds wherever necessary;

(*b*) That hospitals for the indoor treatment of followers and others should only be provided in a few instances where absolutely necessary, but that in such cases the hospital should be designated a "station followers' hospital," the term "cantonment" or "cantonment general" hospital being open to objection, having regard to past associations;

(*c*) That where (*a*) is not feasible or (*b*) unnecessary, the present cantonment hospital should be converted into an outdoor dispensary.

As, however, the question of transferring the direction of cantonment funds to lieutenant-generals commanding was then under discussion, it was decided to take no action for the time being with regard to the above proposals. Shortly after, government sanctioned the closure of the hospitals at Cannanore, Solon, Wellington, Poona, Kirkee, Ahmednagar, Deesa, Ahmedabad, Aden, Karachi, Hyderabad, Kamptee, and Dharmsala.

10. The question of the future policy to be pursued with regard to these hospitals having been again reopened by the commander-in-chief, it was decided, after much discussion, to accept the principles advocated by his excellency in January, 1895, and orders were issued accordingly, a report also being made to the secretary of state. Agreeably to the policy which it had been decided to adopt, sanction was given for the closure of the hospitals at Benares, Cawnpore, Chakrata, Landour, Muttra, Naini Tal, Ranikhet, Roorkee, Dum-Dum, Fyzabad, Ferozepore, Multan, Jhansi, Nowgong, Nowshera, Saugor, Shahjehanpore, Sitapore, Jullundur, Jutogh, Kasauli, Amritsar, Dalhousie, Dagshai, Subathu, Campbellpore, Cherat, Sialkot, Bangalore, Bellary, Belgaum, Mandalay, and Trimulgherry, and the establishment of outdoor dispensaries at the following places: Multan, Dum-Dum, Fyzabad, Jhansi, Saugor, Shahjehanpore, Sitapore, Dagshai, Subathu, Campbellpore, Cherat, Sialkot, and Trimulgherry.

11. This brings the history of these hospitals up to the present time, leaving only 13 "station followers' hospitals" (the designation substituted for the old cantonment and cantonment general hospitals) now in existence, viz: those at Agra, Allahabad, Calicut, Deolali, Jubbulpore, Lucknow, Meean Meer, Meerut, Peshawar, Rawal Pindi, Secunderabad, St. Thomas' Mount, and Umballa.

1896.

12. The advisability of taking stricter measures to prevent solicitation in cantonments, especially with a view to the suppression of loitering and importuning in the vicinity of barracks, having attracted the attention of the governor-general in council, rules providing for the suppression of such practices have been published under the cantonments act (XIII of 1889), and will form a part of the cantonment code when this is introduced.

APPENDIX NO. II.

Medical report on cases of syphilis from India, by Surg. Maj. H. R. Whitehead, army medical staff.

ROYAL VICTORIA HOSPITAL,
Netley, August 21, 1896.

SIR: In accordance with your wishes, before relinquishing the charge of the surgical division of this hospital, I have the honor to bring to your notice certain facts in connection with the great prevalence of syphilis among the foreign invalids admitted here, and the condition in which many of these patients arrive.

2. The disease appears to have become a more frequent cause of invaliding from India and the colonies than formerly, and in many cases to have assumed a more malignant type, to such an extent that death has occurred in many instances from the severity of the disease itself.

3. No one can imagine a sadder sight than the reception here of a batch of poor fellows suffering from this disease, from one of the troopships, utterly broken down in health, hardly able to crawl, covered

with scabs and sores, with the foul odor of the disease about them. Objects of disgust and loathing to themselves and all around them, their condition is indeed pitiable and shocking.

Many of the cases under treatment lately in this division have been of the most revolting character, accompanied by horrible disfigurement and destruction of tissues.

In some cases patients have been in this hospital for two or three years, unfit to mix even with their fellows, and if they have ultimately left this hospital alive, have done so completely crippled, and so permanently disfigured as to render their lives a misery to themselves and their chance of earning a livelihood quite hopeless.

4. May I now direct your attention to some statistical facts taken from the period over which my actual observations extend? From 1st October, 1891, to 30th September, 1894 (a period of three years), 1,151 men were invalided from this division for all causes as unfit for further service. Of this number 242 were cases of syphilis, or 20 per cent of the total number.

5. From 1st October, 1894, to 30th September, 1895, out of 498 men invalided from all causes, 161 were cases of syphilis, or nearly 40 per cent.

6. During the same period, out of a grand total of 757 admitted to the division, 324 were cases of syphilis. [The figures for this year will probably show the same or even a larger percentage.] It thus appears that in 1894–95 half the cases under treatment in the surgical division were suffering from syphilis, and that the disease was so severe in 161 cases (half the number treated) as to necessitate their discharge from the service, with their constitutions more or less shattered.

7. Even in many of the cases ultimately returned to duty the men had been in hospital a protracted period (often twelve months or longer), and were exceedingly liable to relapse.

In such cases the State had not only paid the man for the time he was inefficient and lost his services, but received back a doubtfully efficient soldier.

8. When we consider that we are dealing essentially with a preventable disease, the wanton waste of good material and the ultimate misery caused by it become most painfully apparent.

9. During the five years of my appointment as assistant professor of military surgery, I have had unrivaled opportunities of studying the question, and I have arrived at the following conclusions:

(1) That the disease is more prevalent at present than formerly among foreign invalids.

(2) That the type is more malignant.

(3) That the health and efficiency of the soldier are in many cases absolutely ruined by this disease, and even if they so far recover after a bad attack as to return to duty, there is a great probability of their again breaking down.

10. Taking these facts into consideration, and laying especial stress on the preventability of the disease, I would most respectfully beg you to use your influence to urge on the authorities the extreme importance of taking some measures to protect the soldier from chances of infection and to put a stop to the present scandalous state of affairs.

I have the honor to be, sir, your most obedient servant,

H. R. WHITEHEAD,

Surgeon-Major, A. M. S., in charge Surgical Division, Netley.

The PRINCIPAL MEDICAL OFFICER, *Netley.*

APPENDIX No. III.

Abstract of a return furnished by the principal medical officer at Netley, relative to the cases in the hospital on 30th January, 1897.

Of 363 cases in hospital, 100 had been pronounced unfit for service and their documents had been sent to Chelsea Hospital. No analysis of their cases can therefore be given; 21 out of the 100, however, had been discharged for venereal disease.

Of 263 remaining, 196, or 74 per cent, had a history of syphilis, 94 had been invalided home, mostly from India, for secondary syphilis; of the other 102, who, though invalided home for other complaints, had suffered at some time from syphilis, the following are cases in which the official return indicates a distinct connection between their present disability and syphilis or other venereal disease contracted at some time during their service:

Disease for which invalided home.	Remarks.
Malarial fever	Glands, groin, suppurating.
Do	Ulcer of testicle, probably leading to castration.
Stricture of urethra	Result of gonorrhœa.
Anæmia	Suppuration of lymph glands and general debility.
Hepatitis	Glands, groin, enlarged.
Recto urethral fistula	Result of gonorrhœa, still unhealed.
Malarial fever	Acute gonorrhœa.
Debility	Enlarged glands, groin.
Ague	Hemiplegia face, scars on face, stiff joints, cachexia.
Stricture of the urethra	Urethral and vesical fistula.
Inflammation of the bladder	Gonorrhœa resulting in inflammation of the bladder.
Suppuration of the glands	Iritic adhesions and recurrent iritis, chronic glandular inflammation.
Anæmia	Partially due to venereal disease.
Debility	Epileptic (?) attacks, apparently result of severe attacks of primary syphilis.
Rheumatism	Syphilitic eruption.
Epilepsy	Probably due to syphilis.
Hemiplegia	Disease due to syphilis.
Rheumatism	Saturated with syphilis.
Dysentery	Extreme debility caused by syphilis.
Debility	Saturated with syphilis.
Melancholia	Condition dependent on long continued syphilis.
Gonorrhœa	Unfit for service owing to gonorrhœal rheumatism.
Sclerosis	Disease due to syphilis, partially paralyzed.
Valvular disease, heart	Had syphilis on admission.
Dysentery	Frequent admissions for gonorrhœa.
Rheumatism	Due to gonorrhœa.
Debility	Constantly in hospital for syphilis.
Ague	Frequent admissions for venereal disease. Health destroyed.
Do	110 days in hospital, ulcer of penis.
Enteric fever	Constantly in hospital with venereal disease.
Debility	Constant admissions for venereal disease.
Dysentery	52 days in hospital with inflammation of the glands, groins.
Synovitis	Almost whole service in hospital with venereal disease.
Debility	Disease due to admission for venereal disease.
Dysentery	Frequent admissions for venereal disease.
Phleg. dolens	Constantly in hospital with syphilis.
Rheumatism	Due to gonorrhœa.
Debility	Has suffered much from gonorrhœa.
Diabetes	92 days stricture of urethra.
Dysentery	Due to syphilis.

APPENDIX No. IV.

Letter from Gen. Sir F. S. Roberts, Bart., V. C., G. C. B., G. C. I. E., to the Marquis of Lansdowne, dated Mashobra, 18th May, 1890.

MY DEAR LORD LANSDOWNE: My main object in the establishment of regimental institutes was to improve the tone of the British soldier by teaching him to appreciate a more respectable mode of life, in the hope that he would gradually become a better behaved man, and also

because it seemed to me that the educated men who now enlist ought to be treated with more consideration than their predecessors in the army, most of whom probably did not come from such decent homes.

In 1888 institutes were only partially established, and it was some time before I could get all the commanding officers to believe that the habits of their men could be improved, or that a well managed coffee shop would make up for the profits derived from a canteen. I did not, therefore, expect any great change that year; there was, however, a slight improvement in the conduct of the soldiers, as evidenced by a decrease in the number of courts-martial.

Last year, I am glad to say, the improvement was most marked, as your excellency will see from the following statement:

BENGAL ARMY.

	1888.	1889.	Increase.	Decrease.
Total number of men punished.....per cent..	2.34	2.01	.....	0.33
Number of cases of insubordination with violence.....	307	257	.....	50
Number of cases of drunkenness tried by court-martial.....	149	98	.....	51
Number of men sentenced to imprisonment with hard labor....	957	781	.....	176
Number of men discharged with ignominy.....	110	79	.....	21

In the Madras and Bombay armies the results are equally satisfactory. Put in the most appreciable form, the following figures give the convictions by court-martial, as compared with the preceding year:

In Bengal the number of courts-martial decreased by 14.11 per cent.

In Madras the number of courts-martial increased by 1.22 per cent.

In Bombay the number of courts-martial decreased by 17.29 per cent.

F. ROBERTS.

REPRESENTATIONS RECEIVED BY THE SECRETARY OF STATE FOR INDIA FROM THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND THE ROYAL COLLEGE OF PHYSICIANS, RELATIVE TO THE PREVALENCE OF VENEREAL DISEASE AMONG THE BRITISH TROOPS IN INDIA.

[Presented to both houses of Parliament by command of Her Majesty.]

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1. *Letter from the Royal College of Surgeons of England to the secretary of state for India, dated 11th March, 1897.*

MY LORD: I am directed to forward to you the inclosed address, unanimously adopted at a meeting of the council of the college, held this day, and signed by all the members present, by means of which the council desire, through your lordship, to impress upon Her Majesty's

Government the urgent need for the adoption of measures to check the prevalence of venereal disease in the Indian army.

I am to add that the council are desirous of assisting the Government in every way which may be possible in the furtherance of any remedial measures which they may think fit to adopt.

I have the honor to be, my lord, your obedient servant,

EDWARD TRIMMER,
Secretary.

[Inclosure in above.]

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

MEETING OF THE COUNCIL, 11TH MARCH, 1897.

We, the council of the Royal College of Surgeons of England, desire to impress upon Her Majesty's Government the urgent need for the adoption of measures to check the prevalence of venereal disease in the Indian army.

The extent to which the British troops in India are shown by official reports to be now infected with venereal disease, not merely seriously impairs the efficiency of the army in that country, but constitutes, we believe, a grave danger to the health of the nation at large.

When we know that 13,000 soldiers, of whom only 4 per cent are married, leave India every year, and that at least one-quarter of them have been affected with constitutional syphilis during their service in India, we can realize the risks to which the civil population in this country are exposed when these men return home.

It has been shown that in 1894 only 37 per cent of the British troops in India had never suffered from any form of venereal disease; that 28 per cent had been treated for syphilis, and that of late years there has been a rapid increase in the frequency of both the primary and secondary forms of syphilis, and also, in a marked degree, in the virulence of the disease.

In face of such facts it is difficult to overestimate the amount of suffering which must follow, not only in the near future, but in years to come.

We therefore express our earnest hope that Her Majesty's Government may take effective means to check the ravages of a disease, which not only undermines the constitution of those who contract it in the first instance, but, by reason of the many ways in which it may be transmitted, destroys the health and happiness of countless other persons, and induces in the children of those originally infected diseases of a most formidable character.

WILLIAM MACCORMAC,
President.

N. C. MACNAMARA,
JOHN LANGTON,
Vice-Presidents.

THOMAS BRYANT.
THOMAS SMITH.
CHRISTOPHER HEATH.
REGINALD HARRISON.
ALFRED WILLETT.
H. G. HOWSE.
W. MITCHELL BANKS.
WALTER RIVINGTON.
HOWARD MARSH.
JOHN TWEEDY.
HENRY MORRIS.
A. W. MAYO ROBSON.
JAS. HARDIE.
J. WARD COUSINS.
ALFRED COOPER.
HENRY T. BUTLER.
FREDERICK TREVES.
N. DAVIES-COLLEY.

2. *Letter from the Royal College of Physicians, London, to the secretary of state for India, dated 29th March, 1897.*

MY LORD: I am desired by the president and fellows of this college to forward to you the inclosed report and to inform your lordship that it was adopted unanimously at a general meeting of the college held this afternoon.

I am, my lord, your lordship's obedient servant,

EDWARD LIVEING,
Registrar.

[Inclosure in above.]

REPORT OF A COMMITTEE OF THE ROYAL COLLEGE OF PHYSICIANS ON THE CONTAGIOUS-DISEASES ACTS.

Committee appointed, February 23, 1897, "To advise the college on the desirability of making a formal declaration of opinion to the Government in favor of the reenactment of the contagious-diseases acts, or such modifications of them as may prevent the spread of these contagious diseases."

Members of the committee.—Dr. Wilks, president; Sir William Priestley, Sir William Roberts, Dr. Church, Sir Dyce Duckworth, Dr. Payne, Dr. Bowles, Dr. John Anderson; Dr. Liveing, registrar.

Your committee beg leave to report as follows:

They have referred to a number of official and other reports and publications bearing upon the subject of the prevalence of venereal disease in the British army in India; and some of their number proceeded to Netley in order to inspect the numerous patients at present under treatment in the wards of the Royal Victoria Hospital, with the view of personally ascertaining the nature and type of the disease from which they are suffering. On the day they visited the hospital it contained 752 patients, of whom 219 were syphilitic cases. The last troopship brought 312 invalids, among whom were 76 cases of syphilis. It is difficult to describe the painful impression made by the inspection of these sick soldiers. Almost every variety of constitutional syphilitic disease was represented, those of a virulent form being very numerous, and the results of the disease were in many cases deplorable, while the appearance of the sufferers was most pitiable. The records of the hospital show that the number of such cases has largely and steadily increased in recent years, and that almost all have arrived from India.

In order to discuss the statistical aspect of the question usefully and satisfactorily, it would be necessary to enter to some extent upon the recent medical history of the British army in India. It is not proposed to do this, nor is there any need for it, because a departmental committee of the India office has just issued a special report on the subject. Your committee is quite satisfied, from the evidence before it, that the amount of syphilis among the European troops serving in India has enormously increased during the last few years, whereas while the contagious-diseases acts were in full operation (1872–1884) the amount remained almost stationary.

The extent of syphilis in the British army in India, and its rapidly increasing prevalence, are most serious. Whether this disease be regarded in relation to the large amount of inefficiency it causes in the British army and consequent weakening of the military power at the disposal of the government of India; to its present and often lifelong effect on the health and constitutions of the individual sufferers and their future wives and children; or in relation to its remoter consequences on the well-being of future generations, it appears to us to be a matter of serious moment, and to call for the gravest consideration.

The constitutional form of the disease is one of the most serious, insidious, and lasting of all the contagious diseases that afflict humanity. Other contagious complaints, e. g., smallpox or scarlatina (which in this and other civilized countries are made the subject of legislative interference in the interest of the population at large), are transmissible only for a limited time and not by inheritance. Yet the sufferers are separated during the course of the disease, and for such longer periods thereafter as experience has found to be necessary for safeguarding others from infection. With syphilitic disease it is far otherwise. It is the most lasting in its effects and most varied in the character of its specific manifestations; it frequently gives rise to consequences far removed from its initial symptoms, most seriously implicating and affecting various organs of the body; it complicates other diseases; its contagious properties extend over lengthened periods of time, during which the sufferers are often a source of danger to innocent people, while they may be, and frequently are, as parents, the source whence specific infection is transmitted to their children.

It follows, therefore, that if all reasonable measures to limit the spread of infection are justifiably taken in the case of other contagious or infectious diseases, they are far more necessary in the case of the disease in question.

About 13,000 soldiers return to England from India every year, and of these in 1894 over 60 per cent had suffered from some form of venereal disease. These figures are quoted as showing more forcibly than words can the risk of contamination not only to the present population of this country but also to its future generations. Of these men a number die, or, remaining invalids, are more or less incapacitated from earning their own livelihood, and thus become a burden on the rates.

The far-reaching effects of syphilis are so serious that it is of the first importance that the earliest indications of the disease should be medically treated without any loss of time. Neglect of this measure tends to increase its virulence in all its stages.

As regards the unfortunate women who pursue their calling in a diseased condition, it is simply a matter of humanity to them that they should have the benefit of medical treatment, with rest and care in hospital, until they are cured.

In view of this lamentable prevalence of disease, your committee makes the following recommendations and suggestions:

That as the civil, military, and medical officers in India are best acquainted with the local conditions now existing and affecting this prevalence of venereal disease, so they are the best judges of the most efficient means of dealing with it. Your committee therefore suggests that power be given to the government of India to take such steps for the mitigation of this evil as these officers may advise.

That for the protection of the healthy population venereal diseases in both sexes, in the soldiers as well as the women, be subjected to the same restrictions as are other contagious diseases, such restrictions having for their object the detection and prevention of such diseases.

With regard to the unfortunate women, such measures necessarily include examinations as well as treatment; and it may be desirable in India that the examination should be performed by persons of their own sex, who have been sufficiently trained and educated for the efficient discharge of this duty.

Syphilis requires prolonged constitutional treatment, during which the sufferers should be under frequent medical supervision, although not necessarily hospital in-patients.

Your committee also suggest that no women should be employed as coolies in or in the immediate vicinity of the barracks, as there is evidence that such women are frequently the source of aggravated forms of venereal disease.

In making these recommendations your committee considers that they should apply not only to the women but also to the men with whom they consort, and is of opinion that it would be highly advantageous if medical officers in the army found some means, by elementary reading-room lectures or otherwise, of acquainting young and inexperienced soldiers with the grave and far-reaching consequences that are likely to result from immoral conduct, as well as from the concealment of the primary symptoms of the disease, the early treatment of which is of the utmost importance.

SAMUEL WILKS, *President.*

MARCH 23, 1897.

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