

Venereal Diseases and its Impact on colonial India

Prof. Rakesh

Assistant Professor
Satyawati College (Eve)
Department of History
Delhi University

Abstract: In the 19th century, India was an unhealthy place for the British. Many diseases such as malaria, cholera, dysentery, and smallpox were endemic, and there were periodic outbreaks of other infectious diseases. Venereal diseases (STDs) reached the subcontinent in the 16th century and soon became widespread. Venereal or Sexually transmitted diseases (STDs) have always been a big challenge for the Government. By the middle of the century, it became clear that the army in India was severely affected.¹The British policy on the venereal diseases revolved around the racial theory. Their venereal diseases policy was designed only for the white military in which civilians were not included because they were not interested in civilian sexual diseases. They considered venereal diseases in the European soldiers were due to proper lack of medical examination of prostitutes and only through the Disease Act could be controlled venereal diseases. British believed that prostitutes will be accepting medical examination and they would motivate to admit to the Lock Hospital for treatment. It was clear that through the Contagious Diseases Act, military authority wanted control over the prostitutes and their aim was protected by the British soldiers from infected prostitutes. Their purpose was not to provide better health to prostitutes but they wanted to prevent homosexuality or unhygienic sex. British policy moved beyond the notion that if white army man infected by prostitutes then the punishment will be given to only prostitutes. The most important fact was that they created division between registered and unregistered prostitutes. Despite the hard efforts of British Government, limited success of Lock Hospitals increased pressure on British Authority for the strict rules. In spite of great attention of the Government towards the soldiers, at the end of the First World War; in India had few hospitals and dispensaries opened for venereal diseases but hardly any venereal diseases specialist or treatment was available for civilians. The fact remains that venereal diseases were the chief cause of sickness among the British troops but there is no doubt that different type of venereal disease did not claim a large number of lives. Perhaps, it was the chief cause of careless attitude of the British Government towards the venereal diseases in India.

Keywords:- Lal Kurti, queen's ladies, chakras, firangi roga, Lal Bazaars, annas, dhais

This paper will be explained discriminatory the Act towards natives and British, more especially about the women who lived in the cantonment area. I will also focus on the prostitutes so that I can understand the relation between prostitutes and army. My research would show that the British health policy brought unequal impact on people.

The British policy on venereal diseases originated from needs and experience of the state in which they primarily focused on how to provide best hygienic, sanitary and medical facilities to the military and their white population. Their entire policy moved around the notion of superiority of race in which British were placed in the top position. It was popular thinking that venereal diseases can be traced rarely in ancient India but 'some attempts have been made to identify syphilis and gonorrhoea in ancient Hindu (Ayurvedic) text.² But Jaggi O.P. said that Ancient Indian medical text such as Charaka Samhita and Sushruta Samhita, while described different diseases of the genital organs, of males or females, make no mention of signs and symptoms akin to those of syphilis or gonorrhoea. The first available Indian medical text to describe syphilis is Bhavaprakasha written by Bhava Misra, around 1550. He calls it phirangi roga, or the European diseases.³ By the 17th century, we rarely found references to venereal disease in India that's why people called firangi roga (foreign diseases). In the context Jaggi O.P. wrote in the Medicine in India: Modern Period "Venereal diseases like syphilis and gonorrhoea are said to enter India with Portuguese."⁴ When British conquered India, venereal diseases had become common diseases but after 1857; it became a serious disease and widely affected British troops. There were various forms of venereal diseases such as Syphilis, Gonorrhoea, Phymosis, Stricture, Warts, etc. among the European troops in the cantonments. In which Syphilis and Gonorrhoea were chief venereal diseases among the troops. It was recognized new emerging urban areas were the main centre of brothel houses, British and native soldiers frequently visited and made unhygienic intercourse with native prostitutes. Most of the English soldiers had a habit of drinking and they lived without family in an alien country that's why they easily lost moral value and made sexual relations with local prostitution. Most of the British soldiers were unmarried and young that's why they could not prevent themselves from making intercourse with an unregistered prostitute. Soon, Government alarm about the high prevalence of venereal diseases in the army. Venereal diseases not only affecting the military efficiency but also when soldiers return to the home were infecting their wives or other prostitution.

Prostitution had been practising since ancient India and it was recognized by the state as an institution. Vatsyana in the Kamasutra mentioned different types of sex; he also described practices of prostitution but they received recognition from the state and society. Buddhist literature also gave us information about the occupation prostitution and all literature testified about the good status of prostitution in ancient India. In the Modern period, we find a lot of description of the worse condition of a prostitute in India. In the 19th and 20th century prostitutes were easily visible in the major cities and seaports in India. Brothel houses had become a prominent feature of these cities and generally, Indian prostitution did not allow making sexual relations with British soldiers. In

the most cases, Indian prostitutes were come from lower caste or poor families, indicating their low social status. Many archives records show that many of the trafficking women were belong to lower caste or poor. Basu wrote in his article "Sexually transmitted diseases and the Raj" about the Indian prostitute that "In India, they were seen as having the voluntarily chosen the "oldest profession"; it was a caste occupation, often handed down from mother to daughter. Prostitutes might be cured of the infection, but there was no possibility, or wish, for any change of lifestyle."⁵ Most of in the cases, due to the disaster happening such as flood, famine, or other reasons led to an exodus of young lower caste or poor women from rural areas to cities, there was no job for them. Sometimes, forcibly or self-consensuses took to prostitution because 'they had no other source of livelihood.'⁶ When British Government stationed different part of the country, then British military men make sexual relation with anative prostitute.

However, initially, British Government attempt to established special brothel house called chaklas within the boundary of the cantonment. British Government took under the notice of sexual needs of the soldiers in the cantonment. Maximum, British soldiers were young and unmarried and their sexual needs could disturb their mental health. It had become a top priority for the Government to provide soldier's needs and desires and Government gradually evolve a policy of providing Indian women to satiate the sexual lust of the soldiers.⁷ It was chief reason behind establish chaklas, that were identified as red-light area (prostitution area) because British Officers were anxious about the homosexuality in the troop. The homosexuality was common in British troops, whenever they get a transfer from one place to another place then they could be habitual in the homosexuality. The sex for the soldiers was necessary and they could be full filling their lust from the homosexual. The homosexuality could be unhealthy for British soldiers and in every condition they wanted to prevent homosexuality in the troops that's why they invigorated prostitution. The British authority used prostitution as a safeguard against the homosexuality. To easily access to prostitutes provided safe sex for the soldiers. In order to British authority established chaklas or brothel house around the cantonment or in the Sadar Bazaar. These types of chaklas were placed in each regiment, but only registered prostitute could dwell in the cantonment. Any healthy prostitute could apply for registration and after the registration, she had right to take up residence in cantonment or chaklas. The registered prostitutes were only allowed to consort with British soldiers. Registered prostitutes in chaklas were called Lal Kurti, "queen's ladies". The chaklas were supervised by mahaldarnis, appointed by the government.⁸ Chaklas's supervisor was responsible for the medical examination of prostitutes. For their 'young boys', the military authorities regulated prostitution⁹ so that they could protect soldiers from the venereal diseases. To encouraging prostitution in the regiments was necessary to stop hazardous and replete with dire consequence. They know that if they tried to abolish prostitution; as Anil Kumar said that "reckless soldiers would broil into bazaars risking their masculinity but the prospect of homosexuality would lead to the most devastating sort of degeneration."¹⁰ We can be assumed that institution of prostitution was necessary that's why British Government did not attempt to the abolition of prostitution in India.

It cannot be denied that chief cause of the spread of venereal disease in the troops was intercourse with prostitutes. This type of prostitute could be available in cantonment, cities, towns, and villages. When British authority finds cause then they passed a circular o. 3 of 6th January 1872 which deals prohibiting the hutting women laborer employed in the cantonment. In the eyes of military authority, the unregistered prostitute was disease-ridden which lurking beyond around cantonment boundaries. This type of prostitutes was not about aware of the safe sex and they had no right to attend European soldiers. This type of separation of the prostitution was not only base on race but also through the medical examination created separation. The military authority was fully aware of venereal disease which was spread by unregistered prostitute among the troops. Military authority was more anxious about the compulsory medical examination of prostitutes because they could be neither abolished nor suppressed. They considered that routine examination of sex workers could be useful that's why they were champion of Indian a Contagious Diseases Act.

Before of Indian Contagious Diseases Act of 1868, due to lack of medical surveillance over prostitution; there was a high risk of sexually transmitted diseases among the troops. British Government had already passed The English Contagious Diseases Acts in 1864 and later in 1866 and 1869 in own country. The aim of these Act introduced sanitary legislation and to purportedly control the spread of venereal diseases among the British troops in England. Initially, through this Act, Government sought to control civilian population, as well as. But British public was against this act and due to high pressure, this Act restricted to the military and finally in complete abolition in 1886. According to the Act of 1864, if prostitute found suffering from gonorrhoea or syphilis, she could be interned in a Lock Hospital for a period not exceeding nine months. It was depended on full health prostitution; if she could not recover then she must be expelled from cantonment's area. The Act provided legal system governing prostitution in which prostitute after the medical examination could have entertained army men. If any prostitute refused the examination and registration then she could be imprisonment in jail or paid a heavy fine.

After the Crimean war (1854-56), British Government mull over the reforms in the army because in this war most of the British army's men suffered from venereal diseases and causality was much high than on the battlefield. Venereal diseases affected military efficiency and put the huge financial burden on the military authority. Now people of England were being aware of the worse living condition of British soldiers. Due to the growth of awareness and sympathies for the British soldiers among the people, Government compelled brought reforms in the British military and navy. In terms of immediate background, the Acts were a post-Crimean war reform in the British army and navy. For the medical debacle of the Crimean war in which the British army suffered more 50 casualties in the hospital than on the battlefield and hence serious financial and manpower loss, generated concern over diminished military efficiency caused by the ravages of venereal disease. The good option for the British Government to protect their soldiers from venereal diseases was introduced Contagious Diseases Act. First Contagious Diseases Act passed in 1864; the later Acts of 1866 and 1886 were also introduced in Britain. Contagious Diseases Acts were not out of controversies, due to huge public pressure against the Act abolition in 1886. The chief cause of dissatisfaction among the public was that 'The Contagious Diseases Act allowed the British Government to arrest anyone who was thought to be a prostitute and performed

unauthorized, and often non-consensual, medical tests on them.¹¹ Many social groups created awareness against the Act because they were against the unfair treatment of women. Most objection part of this Act was that if a woman or prostitute found suffering from gonorrhoea or syphilis, she would be interned in a Lock Hospital.

The numbers of admission of European's venereal diseases patients had been increasing in the army. It posed a great alarm of danger in not only in British Colonies, as well as India. India was an important colony for the British and after the revolt of 1857, numbers of European soldiers' influxes in India. The reason was that in future if occurred a revolt such as happened in 1857, could be to bear down with the help of the white military. There was main ground that British Government established more British troop stations in whole India. There was a most significant change in the British troops that proportions of very young and unmarried British soldiers were increasing in India's army. Such as Jaggi O.P drew attention towards this issue that "Among the several reasons for this increase was the fact that the proportion of unmarried men was increasing, and the mean age of the army was falling. The proportion of married men was only 5.94 percent in 1891, against 11-32 in 1872; 43 percent of men were under 25 years of age in 1881 against in 1881 in 1871-1875."¹² The introduction of the short-service system into the British Army in 1870 resulted in an increased proportion of young, unmarried soldiers being sent to India. By 1880 41% of British soldiers in India were under 25 years old, with a further 34% between the ages of 25 and 29. Though officially 12% of British soldiers were permitted to have wives with them "on the strength," the actual proportion was far smaller: only 3.7% (3-5). Although the number of deaths directly attributed to Sexually transmitted diseases (STDs) was very small (less than 1% of the total in 1890).¹³ Initially, British Government tried to keep distance to Young British soldiers from Indian prostitutes but they failed because British soldiers were making frequently sexual relations with native women. In order to British military authority encouraged imported European's prostitutes in India so that British army men could avoid intercourse with native prostitutes? In the context, Kumar Anil wrote that "the government gradually evolved a policy of providing Indian women to satiate the sexual lust of the soldiers."¹⁴ For the protection of European soldiers from venereal diseases, military authority regulated prostitution and finally, British Government introduced Indian Contagious Diseases Act in 1864 with the two purposes; first, to facilitate sex and second, provide protection from venereal diseases. However, native troops were also suffering from venereal diseases but their numbers were less than European soldiers. The sixth Annual report of the Sanitary Commission for the Government of India (1869) stated that while the native troops suffered from venereal diseases in the ratio of 46 per 1,000 or less, this disease was four times more common than the European troops.¹⁵ J.M. Cunningham (1869) who was Sanitary Commissioner in India, he brought forth a report about the venereal disease among the European soldiers between 1852 and 1867, in which he took down that "The higher ratio among Indian soldiers the reported incidence of venereal diseases was lower; in 1866, for example, the rates of infection for British and Indian troops were respectively 218 and 54 per 1000."¹⁶ In the context, Annual Sanitary Report throws the light on venereal diseases among the European soldiers. The statistics of venereal diseases among European soldiers between the years 1852 and 1867 appeared that admission of European patients of venereal diseases was in high ratio than natives. Arnold David also writes that "Among Indian soldiers, the reported incidence of STDs was far lower than among Europeans. In 1877 the rate of admissions per 1,000 was 27; in 1890 it was 41 and in 1895, 31. However, these figures should be treated with caution: Indian soldiers before the First World War were subjected to far less medical scrutiny than British troops, and venereal complaints among them were probably significantly under-reported."¹⁷ There was no clear idea about the low rates of venereal diseases among the Indian troops but British military authority claimed that Indian troops were hiding their diseases from the doctors. Perhaps, native troops were not used to prostitutes than British soldiers. Mostly Indian troops were hesitated frequently visited the prostitutes. If someone gets an infection from a prostitute then he tried to hide their diseases and he approached the local vaidyas or hakims were for cure or sometimes they maintained their health at home without any informed to higher officers.

However, "Indian Contagious Disease Act" was a first act which was provided protection from the venereal disease. But it was not the first time when British did directly intervene in the control of venereal diseases. Many British regiments in the 18th century had already taken on their initiative to establish brothel houses (Lal Bazaars) in the cantonment areas. These Lal Bazaars were superintended by an elderly woman and she was responsible for the good health of prostitutes and regular medical examination. If any women get an infection with venereal diseases then superintendent had a responsibility to expel from Lal Bazaar or brothel house and sent to Lock Hospital. Moreover, in the close of the eighteenth century, the Governor-General in Council invested power with the building of 'Lock Hospitals for the reception of diseased women' in parts of north India to check the spread of venereal disease among European soldiers. In 1805, on the basis of a plan, drawn up by the Medical Board, the Madras Government introduced compulsory medical examinations for the detection of venereal diseases in women and introduced Lock Hospital for the treatment of infected women.

In the 19th century, British had been attempting to control venereal diseases but this disease was spreading very fast in troops that's why they introduced Indian Contagious Diseases Act of 1868 in order to control of prostitutes. The policy of the Government was not separate from Britain's policy because Act was imitated of British Contagious Diseases Act. In both countries, neither Government nor magistrates were willing to restrict the sex markets. But due to increasing patients with venereal diseases in the Lock Hospital, they compelled to introduce Indian Contagious Diseases Act in 1864. In this Act, the routine medical examination was necessary for a registered prostitute. However, without laboratory test was not easier to identify infected women. Under these acts, the British soldiers in India were not only permitted but promoted to hold native young and good-looking girls as prostitutes for their carnal pleasure. These women were only allowed to associate with British soldiers and provide them with what they wished.¹⁸ The Indian Contagious Diseases Act of 1868 was structurally and ideologically in more ways than one consciously patterned on its English. This Act brought forth in India because numbers of cases of venereal diseases were increasing amongst the British military. British Government considered that only through the Indian Contagious Diseases Act could protect their military men. The Contagious Disease Acts sought to prevent venereal diseases in

military personnel through several regulations. The registered prostitute was required to carry license and it was ensured that without a license no prostitutes will be allowed to enter into sex market of the cantonment. Only registered prostitutes could have resided or carried her trade within the limits of the cantonment. Without medical examination of a prostitute, no person could have kept her a brothel house and without permission of Cantonment, Committee brothel house was prohibited in the cantonment area. If any prostitute wants to leave their occupation and Cantonment Magistrate was satisfied that she really wants to cease their occupation then she could be removed their name from the register. There was no easy task to remove their name from the register because military authority tried to keep hold of prostitutes in the cantonment. Many registered prostitutes want to remove their name from the register because they had faced many problems in the medical examination. If any prostitute get an infection with venereal diseases then she had to forcibly confine in the Lock Hospital for maximum nine months. During this period she had no permission to make sexual relation with soldiers; if she breached the rule then she had paid a fine to the Magistrate. The fine for the prostitutes was so high; it could be exceeding 50 Rupees, or imprisonment for eight days. This situation for the registered prostitute was very difficult than unregistered prostitutes. Most important that they had to pay registration fees, for it prostitutes were not agree that they could lose their income. It was the best solution for the prostitutes to become unregistered prostitutes so that she could avoid all necessary formalities. To police officers were given special authority and to inspect any house inhabited by any registered prostitute. It seemed that there was no trust on registered prostitutes that they would come for medical examination in the Lock Hospital. The military authority could not understand why prostitutes were not keen to register themselves in the rules of cantonment? There were many reports from the Lock Hospitals described register prostitutes how they were avoided to a medical examination? The Indian Contagious Diseases Act inflicted harm to prostitutes in two ways; first, important reason was that every registered prostitute had to pay to Government. Fees were levied at Hazaribagh—"every registered prostitute pays at the rate of eight annas (Half Rupees) per mensem and every owner of a brothel one rupee."¹⁹ If they failed in the medical examination, a prostitute could be detained in the hospital, and if once they detained then they could be lost their income because infected prostitute was not allowed to make intercourse with soldiers. From the Fort William station received the reports that 'many of those who did not attend the examination, and who were accounted for as having "absconded".²⁰ In spite of hard efforts, the average number of prostitutes on the register was only 52 in the Dum-Dum station. Only 67 women were entered as having been detained for treatment. Many reports from the Lock Hospital described that many prostitutes tried to escape from registered and many were still unregistered. In Lucknow, cantonment report shows that average number of prostitutes had fallen from 956 in 1869 to 514 in 1870. No explanation was given by the Government but perhaps, prostitutes did not register on the register.

The rules were applicable without distinction on every class of public prostitutes but later on, the rule created a distinction between registered and unregistered prostitutes and now every prostitute had to follow the rules of XXII of 1864. On the 26th October 1869, Lieutenant Governor of Delhi declared that these rules will be applicable to every class of public prostitutes. Dr. Collison divided the prostitutes into three classes, - 1st, those who were known to be frequented by European; 2nd, those who live in sarais (inn) and was common to native, but who as a rule, do not associate with European; 3rd, those who earn their living by dancing and singing, and were only available to higher class of natives. The rules offered a legal status to prostitution with a few conditions that license was necessary for every registered prostitute. Moreover, it was the first time when a British Government recognized the legal institution of prostitution but they made also a distinction between the prostitutes. The registered prostitute also recognized by their caste, and authority mentioned their caste in the register. Perhaps, the military authority wants to maintain higher caste prostitutes in the cantonment for European soldiers. There was no doubt that lower caste women were highly engaged in the prostitution and some references show that sometimes their whole families were involved in prostitution. Sometimes, lower caste labour women were also could have become an easy victim of rape by soldiers. In the context, Dr. Saunders believes "the women whom the soldiers frequent are generally the poorest coolies who roam about the station and are mostly unregistered because they come in and leave again."²¹ It was true that lower caste women provided unhygienic and unsafe sex to the soldiers but there was a difficult task to expel from the cantonment because military authority does not have data about unregistered prostitutes. The unregistered prostitute hardly could be identified because they always moved all time. Every cantonment had been facing the same type of problem from an unregistered prostitute; mostly, belonged to lower caste and frequently visited near Cantonment. Medical Officer of Shahjehanpur discussed that lower caste women were engaged in the prostitution. He suggested that fine should be rigidly enforced in every case of non-attendance (unregistered prostitute). British Government made hard efforts to control the unregistered prostitute (lower caste) but they failed to do such as. Their presence existed in the Sadar Bazaar, and a native town in the vicinity of the cantonment. 'In these cases as the Sanitary Commissioner of Bengal remarked, "the great number of the public women of the town will notoriously quit inaccessible to the European soldiers."²² Medical officer of Meerut also indicated that the lower caste prostitutes were settled in the adjacent village of cantonment and Sadar Bazaar. He believed that these types of prostitutes contributed in spread of venereal diseases among the Meerut cavalry; and in fact, it was difficult to control these types of prostitutes. Dr. Moir of Meerut Cantonment also believed that "the real danger is to be traced to the coolie-women and other low caste females who come into Barracks."²³ Dr. Cannon who was appointed in the Lock Hospital of Lucknow believed that British soldiers get diseases from unregistered prostitutes. There was a major cause of spreading venereal diseases among the civilian because when soldiers went to their home then their wife get an infection from the soldier. Cantonment's Medical Officers had been expressing an opinion that the European soldiers chiefly contract diseases from coolie women, employed in public works or in other occupation of the barracks.

The lower caste prostitute was easily available for soldiers because many of them were married and their husband encouraged them for prostitution. These were easily found roads and Barracks at night. The native police were nearly powerless, as the European soldiers at once show resentment against any interference of native police in personal life. Moreover, whenever native police arrested unregistered prostitutes (lower caste) then European Regimental Police intervened and taken with him in the cantonment. In this situation, there was so difficult to control prostitution nearby Cantonment. The Cantonment Magistrate of

Saugor also observed that unregistered prostitution is carried on to a very large extent by the low caste women of the city and cantonment, who prowl the roads and barracks at night.²⁴ In fact, British Government does not want to control prostitution but they wanted only all prostitutes must register in the hospital for medical examination by accordingly own or forcibly. Moreover, soldiers were also less interest to obey the military authority's advice because registered prostitutes were found little difficult than unregistered prostitutes. Mostly, lower caste prostitutes were involved in the prostitution due to their worse condition. They were migrated from the village due to famine or epidemic diseases and sometime in the search for employment in the city then they hardly found any work or employment in the city. Many women found hope for money in prostitution and they were "Faced with a choice between starvation on the one hand, and overcoming an instinctive reluctance on the other, it is hardly surprising that women in the desperate situations have at all times turned to prostitution as the way out."²⁵ The Prostitution was not a comfortable occupation for them because sometimes they easily get an infection with venereal diseases. Most important was that there was no hospital and dispensary or any type cure for them. All unregistered prostitutes were to be moving from one place to another place in the search for employment. British Government had started huge railway construction; they required cheap labor for the construction. The poor people who were lower castes incised these conditions and migrated from the village and become dynamic labour. They were moving to new railway line; in which most of the women engaged in the prostitution for the extra earning. These types of the women could have carried venereal diseases and they could not be easily traced by the Government. But most important was that British Government did not provide medical facility to unregistered prostitutes. Lock hospital's medical facilities were available only for registered prostitution. From this system, most of the prostitution were deprived of medical facilities. In spite of without medical facility, it was not fully true that only unregistered prostitute was responsible for spreading venereal diseases among the soldiers because in England, although Contagious Diseases Act of 1864 had passed still there was the great prevalence of venereal diseases among European soldiers. While there was no low caste or dirty women that could spread venereal diseases. It was very interesting that, however, the number of cases of venereal diseases were increasing among the European soldiers but 'while at the same time the Lock Hospital had been almost empty.'²⁶ It was clear that unregistered prostitute was no single reason of spread of venereal disease but European soldiers were also responsible for it. They were not taking interest in the cure of venereal diseases and when infected soldier come to contact with prostitutes then he gave the infection to prostitutes. Then infected prostitute spread venereal diseases among other soldiers.

When British Government found that neither they could have control soldier's neither lust nor could draw unregistered prostitutes in medical examination. There was the chief cause of the spread of venereal diseases but Medical Officers argued that in the Lock Hospital, after 1870, numbers of the cases of patients with venereal diseases were decreased. Annual Sanitary Report was also described that statistics of venereal diseases among the European soldiers between the year 1852 and 1867 never fell below 250. It was hoped that, with the development of lock hospitals and increasing care in carrying out the rules for the prevention of venereal diseases.

In spite of this, there are various reports which show numbers of venereal disease cases, now these were decreasing among the European soldiers. But all these reports were not described fully truth picture because many cases of venereal diseases were not registered by Medical Officer of Lock Hospital that's why many cases were often not come to the light. Perhaps, venereal diseases had been hidden by the soldiers; there was also another cause of decrease of venereal cases. While venereal disease had been associated cause of distress for the British Government but British authority's focused only on prostitutes, while infected soldiers were also contributing to the spread of venereal diseases. Government's policy on prostitutes had been full of erroneous because they always supposed that prostitutes would enlist themselves in the registered and come to regular for a medical examination but they failed to understand the situation. They divided the prostitutes of a cantonment into two classes: those who were, and those who were not, frequented by Europeans. In practice, this division was not possible in the practice. British authority failed to understand that those prostitutes generally make relation with natives, she would not refuse to Europeans as well as. In fact, there was no particular division of prostitutes which make differentiation with Europeans and natives soldiers. It was very difficult to insist them for the registration because all prostitutes those were belong with the lower caste or not, make relation for money. The Cantonment Magistrate and Medical Officers were unable to detect infected prostitutes; in generally, they were not capable to identify infected prostitutes because local prostitutes were inaccessible from their limits. The native matrons and dhaies could have been more likely useful for this purpose than other agency but they did not appointed in the large scale. Generally she was the medium of communication between the medical officers and local prostitutes and she could have more successful to carried out of regulation. Especially, where cantonment was in the big area and adjacent to the village or bazaar because a mostly unregistered prostitute comes from in these areas and dhaies were familiar with these village and bazaar. However, J.M. Cuninghame, Sanitary Commissioner of India suggested dhaies and matrons were more useful and more should be appointed them in controlling the public prostitutes and discovering those had evaded registration. Most important was that women might not be felt harassed or hesitated with dhaies. Many reports showed that during 1868 the attendance of the registered prostitutes were most irregular in the medical examination. There was levying of monthly fees on registered prostitutes, which was chief obstacle in the way of effective registration. Generally, the inspection on prostitutes was done inhumanly. According to historian Ronald Hyman, "other doctors spoke out against the Acts...arguing they were immoral, that [they] forced examination, [were] degrading to women, and that [the Acts were] unjust [because] only women were examined".²⁷ The terms of the Acts made them feel as though Britain was enforcing a double standard law. Women were being punished for contracting diseases, but the British forced them to serve many soldiers in a short period of time. And most important was that European soldiers were never examined or held accountable for their contribution in the spread of disease which was an example of the double standard in which Britain held.

However, a regular system of correspondence was established between neighbouring Lock Hospital so that moving activities of prostitutes could be prevented from one place to another place. They thought that moving prostitutes carried on venereal diseases from one place to another place and infected to healthy soldiers. It partly can be said that after the 1870's, the number of cases decreased but it cannot be ruled out that many of soldiers and prostitutes concealed their venereal diseases. In Dinapur, Hazaribagh, get little success in the reduces of admission of infected prostitutes but Benaras, Lucknow, etc. reported admission from venereal diseases continued very high. There was the chief cause of increasing venereal diseases cases in Benaras cantonment that Benaras cantonment had the disadvantage of being connected by series of the bazaar with a great city, in which prostitution was no under the control. However, registration fees had abolished for prostitution but prostitutes did not show interest in the registration. Dr. Perkin of the Lock Hospital wrote that "has not been to increase by one single woman the number on the register."²⁸ The history of Lock Hospital was irregular because Government did not follow consistent policy; they opened, closed and reopened at the demand of military authority. Only after 1858, they took interest in the regular established series of Lock Hospitals and dispensaries. However, these hospitals were established only for the military. Since 1858, British Government started attention towards the prostitution and Lock Hospitals. In 1863, Royal Commission was appointed for the investigation of venereal diseases among British troops.

Through the Act XXII of 1868 in India, Lock Hospitals get own administrative powers in the related of venereal diseases. The whole of the administrative duties connected with working of the rules, registration, excusing and striking off names, be left entirely in the hands of the Medical Officer in charge of the Lock Hospital, subject to the supervision of the Cantonment Sub-Committee and of the Inspector General of Hospital. The Cantonment Magistrate was also an important part of the administration of Lock Hospital but he could apply to only when judicial authority was considered indispensably necessary. The matron was also contributed in the administration of Lock Hospital and his duty was entirely restricted to Hospital or in-door duties. It was to be considered that out-door or detective duties, as both could not be done by one person. The Cantonment Committee had right to supervise the execution of the rules, and a Sub-Committee had formed with the help of Committee. The Magistrate of the District appointed member of such Committee or Sub-Committee. The Cantonment Magistrate had responsibility to actual implemented rules and regulation in the cantonment. Apart from Magistrate Committee and Sub-Committee, Local Government was also had received authority to exercise the necessary authority for the execution of any or all of the rules. The government felt also a requirement of a Medical Police but Magistrate District objected to the employment of special Medical Police. But Bengal Government wanted special police at Barrakpur but Medical Officer does not want to share their power with any officers. The Lieutenant Governor admits that this might be most effectual means for this particular object.²⁹ Those prostitutes lived in the city; cantonment law was not implemented on prostitutes. City's prostitutes were inspected twice a week by dhaies or lady matron. She was obliged to attend at the city Lock Hospital twice a month, and submit to further examination. The system of dhaies was much success than other officers; she was superintendent of the women and their main duty was to bringing diseases women in the hospital. In the big city, dhaies established themselves as an important link between Government and prostitutes because their work was much difficult and required great patience and perseverance. The dhaies due to their experience and familiarity with local prostitutes was great demand in the big city. Medical officer of Delhi demanded of dhais in the large scale to supervise the area of Delhi.

By the 19th century, British Government was relying solely upon mercury for the venereal diseases, especially syphilis. However, they had been using policy of segregation in the treatment of venereal diseases because till 1910 there was no specialist venereologist in India. Till the 19th century, military authority was deliberating trying to control to the prostitutes and they thought, through the medical examination could have been controlling the venereal diseases. There were very few data on venereal diseases in troops; available data shows that till 1870, venereal disease was a major concern for authority. British authority always had been advising the soldiers to avoid sex with an unregistered prostitute. If any soldiers get an infection from venereal diseases then they should be focused on sanitization and should be cleaning themselves and used to separate toilet. However, army authority in India had in no way been behind those at home in their endeavour to combat these diseases and have adopted all modern medical measures towards that end. The good result had attained in England, however, the conditions prevailing in India and England were widely different. To preventive measures were not brought only for the army but by this time simultaneous action and measures adopted by both army and civil authority. Both authorities had reached a conclusion that if venereal diseases had to be prevented then they had to work together in the same platform. The British Government of India was aware that several local Governments had introduced measures to combat venereal diseases. In 1925, the highest rate of venereal diseases occurred in Madras, Bombay, Calcutta, Lucknow and Lahore cities because these cities were still crowded and filthy. In England cities, the progress of sanitation had created facilities for the prevention and treatment of diseases. While, in India, ignorance and superstition was still a barrier which could only be overcome by constant and by increasing the facilities for obtaining relief.

This matter was disappointing for the authority that after a long time, in spite of combat with the evil of venereal diseases, there was an actual increase in the incidence of the venereal disease amongst British troops in the year of 1925. However, Government had adopted preventive measures which were given by Royal Commission (1913-1916). Many centres were established for the free treatment of all people who were suffering from syphilis. It was the first time when Government considered a responsibility to provide free treatment to the civilians who were suffering from venereal diseases. The Royal Commission recommended that civilian should get free treatment for venereal diseases. Another committee under the chairmanship of Lord Trevethin appointed in 1922. His report published in 1923, a recommendation similar to those of the Royal Commission, and emphasized the necessity for the education of the public. It was very bizarre logic that venereal diseases should be controlled by awareness and through the education but it was only for civilians. There was no moral value or awareness program for the army, while maximum soldiers

were suffering with venereal disease. The greatest incidence of venereal diseases found in Calcutta, Madras, and Bombay because these cities were attracting prostitutes. But now Delhi, which had capital of British India, was emerging as a new metro city. Municipal Commissioner of Delhi draw attention toward the spread venereal diseases in Delhi; he was anxious about the poor people and women were getting venereal diseases infection but it was the matter of sorry that women were not interested to go the hospital for amedical examination because they considered the shameful nature of these diseases. Instead of a hospital, they tried to take remedy at home without any consultation from doctors. Even, men were also hesitated to go the hospital and they preferred to go vaidya or hakims that were unfamiliar with venereal diseases. That was the chief cause in Delhi that cases of venereal diseases in Delhi were increasing. This disease was one of the most important diseases affecting the family of the people. British Government was still under the impression that venereal diseases brought by ignorance, carelessness, uncleanness, and excess, all of which were under personal control. Now diseases have spread to civilians but Government was not still much serious about it. However, British Government believed that venereal diseases which include gonorrhoea were preventable diseases, and not endangers life but was the cause of much misery and sickness. The government accepted that it is the duty of the State to prevent diseases and improve the physical condition of the people.³⁰ But in reality, they did not do much work in the opening dispensaries and hospitals. Their concern was only on paper, they were still believed that by regulation and control of prostitution, venereal diseases can be reduced. It was clear that Government does not want spends money on venereal diseases because their concerns were towards the army not civilian. However, in the summit of Congress which held in Brussels gave their consensus of established of a responsible medical authority but their consensus was to be forgotten. However, as the death-rate from syphilis in Bombay was more than double that of England.³¹ It was impossible to make any statistical comparison between different parts of the country but it was sure that death-rate in the Indian cities was much higher than in England. The Royal Commission recommended that for every 50,000 to 1,000 population dispensaries should be provided and that every facility be given to prostitutes by the Government. But statistical data shows that there were very few dispensaries in the cities and there was no single dispensary in the village. British Government does not want to keep the responsibility for health in their hand because health required huge money that's why they hand over all responsibility of treatment of venereal diseases to the local Government. While Local authority always asked for grants from the Government but Government was less interested in it. In the consequence, issues of health, especially venereal diseases had been placed in the cold bag.

¹RoyBasu ,Sexually transmitted diseases and the Raj, Downloaded from <http://sti.bmj.com/> Published by group.bmj.com 1998; 8

²Arnold David, (Online) Sexually Transmitted diseases in nineteenth and twentieth century India, Accept for Publication 24 November 1992 in Department of History, School of Oriented and African Studies, University of London

³Jaggi O.P, *Medicine in India: Modern Period*, Volume IX Part I, Oxford University Press, Delhi, 2000, p.185

⁴Ibid

⁵RoyBasu ,Sexually transmitted diseases and the Raj, Downloaded from <http://sti.bmj.com/> Published by group.bmj.com 1998;74:20-26

⁶Ibid

⁷ Kumar Anil, *Medicine and the Raj: British Medical Policy in India, 1835-1911*, sage publication, Delhi, 1998, p.106

⁸RoyBasu ,Sexually transmitted diseases and the Raj, Downloaded from <http://sti.bmj.com/> Published by group.bmj.com 1998;26

⁹ Kumar Anil, *Medicine and the Raj: British Medical Policy in India, 1835-1911*, sage publication, Delhi, 1998, p.106

¹⁰Ibid, p.107

¹¹HierscheKatria, (unpublished), *Prostitution and the Contagious Diseases Acts in 19th Century British Colonies*, Student Theses, Papers and Projects (History), Western Oregon University

¹²Jaggi O.P, *Medicine in India: Modern Period*, Volume IX Part I, Oxford University Press, Delhi, 2000, p.186

¹³Arnold David, (Online) Sexually Transmitted diseases in nineteenth and twentieth century India, Accept for Publication 24 November 1992 in Department of History, School of Oriented and African Studies, University of London , p.4

¹⁴ Kumar Anil, *Medicine and the Raj: British Medical Policy in India, 1835-1911*, sage publication, Delhi, 1998, p.106

¹⁵Jaggi O.P, *Medicine in India: Modern Period*, Volume IX Part I, Oxford University Press, Delhi, 2000, p.185

- ¹⁶Roy Basu, 'Sexually transmitted diseases and the Raj', Downloaded from <http://sti.bmj.com/> Published by group.bmj.com 1998;8
- ¹⁷Arnold David, (Online) Sexually Transmitted diseases in nineteenth and twentieth century India, Accept for Publication 24 November 1992 in Department of History, School of Oriented and African Studies, University of London, p.4
- ¹⁸Odiorne Madison, *Prostitution in British Colonies and Their Relationship with India*, chapter in book "The industrial revolutions-ban on alcohol and its effects on other countries" (online, www. Google.com) p. 2
- ¹⁹*Annual Report of Lock Hospital, 1859-70*, File No. 54/1870, Lock Hospital, Residency, Delhi Archive
- ²⁰*Ibid*
- ²¹*Lock Hospital Annual Report 1864*, File No., 1a, 1864, Lock Hospital, Residential File, Delhi Archive
- ²²*Ibid*
- ²³*Annual Report of Lock Hospital, 1859-70*, File No. 54/1870, Lock Hospital, Residency, Delhi Archive
- ²⁴*Ibid*
- ²⁵Odiorne Madison, *Prostitution in British Colonies and Their Relationship with India*, chapter in book of "The industrial revolutions-ban on alcohol and its effects on other countries" (online, www. Google.com) p. 2
- ²⁶*Annual Report, 21 June 1869*, File No. 12/1869, Lock Hospital, Residency, Delhi Archive
- ²⁷Odiorne Madison, *Prostitution in British Colonies and Their Relationship with India*, chapter in book of "The industrial revolutions-ban on alcohol and its effects on other countries" (online, www. Google.com) p. 2
- ²⁸*Annual Report of Lock Hospital, 1859-70*, File No. 54/1870, Lock Hospital, Residency, Delhi Archive
- ²⁹*Ibid*
- ³⁰*Recommendation of the Royal Commission on Venereal Diseases*, File No. 214/1916, Education, C.C., Delhi Archive
- ³¹*Ibid*

References

- Annual Report of Lock Hospital, 1859-70*, File No. 54/1870, Lock Hospital, Residency, Delhi Archive
- Annual Report, 21 June 1869*, File No. 12/1869, Lock Hospital, Residency, Delhi Archive
- Arnold David, (Online) *Sexually Transmitted diseases in nineteenth and twentieth century India*, Accept for Publication 24 November 1992 in Department of History, School of Oriented and African Studies, University of London
- Arnold, David. *Colonizing the Body*. University of California Press, 1993
- Burton, Antoinette. *Burdens of History: A Girdle Round the Earth*. The University of North Carolina Press, 1994
- Ghosh, Durba. *Sex and the Family in Colonial India: The Making of Empire*. Cambridge, UK; New York: Cambridge University Press, 2006
- Hamilton, Margaret. *Opposition to the Contagious Diseases Acts, 1864-1886*. *A Quarterly Journal Concerned with British Studies* Vol 10, No. 1. The North American Conference on British Studies, 1978
- Hattersley, Alan Frederick, *The British Settlement of Natal*. University Press, Cambridge. 1950.
- Hutchins, Francis G. *The Illusion of Permanence: British Imperialism in India*. Princeton University Press, New Jersey. 1967.

Lane, Christopher. *The Ruling Passion: British Colonial Allegory and the Paradox of Homosexual Desire*. Durham: Duke University Press, 1995

Establishment of a control Advisory Board of Health, File No. 6 (44)/1937/CC, Delhi Archive

HierscheKatria, (unpublished), *Prostitution and the Contagious Diseases Acts in 19th Century British Colonies*, Student Theses, Papers and Projects (History), Western Oregon University

Jaggi O.P, *Medicine in India: Modern Period*, Volume IX Part I, Oxford University Press, Delhi, 2000,

Kumar Anil, *Medicine and the Raj: British Medical Policy in India, 1835-1911*, sage publication, Delhi, 1998

Lock Hospital Annual Report 1864, File No., 1a, 1864, Lock Hospital, Residential File, Delhi Archive

Lock Hospital Report, File No., 28 July 1873, Lock Hospital, Residency, Delhi Archive

Number of Prostitutes Prosecutes for Breach of Lock Hospital Rules the No. Convicted the average Rate of fines for the last 5 year, File No. 10 October 1880, Lock Hospital, Residency, Delhi Archive

Odiorne Madison, *Prostitution in British Colonies and Their Relationship with India*, chapter inbook “The industrial revolutions-ban on alcohol and its effects on other countries” (online, www. Google.com

Preventive Measures Against the spread of Venereal Diseases in India, File No. 5(13)/ 1923, Education, CC, Delhi Archive

Prevention of the Spread of Venereal Diseases, File No. 26 October 1869, Lock Hospital, Residency, Delhi Archive

Prevention of Venereal Diseases in the City of Delhi, File No. 29 June 1868, Lock Hospital, Residency, Delhi Archive

Recommendation of the Royal Commission on Venereal Diseases, File No. 214/1916, Education, C.C., Delhi Archive

Roy Basu ,*Sexually transmitted diseases and the Raj*, Downloaded from <http://sti.bmj.com/> Published by group.bmj.com 1998;

Scheme for Opening Venereal Clinic, File No. 25/1927, DC, Delhi Archive

Statement showing the Annual ration of Admission from venereal Diseases, File No. 92/1859-77, Lock Hospital, Residency, Delhi Archive