THE COLONIAL 'VICE' : PROSTITUTES, SOLDIERS AND VENEREAL DISEASES DURING BRITISH RULE IN INDIA,

c. 1860-1900

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MASTER OF PHILOSOPHY

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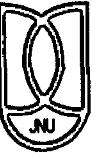

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CERTIFICATE

Certified that this dissertation entitled **'The Colonial 'Vice' : Prostitutes, Soldiers and Venereal Diseases during British Rule in India c. 1860-1900'**, submitted by **Mr. Sabya Sachi Raman Mishra** is an original work. It has not been submitted previously by him for any degree to this or any other University. We recommend that the dissertation be placed before the examiners for evaluation.

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To Bhawesh,

for

his affectionate presence in

my becoming...

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'... we may at once dispose of any recommendation founded on the principle of putting both parties to the sin of fornication on the same footing by the obvious but not less conclusive reply that there is no comparison to be made between prostitutes and the men who consort with them. With the one sex the offence is committed as a matter of gain: with the other it is an irregular indulgence of a natural impulse.'

From the report of the Royal Commission on the Administration and Operation of the Contagious Diseases Act, 1866-69 (1871). (Quoted in Judith R. Walkowitz, *Prostitution and Victorian society*, p. 71.)

Acknowledgements

In discussing a subject which is still largely seen as belonging to the domain of the private and the personal, one is bound to come across sarcastic frowns, indifferent smiles and discouraging remarks. While this was true in my personal experience, I must also submit that I have had the priviledge of being associated with people who have encouraged me to develop my ideas.

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Preface

My story is one of silences- disturbing and pregnant silences. Disturbing because the silences are of the central protagonists of the story and they often appear as externally imposed. And pregnant, because they are meaningful. The protagonists of this story are the Indian prostitutes - the dangerous outcasts[1] of a society which was burdened by its own moral and prurient ambiguities towards these outcasts. Woven around a set of colonial regulatory measures like Cantonment Act of 1864, Contagious Diseases Act of 1868 (CDA) etc., through which the British authorities in India sought to check the spread of venereal diseases(VD) among the European soldiers and sailors, my story is also full of noises. These noises are of the officials. And they represent their fear of the disease and the ideas through which they sought to overcome it. As VD was believed to be caused by the sexual intercourses between the soldiers - a foundational part of the colonizers, and the prostitutes - a marginalised class of the colonized, the study of the disease allows us entry into a complex story with many sub-plots. And the story, thus, becomes, curiously eloquent.

The main aim of this dissertation is to study the numerous threads of ideas that informed the making and apparent unmaking of these Acts. It seeks to address a range of questions: the perception of VD amongst officials, the nature of their efforts to control VD, the wider assumptions which informed these official attempts, and the meaning of these assumptions. By focussing upon the complex set of ideas around the problem of VD, this dissertation attempts to explore how specific notions of individual, community, society, race and sexuality shaped these discourses. My effort is not just to

[1] Sumanta Banerjee, *The Dangerous Outcast, The Prostitute in Nineteenth Century Bengal*, Calcutta, 1998.

understand the 'colonizing' discourses of disease and medicine,[2] nor to separate military history from the history of civil society, I look at the problem of VD within the wider context of social history of modern India.

While the problem of VD is not a widely explored area, Chapter I, critically engages with a few scholarly writings on the subject, and tries to introduce certain aspects of the problem which so far, have not drawn the attention of the historians. By highlighting the ingrained sense of fear that came to characterize the official mind in the post-mutiny period, the chapter tries to establish links between a variety of male-centred discourses of the colonizers, and discourses which structured official minds, shaping their attempts at redefining the identity of prostitutes and other lower class women.

Chapter II, studies the range of ideas which informed the official fear of VD. It tries to understand why VD was so important in official calculations, why it was so feared by the colonial authorities in India. The chapter explores the strategic, financial and cultural concerns of the authorities.

Chapter III moves on to discuss how the disease was sought to be controlled. It attempts to delineate the shifts between the official debates of pre-mutiny days and the dominant views of the post-mutiny period. It shows how the mutiny led to a massive rethinking on the part of officials in India about the health and sanitary state of the European army. As VD appeared to be a prominent cause of incapacitating the soldiers, special regulations were seen as necessary, leading to enactment of Acts like the Cantonment Act of 1864, and the Contagious Diseases Act of 1868. It would also try to see how the enactment of CDA meant newer terms of control over women.

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[2] Mark Harrison, *Public Health in British India: Anglo -Indian Perspective on Medicine* 1859-1914, first India Edition, New Delhi, 1994.

Chapter IV discusses how the prostitutes figured in the official discourses, the terms in which they were perceived and the way they were sought to be controlled. It also tries to read through the official noises, some bits of the silences of prostitutes. How did they perceive the Acts, in what terms did they react.

Through a study of official discussions which led to the repeal of the CDA in 1888, Chapter V tries to see how these debates re-enacted earlier debates on VD. However, given the imperative of keeping the European army healthy, the repeal of CDA was almost simultaneaously followed by a new set of measures, like the Cantonment Act of 1889. The repeal of the CDA at best meant a further shift in the terms of control over the women.

Chapter VI, draws out the arguments of the dissertation chapters, and tries to contexualize them within the wider frame of historiography of modern India. It tries to answer some of the questions, and simultaneously opens up some others.

Chapter I

Introduction

The notion of 'colonial vice' recurs in the writings of the missionaries and the reformers of the nineteenth century. This dissertation looks at the history of this notion. The colonial authorities sought to prevent the spread of venereal diseases (VD) among the European soldiers and sailors stationed in India by regulating their sexual relations with the Indian prostitutes. These attempts were formalised through acts like Contagious Diseases Act (CDA) and other Cantonment Acts of the late 19th century. The measures like many other colonial measures, were informed and structured by the unilateral needs of the state and in many ways became an instrument for reinforcing the relationship of domination and sub-ordination between the colonizers and the colonized. In this dissertation, I attempt to explore the colonial discourses on VD and the ways the colonial authorities sought to control its spread in the army.

Right from the beginning of the British rule, the high incidence of VD among the European troops in India remained a constant cause of anxiety to the British administrators and officials. In the post- mutiny era, particularly when the loyalty of the native sepoy was seen as uncertain, and the state began to recruit increasing number of European soldiers in India, the problem of VD introduced a pathological sense of fear among colonial authorities. The fear of loosing foundational pillars in India, the British soldiers, led to a series of legislations; " An Act to make provisions for the

Administration of Military Cantonments, 1864", the "Contagious Diseases Act of 1868", the "Cantonment Act of 1889".

The prevention of VD, given the nature of the disease, essentially involved an interference in the existing social relations of the subject society. And the colonial discourses got involved with a range of issues like gender, identity, race, community etc. These discourses, little studied as yet, are important for they provide us an important insight into the nature of colonial rule. They point to an ingrained sense of fear that came to characterise the official minds in India in the post-mutiny era. They reflect how in order to overcome its own fears, the colonial state began to meddle with long established institutions of the subject society, redefine the identity and roles of social groups like the prostitutes and brothelkeepers, and also began to intrude into the domestic spheres of Indian life. These debates reveal the colonial notions about sexual relations between the male and the female, the soldier and the prostitute, and between the ruler and the ruled. They show how the colonial state gave priority to military concerns over civilian issues. Official records show how, to justify these measures, officials operated with the notions of public health and public morality. The ambivalence on the morality of the measures was accentuated as many officials began to question the efficacy of the sanitary measures. The internal controversies over the efficacy of the system combined with the criticisms of the indigenous social groups and the missionaries, led to a highly unwelcome situation for the colonial state in India. Caught between the pressures of its strategic needs, controversies over the system, and criticism of the measures from all corners of society, the colonial authorities in India remained a confused lot imposing, withdrawing and then again re-imposing the measures for controlling VD among the troops.

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With the newer shifts in the historiography of colonial India, colonial discourses on medicine, sanitation, and public health etc. have become major areas of research. However, the colonial policy towards prevention of VD still remains a largely unexplored area.. Of the few scholars who have tried to look into the problem, Kenneth Ballhatchet's *Race, Sex and Class under the Raj* , remains the first significant work.[1] Ballhatchet locates the measures for prevention of VD in the anxieties of the colonial state in India to preserve the health of the European soldiers. With an exhaustive survey of official records, he shows how through a variety of means the colonial state sought to regulate the sexual relation between the ruling classes and the ruled society, and all these measures were necessarily informed by the single concern of the state to preserve the structure of power in India. Ballhatchet's wider concern is to study the nature of imperial power-politics. The separation of the military from the civil was strategic to official concerns. While emphasizing a strong racial element in these policies, Ballhatchet also sees the concern of the colonial rule in preserving the power structure within hierarchy of the officials. He argues: "there may seem at first sight to be a contradiction between the care with which the military authorities provided facilities for sexual relations between British soldier and native women and the care with which other authorities tried to

[1] Kenneth Ballhatchet, *Race, Sex and Class under the Raj, Imperial Attitudes and Policies and their Critics* , 1793-1905, New Delhi, 1979, p. 9.

discourage sexual relation between British official and native women. In both cases ... the fundamental concern was for the preservation of the structure of power."[2]

Ballahatchet contends that all these measures undertaken by the colonial state were informed by its desire to inculcate a sense of fear of the rule in the minds of the natives. In the post-mutiny era the distance between the ruling class and the subject society became specially important, as it could sanctify the racial and cultural superiority of the British in India. Despite giving an informative account of the sources, especially of British records, Ballahtchet only looks at the broader contours of the imperial politics and the debates among officials. His whole narrative remains a simple account of the events and ideas, Ballhatchet does not read much from these discourses.

The arguments of Ballhatchet suffer from many problems. I will argue that official intention was not to infuse a sense of fear in the native society, rather it was the fear of native society that informed the regulatory measures like Contagious diseases Acts (CDA) in the later half of the 19th century. A close look at the official debates shows that, after the mutiny, the colonial administrators in India looked at the native society with a constant sense of fear. And this was reflected in the enforcement of every possible measure that would facilitate a closer surveillance over the social groups. In the case of prostitutes also, the discontinuance of the practice of keeping Indian mistresses, and looking at their body as 'dangerous' were reflections of the same symptom. The cantonments were seen as 'safe and secure' places which were unaffected by the dangers of the outside world. In these discourses, the world outside emerged as diseased and

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[2] Ibid, p.9.

dangerous and any connection of the soldiers with this world was to be feared: it allowed the 'scourge' of venereal disease to spread.

Ballhatchet also fails to locate the various shifts in the colonial discourses over a period of time. He does not explain why a state which encouraged marriage between soldiers and native women and encouraged the practice of concubinage in the late 18th and the early 19th century, suddenly after the mutiny became the most vocal critique of these institutions. Not only this, the arguments for having more married soldiers (whether married to European or Indian women) in the rank were also categorically dismissed. Why were the military authorities opposed to the idea of imposing fines on the soldiers who contracted VD in this period. a practice that was very much in vogue during the late 18th century ? Ballhatchet's reference to the growing importance of the European soldier in the post- mutiny era only partially explains the problem. Does it not reflect the colonial attempt at redefining sexual relationships between the rulers and the ruled in an era where the Indians were increasingly seen as the hostile 'other' by the colonial authorities? Was it because these regulations were structured by the overpowering sense of male virility, in which the uncontrolled sexuality of the soldier with the prostitute was celebrated as 'natural' because it kept his virility intact? And as the act of sexual indulgence also involved a risk of contracting the syphilis contagion - which in these narratives was spread only from the prostitutes - with its de-masculinizing effects on the soldier, the prostitutes were held as 'criminal'. They committed the crime of de-masculinizing the soldier, seriously causing a loss of vitality and health, and thereby causing loss to the state. How is one to explain the colonial

notions of prostitutes as violating the "moral norms of society"?[3] Was there some essential linkage between the moral discourses of the state and the overall patriarchal frame within which these debates were structured ? One may also underline another aspect of the fear which was reflected in the official perception of VD as tainting the blood of the West by that of the East. Ballhatchet tends to simplify these otherwise important problems in a rather reductionist fashion.

Another important intervention, within a Marxist framework, has come from the writings of Sumanta Banerjee[4]. Sumanta Banerjee's larger interest lies in looking at the history of prostitution in Bengal in the 19th century, and the references to the problem of VD are only incidental. His work attempts at, "exploring some of the cobwebbed concerns of the profession of prostitution when it was developing as a trade in 19th century Bengal." By observing the mentalities and the behavior patterns of those who embodied and practiced it, Banerjee, "investigates group consciousness over a long period among the practitioners of the trade."[5] He also locates the ambivalence of the *Bhadrolok* towards these new changes.

According to Banerjee, the emergence of a new class of prostitutes in this era was essentially linked to the new economic relations that colonial rule sought to introduce in 19th century Bengali society. In these changed relations, prostitutes represented a class of workers - aptly described as 'sex-workers' - whose role was to satisfy the sexual needs of the soldiers and the people. These new class of prostitutes were

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[3] Report on prostitution in Calcutta; Home (Pub.), 20th Feb. 1869, No. 112-115, Part A.
[4] Sumanta Banerjee, *The Dangerous Outcast, The prostitute in Nineteenth Century Bengal*, Calcutta, 1998.
[5] Ibid, p. 2.

results of the new economic order in which the centres of British trade in the *muffasil* towns of Bengal became the local centres of trade and around which developed the colonies of prostitutes who catered to the needs of officials working in these places. Apart from this, Calcutta as a metropolis centre of the British power, emerged, as " the main flesh-pot for the new patrons of prostitution." [6]

Following these economic changes, Banerjee argues, there was an important shift in the perception of prostitution as a profession from the pre-colonial period to the colonial period. These changes were derived from the new notion of authority that the colonial rule imposed on the indigenous society. During the Mughal period the state rarely interfered with the value systems and the social practices, so long as its demand for revenue were met with. However, during the colonial rule in India, Banerjee argues:

> some of these indigenous value systems and practices were viewed as a challenge to the British style of rule - and often as crimes - by the new colonial administrators. The British notion of authority which replaced the Moghul, was more centralized and - more importantly - combined both the concepts of administrative power (to coerce and effect changes) and moral prerogatives (of assuming the sole right to lay down ethical norms in Indian society).
>
> In the course of this clash between the pre-colonial value systems, on the one hand, and the British administration's formal attempts to introduce institutionalized mechanisms of control, along with informal attempts to reform indigenous social networks along contemporary moral notions, on the other, the practice of prostitution in Bengal underwent a reconstruction in terms of definition - from its earlier socio-religious interpretation as a 'sin' to the colonial socio-legal codification as a 'crime'.[7]

[6] Ibid, p. 34.
[7] Ibid, p. 143.

These new codifications were also different from the traditional Brahminical ideas about prostitutes, as he writes:

> in the hierarchically organised society of pre-colonial Bengal .... the Brahmin law givers came up with the explanation that members of these professions were 'sinners', who because of some sin committed by them in the previous births, were doomed in the present to pursue occupations which were considered 'shameful' by the Brahmins! Within this socio-religiously determined rural structure, the prostitute, although branded as a 'sinner', was permitted to pursue her occupation without being hauled up as a 'criminal'. Under British colonial rule, however, prostitution became a 'crime' -as codified under the institutionalized mechanisms of control . Its codification as 'crime' was shaped by the colonial perceptions of the occupation as practiced in 19th century Calcutta and its suburbs, as well as the colonial concepts of 'sin' which clashed with the indigenous concept that perhaps allowed the 'sinners' some space in society, albeit, grudgingly. [8]

Banerjee, while recognizing the manifest intention of protecting the health of the British soldiers in the Act of 1864 or the CDA , argues that there were other aspects of these acts too. He writes, " the Cantonment act of (1864) was geared to groom a breed of Indian prostitutes who were to be trained exclusively for the British Tommies, and kept captive in the *Chaklas* of the Cantonments. The CDA was meant to control the movements and operations of the 'common prostitutes' who dominated the wider spectrum of the profession, so that the Tommies did not have access to them, and to put them under medical surveillance so that if some errant Tommy did visit them he would be protected against the diseases." [9]

Drawing a similarity between Macaulay's intention to create a class of professionals for running the administration through the introduction of English education, and training of prostitutes for catering to the needs of the British soldiers,

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[8] Ibid, p. 144.

Banerjee argues that "the training of regimental prostitutes was similar to the exercise outlined by Thomas Babington Macaulay in his famous 'Minutes' of 1835, where he wanted to mould a certain type of professionals for administrative purposes in to 'class of persons, Indian in blood and colour, but English in taste, in opinions, in morals and in intellect'. His British colleagues in the army in the similar manner attempted to create a class of prostitutes, 'Indian in blood and colour , but English in professional skills and hygiene'." [10]

Despite an incisive analyses of the profession of prostitution, Banerjee's reconstruction of prostitution during the colonial rule has problems. For one, there is a fundamental problem with the parallel that he draws between the creation of English speaking class of Indian professionals by the colonial rule and the attempts to create a similar class of prostitutes. Because while the class of English speaking professionals emerged as public servants of the state, helping in its day to day administration, the same did not apply for prostitutes. Major J.B. Hardy, Commanding Artillary Battery, of Jhansi while explaining the complaints of the prostitutes wrote, "they complain of the ungenerous treatment of Government in not officially recognising them as its public servants, though at the same time unofficially acknowledging them as such for carrying out its sanitary intentions towards its soldiery."[11] This non-recognition of the prostitutes as legal entities was a widely accepted fact in the official debates.[12] Prostitutes held there utilitarian value only to the extent that they catered to the sexual needs of the soldiers.

[9] Ibid, p. 67.
[10] Ibid. p. 67.
[11] Letter no. 374, dated Jhansi , the 18th may 1870, Home (Pub), 31 December, No. 188 & 1 k.w.
[12] Ballhatchet, *Race, Sex and Class*, p. 46.

The colonial state in India kept its interest confined to the private parts of the prostitute's body so that it could be used for satisfying soldiers' sexual urges. The official interest was clearly reflected in the attempts the state made to bring the prostitutes to the lock hospitals when the CDA was in force. But once CDA was repealed and consecutively all regulations regarding compulsory registration and medical examination of the prostitutes were discontinued, the officials had no hesitation in summarily expelling prostitutes from the cantonments if they resisted medical examination. These kinds of expulsions were quite frequent during 1890s in almost every part of the country.

Secondly, Sumanta Banerjee uses the 'catch-all' term 'common prostitute', without unpacking the complex cultural and racial connotations of the term. This terminology has a special colonial lineage, where the use of the term was presumed upon an element of voluntariness on the part of its members; a woman was very often seen as opting the profession as her conscious choice, and thus was categorised as having a 'caste' like inheritance. Banerjee himself has evidently shown that a number of the prostitutes living in the *lal bazaars* of Calcutta were unfortunate women, who were victims of either famine, or the run-away females of respected households of rural Bengal unable to suffer the ostracism caused by their widowhood.[13] These females, once the CDA was legislated suddenly became a part of an 'occupational caste'; the official records defined them as professionals who looked at their profession with a certain respect as the 'scavenger', of one who, while living at the periphery of the society, still looked at his profession with a sense of respect and had pride in it. These colonial representations were absolutely contrary to the self-image of *patita* , which as Banerjee

shows, the literate members of this group carried. The obvious differences of terms in which the phenomenon of European prostitution and the Indian prostitution were discussed, and the way both groups were differently treated showed that the 'common prostitute' was not a universal term signifying a class of people; its meaning was much more limited. Even within the legal parameters of CDA the European prostitutes were a protected lot. Colonel J. Reid, Commissioner Lucknow Division , in his report on the working of the cantonment lock hospital for the year 1876, expressed his anguish, that "certain European and Eurasian women dwelling just outside cantonments on the city site have also been a continual thorn in our sides, but very great, almost insuperable difficulties exist in the way of proving them guilty of illicit prostitution, and without such proof it is not possible to attack them. But strong presumptive evidence exists to show that they are dangerous neighbours."[14] In contrast, unproven suspicion could be the basis of nabbing an Indian woman as a common prostitute and forcing her to get registered, a clause which was the object of universal protest. By looking at the prostitute as an universal and homogenous category, Banerjee fails to see these subtle differences.

An entirely new dimension to the CDA has been given by Judy Whitehead.[15] According to Whitehead, the CDA, "introduced a new form of bodily regulation in which the moral division between the unrespectable and respectable women in India began to be detached from a sacred social hierarchy and became, instead, expressed through Western medical metaphors of health and diseases." Whitehead

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[13] Banerjee, *The Dangerous Outcast*, p.
[14] Home (Sanitary), December 1877, No.1-5, Part A.
[15] Judy Whitehead, "Bodies clean and unclean : Prostitution, Sanitary legislation, and respectable femininity in colonial North India", in Gender and History , vol., No. April 1995, pp. 41-63.

argues that the "nationalist ideal of respectable feminine sexuality was influenced by medical and legal definitions of pure and impure women introduced by state regulated prostitution in India. .. Specific reforms for women during this period, such as widow remarriage, the education of girls, and later marriages were influenced by responses to the new definitions of unrespectable femininity that were embodied in the CDA and other sanitary legislations." Using a range of public documents, Whitehead shows that, "British administrators, revivalist nationalists, and social reformers in India, despite many other differences, unconsciously agreed on the 'natural' distinction between chaste and unchaste women. They all viewed familial reproduction as the proper sphere of female sexuality, and saw male and female roles as 'naturally' different and complementary." [16]

Whitehead argues that "conceptions of respectable femininity , by definition are linked to the cultural and sometimes legal, construction of unrespectability as its marginalized, and often feared, opposite." [17] Though the Victorian and Brahminical traditions approached the question of purity and impurity from different vantage points, there was a "symbolic parallel" between them at least in the matters of "gender, family and propriety."[18] According to Whitehead, "the CDA and other accompanying sanitary legislations introduced a medical paradigm that supported and then displaced Brahminical, religious forms of controlling female sexuality."[19]

The arguments of Whitehead suffer from certain basic flaws. For one, the whole idea of CDA as an instrument which helped distinguish respectable femininity

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[16] Ibid, pp. 41-42.
[17] Ibid, p. 44.
[18] Ibid, p. 44.
[19] Ibid, p. 42.

from non-respectable femininity remains debatable. The CDA in practice can be seen as an act which, contrary to Whitehead's contention, blurred these distinctions. As the lock hospital rules were extended beyond the cantonment limits, to check the spread of VD among the unregistered prostitutes, the colonial officials were faced with an important question: How to know who was a 'common prostitute'. It was in this context that one can see the distinctive colonial contour of the official representations of the Indian femininity. As the Medical officer in charge of Cawnpore lock hospital expressing his anguish on the poor results of the lock hospitals, would argue, "I do not care for the CDA; it only applies to common prostitutes and brothelkeepers. What is a "common prostitute"? The women who walk the road every evening to the west of the Cawnpore cantonment, the coolie women, and milk sellers, who are employed at the barracks in the day time, all of them married women, and by repute respectable household women, are as much common prostitutes as the most habitual professionals, and I believe far more disease is spread through them among our European soldiers than through the registered prostitute."[20] As the most explicit expression of the dominant colonial discourse on Indian femininity in the post-mutiny era, this statement does not only negate the Whitehead's contention about notions of respectable - unrespectable Indian femininity, rather in an extended form, it unfolds the new image of Indian woman through which colonial rule in India was now gearing to treat her. And this, to a large extent, is true of the lower class women.

Apart from blurring of the categories of the respectable and the non-respectable, Whitehead fails to see that CDA blurred the otherwise distinctly separate spheres of the

[20] Home (pub), 31 December 1870, No. 188&1 k.w., Part A.

private and the public. In many ways, the act extended its public authority over the private and the domestic by bringing sexual pleasure to the realm of public experience. This extension was deeply resented by the masses as it exposed "our private life and domestic affairs."[21]

Whitehead argues that in both the Victorian and the Brahminical traditions which sought to "defend the moral superiority of their way of life through the greater virtue of 'their' womenfolk... the unrespectable figure of the prostitute was gradually proletarianized and marginalized, to be confined to and defined by the disciplinary institutions of illegality." [22] And she contexualizes CDA in this frame. However, reading official records, one can argue that otherwise marginalized groups of prostitutes who were left to live at the margins of the society were catapulted on the centrestage of colonial rule through acts like the CDA and other cantonments acts. And even this centrality was not unproblematic, for colonial discourses essentially distinguished between the body- the reproductive organ which had utility value for the soldier- and the individual that was the prostitute. What was distinctly colonial about these discourses is that while in the indigenous traditions the prostitute had many other cultural, religious and ritual functions, in colonial representations the prostitute was reduced to her sexual organs which were to be nourished through medical care. Marginalized as an individual subject, she was appropriated as an object of sexual pleasure. Those who asserted their sense of honour were branded as 'criminal'.

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[21] File no. 791D, September 1897, Misc Deptt., N.W.Provinces., U.P.S.A.
[22] Whitehead, "Bodies Clean and Unclean", p. 46.

Philipa Levine in her "Re-reading the 1890s"[23] offers a thought provoking analysis of the official debates that led to repeal of CDA in both England and India. She tries to show how, "the sexual servicing of British troops by local women was politically central to the perceived stability and maintenance of British rule in India." [24] Developing Ashis Nandy's argument that " the homology between the sexual and political dominance which western colonialism invariably used ... was not an accidental by-product of colonial history", [25] Levine argues:

> increasingly over the course of the nineteenth century, commercial sex between colonizing men and local women rather than concubinage or other permanent or monogamous liaisons became the preferred colonial practice, more particularly in military circles. In effect, regulation (of CDA), partly because in India it was on so huge a scale affecting both major cities and more isolated cantonments, normalized prostitution. It consolidated the idea of the constant sexual needs of men and the subordinate position of the women they bought. [26]

Despite a close studv of the official discourses, Levine however fails to see the deeper fears of the colonizers. The 'normalization' of prostitution was just a part reflection of the whole colonial project, it involved only those women who were registered on the lock hospital rolls and lived within the cantonment limits. However the wanton sexual indulgences of the soldiers involved contact with women from outside the cantonments i.e. unregistered prostitutes. The regulations which 'normalized' prostitution for one set of women i.e. registered prostitutes, 'criminalized' the profession for another set i.e. unregistered prostitutes.

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[23] Philippa Levine, "Re-reading the 1890s: Venereal Diseases as "Constitutional Crisis" in Britain and British India", Journal of Asian Studies, Vol. 55, No. 3-4,1996, pp. 584-612.
[24] Ibid, p. 589.
[25] Ashis Nandy, "The Psychology of Colonialism: Sex, Age and Ideology in British India.", Psychiatry, 45: 197-218. (Quoted in Philippa Levine: Ibid. Pg. 587.)

Although Levine talks of notions of male and female sexuality embedded in the colonial discourses, yet she fails to see how these discourses redefined the experience of sexual pleasure between the colonizer and the colonized; how the colonial state attempted to bring the very fact of sexual relation between the soldier and the prostitute under its 'gaze'; And how the otherwise invisible parts of female body were put under the compulsory supervision of state agents like the matron or the medical officer. Despite taking an expressed "feminist" position, the whole narrative of Levine, remains dominantly political.

Arnold P. Keminsky in his "Morality legislation and British troops in late nineteenth century India" [27] discusses how British imperial interests remained central to the enactment of the CDA , its repeal and again its re-imposition in various military cantonments in India. And the extent to which the India Office officials would bow to the demands of its repeal by various social groups depended on how much the British troops stationed in India were needed at different war fronts. In the year 1888 when the CDA was repealed, England was not involved in any war. However, as the Boer war approached and, "it became obvious that imperial interest would suffer (particularly as Boer war required British troops from India), the basic elements of the old system were speedily reintroduced in India." [28] Keminsky shows that althrough the debates on the CDA, the imperial interest of the British empire remained vital. Issues like morality lost their significance in the light of growing competition that England had to face at the turn

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[26] Levine, Re-reading the 1890s, p. 589.
[27] Arnold P. Kaminsky, " Morality Legislation and British troops in Late Nineteenth Century India", Military Affairs, Vol. 43, 1979.
[28] Ibid, p. 83.

of the nineteenth century. As he writes, "as European competition and tension grew at the turn of the century, and the shocking state of preparedness of India's Army was publicized, public and parliamentary agitation over Indian cantonment policy disappeared. Only an occasional protest was lodged about alleged 'official encouragement of houses of ill-fame for British soldiers' in India. Home politics had interrupted the effectiveness of the Indian government in maximizing the readiness of India's Army for nearly two decades. In the end, however, the military requirements of the Empire prompted English officials to resist agitation from special interest groups at home, and quietly allow essential 'health' controls in Indian cantonments." [29]

Keminsky with his reading of sources in the wider context of the British empire, adds another important dimension to the study of CDA regulations in India. However, he does not discuss whether the same parameters applied to the English Contagious Act. For the English CDA once abolished was not reimposed, while in India the provisions for controlling VD continued well into the twentieth century. Was this because in the colony the protests were easy to suppress while at home it would be difficult to silence the protesting voices? Keminsky talks of the CDA as "morally indefensible" system, and the numerous social protests that the officials had to face for maintaining it. However, he only looks at the social protests in England whose rhymes were defined by the inner dynamic of British politics. Keminsky overstates the shaping power of British voices of dissent, and denies the significance of Indian developments. To study the CDA we need to look at the protests from Indians.

[29] Ibid, p. 83.

II

While prevention of VD among the British troops was of course the central problem for the state, the official discussions around VD also reflect a complex range of themes that underlay the official discourses. VD became a metaphor, a distant allusion for reinscribing the categories of the colonizers on to the colonized; an instrument of redifining the profession of prostitution, impinging on their professional liberty, and bringing them within the purview of the state discourse. The CDA prefigured and then strengthened those wider assumptions which were central to the maintenance of British rule in India in the post-mutiny era. While focusing on the official discourses around the problem of VD and its control through the CDA and other Cantonments Acts of this period, this dissertation attempts to look into the structures of these discourses, into the assumptions on which they were based, the terms in which they were expressed, the meanings they carried, and the terms in which they were perceived.

One of the persistent themes in the efforts of the colonial government to check the spread of VD among the European troops was, as Mark Harrison analysing the various sanitary efforts of the government in the late 19th century, has put it, " the fear of infection from the native population". [30] Harrison locates this fear in segregated residential patterns throughout colonial Africa and to some extent in India. Given his concerns with the public health policy, and the overall role of medicine as a 'colonising discourse', Harrison does not probe various other aspects of this fear. In the post-mutiny era, the fear

[30]Mark Harrison, *Public Health in British India : Anglo-Indian perspective on Medicine* , 1859-1914, first published by Cambridge University Press, 1994; the first Indian edition, New Delhi, 1994, Pg.3.

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from the native population was perceived and sought to be overcome in multifarious ways. As Mark Harrison argues, "it was not mortality from the diseases such as Cholera, but the persistent incapacitating effects of malaria and venereal diseases which concerned colonial authorities." [31] In the context of VD its malign effect were seen as unknown "even in the most contagious maladies", which, "increased a thousand fold within a brief period of time; while its future effects on system are equally destructive, causing death, broken down constitution and injury to the second generation an hereditary taint being communicated to the offspring." [32] The fear from VD was not just because of its effects on the health of the soldier. In an extended form, VD endangered the "vitality of race" [33] (English race). It carried colonial images of the indigenous women as a "terror of military men who have been long in India," [34] and their sexuality was increasingly seen as having a de-masculinizing effect on the soldier. Is this a shift from representation of Indian women with all her "exotic beauty" in the early colonial narratives to her perception of being a terror to the military men?

This fear was reflected in the desperation with which the colonial authorities sought to overcome it. Harrison's points only to the segregated pattern of residences as a consequence to the fear. We can refer to numerous other examples. A close look at the experiments with the lock hospitals shows that even when the CDA was repealed, the provisions of the Act, such as compulsory registration and medical

[31] Ibid, pp. 2-3.
[32] Home (Leg.), March 1864, No.11-13, Part B.
[33] Ballhatchet, *Race, Sex, Class*, p. 86.
[34] Home (Sanitary), June 1875, No. 32-34, Part A.

examination continued in places like Lucknow and Meean Meer - places in which there was a prolonged upsurge during the mutiny.

This fear from VD was further reflected in the way it consistently refigured in all official discourses concerning the cantonments and the health of the soldiers. While the history of attempts by colonial authorities to check the spread of VD goes as far back as the 18th century, the post-mutiny regulations were remarkable for the power that it gave to the local officials to punish. As Ballhatchet contends, these provisions sought to police the diseased rather than cure them, for, the whole medical enterprise for curing VD was confined to the disappearance the symptoms.[35] The limits of medical care strengthened the need for policing all the more. These apart, the state often resorted to extension of military cantonment rules over civilian areas, in order to contend VD. The CDA incorporated areas within the radius of 5 miles of the cantonments within the purview of the cantonment lock hospital rules. The depth of the fear was reflected in the stringency of the Act through which the state sought to prevent the spread of VD.

Colonial discourses on CDA provide us with an important insight into how the colonial authorities came to perceive the sexuality of the colonized in the changed atmosphere of the post-1857 period, how they redefined the notion of sexual pleasure between the colonizer and the colonized and sought to discipline it. In these discourses, which celebrated the virility of the British soldier, and reflected the desire of the authorities to provide the soldier with 'clean' and 'more attractive' females, the sexual desire of the soldier appeared as insatiable.

[35] Ballhatchet, *Race, Sex and Class*, p. 94.

This kind of colonial ideas essentially looked at sexual pleasure as a public experience, bringing it out of domestic and private domain. This was contrary to both the dominant Victorian and the 19th century Brahminical tradition, which as Judy Whitehead has shown sanctified privacy and domesticity by legitimising it through marriage. The redefinition of sexual pleasure was even contrary to the early colonial practice of keeping concubines and encouraging the soldiers to marry Indian women. The public-ness of this pleasure was reinforced by the Cantonment Act and CDA through which the state sought to bring the sexual relations between the prostitute and the soldier within the purview of its 'gaze'. The authorities' emphasis on encouraging the soldiers to have intercourse with only the prostitutes of the regimental bazaars, and the extension of lock hospital rules to civilian areas are concrete examples of how the colonial state sought to supervise the sexual relations of the soldier. Moreover, in order to exercise closer surveillance, the state extended its public authority over the private spheres of life to identify those 'sick' bodies, which were prone to infect the soldier. Colonial ideas on sex had strong racial connotation as well. While uncontrolled sexual desire of the soldier was seen as a marker of his masculinity and a part of his natural behaviour, similar sexual impulses of the Indians were branded as manifestations of 'debauchery'. [36]

Representation of female sexuality in the colonial discourses is a theme that is important but neglected by historians. Ballhatchet argues that the state in its treatment of the sexuality of prostitute displayed a dual attitude. He writes, " in satisfying the soldiers' masculine needs, prostitutes were seen as playing a positive role, helping their clients to remain manly. But they were also seen in a negative role, as threatening soldiers to with

[36] Ibid, p.20.

diseases which might destroy their manhood."[37] This argument only partly captures the conflicting portrayal of prostitutes' sexuality in these discourses. We need to explore the amguities and contradicitions within the discourses of the state. The state sought to control the sexuality of the prostitute without necessarily recognising her sexuality as such. This was clear in the way, to quote the arguments of the Quarter Master General in India, it was not "the practice of prostitution that is "legalised" but the attempts to avert its consequent and accompanying disease." [38] In such discourses, as Mrinalini Sinha has argued, "although women figured prominently in the legislative initiatives of the nineteenth century, it is possible to doubt whether they were, indeed, the prime concern of the legislators."[39] The duality in the colonial perception of the prostitute in which her presence was simultaneously substituted by her absence, was one persistent notion that underlay the working of the measures like lock-hospitals, and the routine check-ups of her genitals during this period.

The colonial discourses portrayed prostitutes as a reservoir of sexual desire. She appeared as being on constant look out for her European clientele, always soliciting the soldier, inviting him at every possible place to cohabit. The complications of diseases like primary syphilis were seen as exciting the libido of the prostitute all the more as the irritation in her genitals excited her desire and unaware of the disease she roamed the cantonments.. These representations of the prostitutes' sexuality are important, for they legitimated official efforts disciplining her sexuality.

[37] Ibid, p.20.
[38] Maj.Gen.E.B.Johnson,QMG, to GOI, dated 22-10-1873; Quoted in Ballhatchet, Race, Sex and Class, p.46.
[39] Mrinalini Sinha, " The Age of Consent Act : The Ideal of Masculinity and Colonial Ideology in Nineteenth Century Bengal"; in *Shaping Bengali Worlds, Public and Private*, edited by Tony K. Stewart.

The colonial discourse on the prevention of VD among the European troops, reflected the wider political - social relations of the time. The discourses on CDA show how the colonial state in the post-mutiny era began to prioritize its concerns, reconstruct 'other-ness' of India and redefine its relation with the colonized. The measures of social control like the ones incorporated in these Acts, were essentially informed by the newer needs of the state and the assumptions on which it sought to maintain its rule.

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Chapter II

State and the 'Scourge'

Food, dwelling, conservancy arrangements, occupation both of mind and body, personal hygiene comprising cleanliness, temperance and abstinence from social vice, wrote the Special Sanitary Commissioner C. Hathaway, were the five issues affecting the health of European officers and soldiers in India.[1] Among these broader concerns, Hathaway felt, the problem of VD among the European troops was of 'vital importance'. He accused sanitary experts and medical officers of evading the issue "through false delicacy, or in the hopelessness of suggesting any practical measure". Emphasising the importance of the problem he wrote, "it affects the present as well as the future health of thousands of the child unborn, the girl just married and every rank and class of our soldiery, from the recruit recently arrived from England to the broken down and prematurely old invalid, who is being sent out of the country incurably destroyed, at an age when other men are in their prime of life."[2] This description by Hathaway is just one example of the official perception of VD in India, a theme that this chapter attempts to explore.

VD was unlike other diseases which caused concern to officials. VD put forth specific problems to them. It was feared by officials, and had several physical, cultural, strategic and financial ramifications.[3]. The presence of VD among

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[1] Memo. by C. Hathaway, Special Sanitary Commissioner, dated Shimla, 14th Nov.1861; Home(Leg.), March 1864,No. 11-13, Part B.

[2] Ibid. .

[3] Kenneth Ballhatchet, *Race, Sex and Clas under the Raj*, Delhi, 1979, p. 10. Ballhatchet has argued that, "of all the areas of sexual behaviour which embarrassed the authorities, relations between British soldiers and Indian women proved most troubling s, But, despite his focus upon

European troops stationed in India, was as old as colonial rule itself, and there always had been some amount of concern regarding this problem. However the mutiny marked a break in the official attitude. Officials realised that at least one-third of the European troops were perpetually in the hospitals on account of this disease alone. While it was the widespread character of the mutiny which led to the institution of a Royal Commission for inquiring into the sanitary conditions of the army, facilitating the way for legislations like the Act XXII of 1864 and CDA, there were other aspects of the disease which had a more deeper bearing on the official discourses of this period. The official debates significantly reflect on the wider strategic, financial and cultural fears of the colonizers. They also provide us with a context for understanding the priorities of the state in the changed circumstances of the post-mutiny era. The official battle against VD shows how, in order to overcome their own fears, the authorities defined the specific roles of the colonizer and the colonized in this period, and sought to control the subject society.

Long before VD became a part of the official discourse in India, it was known as ***firungi rog*** in the Indian folk tradition. The early Portuguese traders in India were believed to have brought the disease. However, as the British empire in India began on its expansion trail from the late 18th century onward, the problem of VD began to figure in a new way. Right from the beginning, officials saw VD as the result of sexual indulgences between the soldiers and the prostitutes. The problem was frightening since sexual indulgences of the soldiers were seen as a necessary part of their 'physiological natural instincts'. As one report said, " for a young man who can not marry and who can not

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VD, he does not delineate as to what gave this disease a special place in the official discourses.

attain to the high moral standards required for the repression of physiological natural instincts, there are only two ways of satisfaction, viz., masturbation and mercenary love. The former, as is well known, leads to disorders of both body and mind; the latter, to the fearful dangers of venereal."[4] There was essentially a duality in the official perception of the soldiers' sexuality, and its relation to the problem of VD. On the one hand, the discourses naturalized the uncontrolled sexual desire of the soldier; legitimised and celebrated their non-monogamy, on the other hand they deeply feared the consequences of such relations. Brigadier A. Tucker wrote, "human nature is human nature, and our men will find means of sexual intercourse other than that authorized, as between husband and wife..."[5] VD was an 'evil' physical consequence of the 'physiological natural desires' of the soldiers. The state had to acknowledge their 'natural desires' as well as protect them from the evil effects of their legitimate passions.

The health of soldiers was just one of the reasons that informed official fear. The incapacitating effect of VD on soldiers was of course what officials feared most. The officials compared the disease with "self-mutilation" by the soldiers, in which, " those who are admitted into hospital with primary symptom, are for a length of time rendered unfit for the performance of any duty, and that the greater number of them after having discharged from hospital in due course, return with secondary symptoms, which in almost every instance renders them unfit for the service." [6] Added to this was the fear that VD de-masculinized the soldiers. Official reports portrayed "in unpleasant

[4] Ibid, p.10.
Memo., Oct.1886, pp.1888, LXXVII (158), 235ff.
[5] Brigadier A. Tucker, Commanding Rawalpindi Brigade, to the QMG of Army, Army Head Quarter,(No. 216,dated Rawalpindi,the 29th Jan1863); Home (Leg.), March 1864, No. 11-13, Part B.

details cases of soldiers with genital organs 'eaten away' by VD."[7] The de-masculinization was ironically the result of soldiers' masculine acts. The authorities were confronted with an extremely delicate situation: How could the state resolve the paradox? How could it sustain the masculinity of its armed forces?

The problem of VD had specific cultural dimensions as well. Given the hereditary nature of the disease, it was seen as cutting at the 'vitality of the race'. As an official wrote, it was "impossible to consider without anxiety the enormous extent to which the blood of England is now being tainted with the venereal poison through country from the Army as its great focus and factory."[8] The present inefficient state of the soldiery on account of VD got fused with its future effects on the system , "causing death, broken down constitution and injury to the second generation by an hereditary taint being communicated to the offspring?"[9] Thus VD appeared to be a slow poison, that had long term trans-generational effect, destroying the present and future of the Imperial race. There was the fear that the blood of the orient would permanently taint the occident.

The military authorities in India portrayed fearsome images of the disease. In 1861, Brigadier Troup wrote from Agra that VD was not only keeping "a large proportion of the Army constantly in Hospital, but the necessary treatment with the ravages of the disease, undermines the constitution, cripples the bodily powers on the march in the field, and predisposes to other diseases especially rheumatism which

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[6] Letter from Brigadier C.Troup to Asst. Adjutant General , Meerut, No.262, dated Agra, 27th May 1861; Home(Leg.), March 1864, No. 11-13, Part B.

[7] Ballhatchet, *Race, Sex and Class*, p.20.

[8] Letter from Asst. Surgeon A.C.C. De Renzy, in Medical Charge B Battery 19th Brigade, Royal Artillary to Captain A.Callander, Major of Brigade, Mooltan, dated Mooltan, the 13th March 1863; Home(Leg.), March 1864, No. 11-13, Part B.

[9] C. Hathaway, Memo, dated Shimla, 14th Nov. 1861, op.cit.

affection swells very largely the annual number invalided ..."[10] At a time when the European soldiers were seen as forming the backbone of the Empire, the incapacitating effect of the disease appeared to be debilitating the strategic foundation of the British rule in India.

VD thus became a major strategic problem for the authorities in India. Contraction of VD meant either that the soldier had to be kept in the hospitals for a length of time (and it was never less than three weeks) on account of primary symptoms or that he had to be sent back to England if the disease had reached an incurable stage. The official statistics, in fact, claimed that almost a third of the British contingent in India was perpetually in the hospital on account of VD particularly in the post-mutiny period. John Strachey in his report on VD in the Bengal Army enumerated the percentage of the Venereal Admission of the soldiers (Table I below):

Table I

Percentage of Venereal Admission Among the European Troops in the Bengal Army

Year	Total Strength of European Troops	Admitted in Hospitals (for VD)	Percentage of Total
1862	42,980	13,671	31.8
1861	44,879	16,567	36.9
1860	--	--	33.8
1859	--	--	36.0

Source: Letter from John Strachey, the President to the Sanitary Commission for Bengal, to the Secretary, GOI, Military Deptt., dated 21March 1864, Home (Leg.), March 1864, No.11-13, Part B.

[10] Letter from Brigadier C. Troup, dated Agra, 27th May 1861, op.cit.

On the basis of this data, John Strachey commented, "we may thus consider that at least one third of the whole European Army passed through the hospitals in the course of the year on account of these diseases alone." Given the fact that " the average length of time during which each man remains in the hospital is at least three weeks", the report concluded, " it may be assumed that on any day in the year a number of men equal to the ordinary effective strength of a Regiment are disabled from this cause."[11]

A look at the statistics of the pre-mutiny undoubtedly shows that the disease was always widespread among the European soldiers. The Table II shows the percentage of venereal admissions of the army in India:

Table II

<u>Percentage of Venereal Admissions in the Years before Mutiny</u>

Year	Percentage admitted for VD (As a % of total admission for all diseases)
1	**2**
1829	11.6
1830	10.6
1831	11.8
1832	14.0
1833	26.8
1834	32.2
1835	28.4
1836	26.1
1837	24.2
1838	26.8
1842	20.5
1843	17.5
1844	16.0
1845	19.6
1846	20.9

[11] Letter from John Strachey, The President to the Sanitary Commission for Bengal to the Secretary to the GOI, Military Department, dated 21 March 1864; Home (Leg.), March 1864, No. 11-13, Part B.

1	2
1847	29.7
1848	35.9
1849	32.7
1850	28.1
1851	27.1

Source: Prepared by Dr. Warning from the Return in the Office of Medical Board, Home(Leg.), March 1864, No. 11-13, Part B.

Despite the considerable presence of the disease, the government of India avoided formal official intervention after the system of lock hospitals was abolished in 1828. As the strategic priorities of the state changed after the mutiny, and a large number of European contingents in India became necessary, VD began to draw fresh attention from the officials. The state now needed a larger standing European army. And VD by incapacitating a considerable number of soldiers, necessarily caused a problem.

Apart from the strategic necessities of the state, officials worried about the financial implications of the disease. The financial burden on account of this disease was vividly analysed by John Strachey, President of the Sanitary Commission of Bengal, who quoting from the report of the Royal Commission for inquiry into the Sanitary state of the Army in India, showed that " the annual cost of each soldier in India is 100 Pounds. Assuming this to be correct, the direct money loss caused to the state at present time by these diseases is not less than 75,000 Pounds per year."[12] The annual expenditure of 75,000 pounds, on inefficient soldiers, lying in the hospitals exasperated the colonial state.

Besides these strategic and financial implications, the worst effect of VD, in the perception of officials was the great drain of manpower from India. Every year a number of soldiers were to be sent back home afflicted by the disease. The supporters of

lock hospital system in India constantly referred to this fact. It was a duly recognised fact among the military officials that invaliding from VD was "greater among the European soldiers in India than in any other class", and the supporters of lock hospital system argued that "if this excess is caused in any way (as is shown to be the case) by preventible diseases or defective sanitary arrangements, the expense of renewing the perpetual loss by fresh supply - the sending out batches of army to fill up the gaps in the ranks trained and disciplined soldiers, is far more costly than the simple precautionary measure (i.e. lock hospitals) that have been persistently advocated."[13] This official concern for invaliding of soldiers was also duly supported by the statistical data. Medical officers claimed that " fully two-thirds of those who imbibe the disease are invalided within five years."[14] While individually in some regiments the annual number of invalid soldiers sent home could go up to 12,[15] an official report analysing the all India data for the year 1884 concluded that "drain on the European Army in India occasioned by ill-health is very considerable." The statistics for the death and invaliding in the army for the year 1884, can be seen in Table III:

[12] Ibid.
[13] C. Hathaway, Memo, dated Shimla, 14th Nov. 1861, op.cit.
[14] Note by the Surgeon General and Sanitary Commissioner with GOI on experimental Closure of several lock hospitals during 1885; Home (Sanitary), June 1888, No. 102-129, Part A.
[15] Lt. Colonel E.B. Johnson, Officiating Adujutant General of the Army to the Secretary to the GOI, Military Department. (No. 236, dated Headquarters Simla, 2nd May 1862); Home (Leg.), March 1864, No. 11-13, Part B.

Table III.

Proportionate Ratio of Death and Invaliding in the European Army Stationed in the Provinces of Bengal, Madras and Bombay for the year 1884.

	Bengal	Madras	Bombay
Admission per 1000 (i.e. number of times soldiers were admitted in the hospitals	1,662	1,109	1,445
Death per 1,000	11.68	8.53	19.39
Invaliding per 1,000	31,84	31.82	31.36

Source: Quoted from "Notes on the question of state interference with "Contagious"diseases in Calcutta", Home (Sanitary), Oct.1887, No. 180-197, Part A.

The report noted that in Bengal, " this means that every soldier went into hospital one and a half times, 1.1 man out of every hundred men died, and more than three men in every hundred men were sent home invalided. In Madras the admissions to hospital and the deaths are less, but the invaliding is the same. Bombay stands half way between Bengal and Madras for admissions, is very much worse than either in mortality , or slightly better in invaliding."[16]

The financial implications of the invaliding then, the report asserted, was "of great importance", as "the cost of every European soldier put down in an Indian cantonment is reckoned at 145 pounds., and his annual upkeep involves a very heavy expenditure*; he is an expensive machine; he is in fact one of the costly British products, of which despite their comparative expansiveness as compared with the native article, the English have to make use for the administration of the country." Then the report added, "it becomes,

[16] Notes on the Question of State Interference with " contagious" Diseases in Calcutta. Home (Sanitary), Oct. 1887, No. 180-197, Part A.

accordingly, a financial question of great importance to inquire how far this costly article is economically used : and attention is specially drawn to the unnecessary waste of health and strength involved in the amount of venereal diseases which is at present allowed to exist in the European army ..."[17]

This colonial perception of VD was largely shaped by the European aeteology of the 19th century, in which syphilis was seen as the root cause of numerous diseases in the human body. As W.J.Moore, Surgeon General with Government of India (GOI), emphsising the fatality of the disease wrote:

> primary syphilis may result in a sloughing inguinal sore, or in sloughing phagedena of the penis, which endangers life. And secondary syphilis may result in throat and laryngeal affections, also dangerous to life. It is, however, indirectly and remotely that syphilis proves so very destructive to life. Indirectly there is no disease which causes a greater mortality, as well as all kinds of misery. In questioning patients as to their previous history, how often is it found that the first link of the chain dragging them to the grave is syphilis![18]

Quoting Mon. Record's remarks on VD as "the most terrible contagion which ever threatened mankind", Moore added:

> it is tertiary or remote syphilis which is the most destructive. Diseases of the eye, especially iritis, often ending in blindness ; diseases of spinal chord terminating in paralysis; diseases of brain ending in a similar condition; diseases of heart, the forerunner of dropsy, - all result from syphilis... In short, diseases of most internal organs has been fully traced to those degenerations and formations which result from venereal.[19]

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[17] Ibid. .

* In Military Proceedings 2361-63, March 1877, the average annual cost of a European soldier in India is taken at Rs. 824. The cost of medicine, food, bedding, and hospital requisites in Bengal amounted, in 1885-86, to Rs. 343 per head of the daily average. In the lock hospitals the average stay of each patient was in 1885, 79 days. If the same ratio applies in venereal cases in the Military hospitals, there would be an annual loss of 1,319,537 days' service.

[18] Memorandum by W.J.Moore, Surgeon General.
Home (Sanitary), June 1888, No. 102-129, Part A.

[19] Ibid. .

VD was seen as the root cause for a range of diseases. The disease acquired a particular virulence in a tropical region like India. The facts and images appeared frightening: slowly but inevitably the affliction spread from the sexual organs to all parts of the body, corroding and destroying the body part by part. The medical discourses of the time saw the tropical climate of the Indian subcontinent as making the contagion even worse. As Judy Whitehead has shown, the Victorian sanitarians, and following them the officials in British Indian Medical service, often viewed diseases as results of environmental decomposition. In India, until about the 1890s the miasmatic theory for diseases, championed by Edwin Chadwick and Florence Nightingale were prevalent. The miasmatic theory held that toxic concentrations of vaporous products of decay caused disease. In other words, diseases were caused by 'odours' from rotting substances. Tropical areas were perceived as prime breeders of miasmatic contagion because organic matter decomposed more rapidly in hot climate than in cold climates.[20] As Surgeon General W. J. Moore wrote:

> there is an additional gravity attaching to such disorders when they occur in the Eastern Tropics, in as much as they are the most fertile causes promoting endemic diseases which can exist in the human system. In the system of the Native it is sufficiently depressing; but, in as much as the latter are, if well fed, better able to withstand the general adverse influences of the continued heat and a tropical climate, there is not the same certainty, as in the case of the European, that the syphilitic tainted individual will eventually become the subject of that worst form of anoemia consequent on a combination of the syphilitic, the so called malarious, and the scorbutic taints. Every one acquainted with hospital practice in European cities will have no difficulty in recalling to mind the 'haggard shanks, shrunk eyes, and bony face, the pallid countenance, the peculiar gait, the sallow color, and loose integument

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[20] Judy Whitehead, "Bodies Clean and Unclean: Prostitution, Sanitary Legislation, and Respectable Feminity in Colonial North India", in Gender and History , Vol. 7, No.1, April 1995, pp.41-63.

characterizing the syphilitic. If this condition is developed in England in an invigorating climate, it can not be matter of surprise that the heat, malaria, scorbutic taint, and consequent enervation and debility, almost inseparable from tropical residence, will render syphilitic cachexia more readily inducible... The medical history sheets of European soldiers show, with almost unvarying and too painful regularity, entries such as follows: - Admitted with primary sore - secondary symptoms - ague (several times) - diarrhoea - dysentery- hepatitis - hepatic abscess invalided, or death..... I believe that much of the anomalous or undefined fever soldiers suffer from in India, is rather syphilitic than true ague or other form of so called malarious fever..... Similarly, I believe that a considerable amount of the liver disease, from which European soldiers suffer, is either purely syphilitic or greatly aggravated by syphilis ....." But enough has been said to show that syphilis ***is*** (sic.) the destructive malady it has been asserted to be, and it only remains to add that it may remain latent in the system for an indefinite period under conditions of ordinary life and service, resulting in a sudden aggravation of any accidentally contracted malady. For example, an attack of sun-stroke is more likely to end in permanent disability when there is a syphilitic taint.
Yet this is not all. There is a wide descending legacy of disease and degeneration affecting progeny which gives to the subject an additional element of the gravest importance. In fact, the effects of syphilis often commence from birth , the syphilitic woman frequently aborting or miscarrying; or otherwise producing syphilitic children, who are described by the Association for the Extension of the Contagious Diseases Acts, as " characterized by old and weird facts and enervated forms, the innocent victims of a frightful scourge." Any large hospital daily presents numbers of children of various ages, the subject of one or the other of the multitudinous forms of hereditary venereal. When a venereal taint exists, all the diseases of children are intensified in severity, and the period of teething is rendered more prone to the various maladies which ordinarily appear. As the child grows up, the well known syphilitic teeth evidence the taint lurking in the system. It has been asserted, with very good reason, that the different forms of scrofula, including consumption, are originated by syphilitic taint. And it has been asserted, with still better reason, that leprosy is nothing less than a form of hereditary syphilis. Be this correct or the reverse, there is no doubt that hereditary syphilis renders persons more liable to the maladies named, as it indeed it does to many others.[21]

What made the fear from VD all the more awesome was the lack of any concrete curative medicine during the century. Ballahatchet has shown that the

[21] Memorendum by W.J.Moore, Home (Sanitary), June 1888, No. 102-129, Part A.

methods of treatment were hazardous, especially for syphilis: mercury and biochloride of mercury were of doubtful efficacy and had unpleasant side effects; iodide of potassium, which was also in general use by the 1850s, was only a little more effective. He has argued that, "the optimism with which the doctors claimed they could cure patients, both men and women, seems to have been based more on self- confidence than on clinical evidence. Indeed, when the primary lessions disappeared, patients were discharged as cured."[22] This lack of curative medicine, made the state cautious, VD was sought to be prevented through non-medicinal measures like by separating the 'sick' from the 'clean' bodies and regulating the sexual relations of the soldiers with only the later class of prostitutes etc. Althrough this period these idioms of 'sick' and 'clean' bodies were defined through the discourses on lock hospital which became the instruments for policing of prostitutes rather than of curing them of disease. And, even as late as 1888, when the CDA was repealed, officials deplored its repeal. It was felt by many that the policing of prostitutes through CDA had well compensated for the lack of curative medicine for the disease.

Given the wide range of strategic, financial and cultural concerns, which characterizes official perception of VD in the later half of the 19th century, the prevention of the disease became a significant "subject of national importance".[23] Apart from the immediate need to preserve the health of the Army, its prevention came to be associated with the wider interests of the colonial state in India. As one official aptly put

[22] Ballhatchet, *Race, Sex and Class*, p.18.
[23] Ibid, p.86.

it, " to the Army VD is a scourge, and the more it is controlled, the more is not only the Army but the state benefited."[24]

[24] Letter from J.B. Harrison, Surgeon, 27.P.I., in Medical Charge, Meean Meer, dated 11th Feb.1863; Home (Leg.), March 1864, No.11-13, Part B.

Chapter III

Laws for Pleasure: Lock Hospitals and the Contagious Diseases Act

> Incontinence is an evil impossible to put a stop to; it, and its consequent disease are such widely spread evils, that no greater mischief, or no infringement of moral law, can arise from the introduction of preventive measures and it is the duty of my profession to guard the soldier as much as possible, from the bad consequences of his indulgence.[1]

The system of lock hospitals was the most visible institution through which the colonial authorities sought to check the spread of venereal diseases (VD) among the European soldiers and sailors in India. Significantly, this system preceded the enactment of Cantonment Act of 1864 or the Contagious Diseases Act of 1868 (CDA). The experiment with the system in the pre-mutiny days had a significant bearing upon these Acts. By focusing upon the official debates of the early nineteenth century, this chapter tries to see the wider spectrum of ideas that informed these attempts. A comparative reading of the official discourses of the pre-mutiny and the post-mutiny periods helps us to understand the attitudinal changes within the official mind. As the stationing a larger contingent of European soldiers became a strategic necessity for the state, the problem of VD too assumed a different dynamic. The limited concern of the early nineteenth century gave way to a deep fear, the disease now being represented in official discourses as a 'scourge'.

The Early Experiments

The pre-mutiny official debates showed a limited concern for the problem of VD. For the limited number of British soldiers in India at that time, the authorities sustained a system of regimental bazaar, known as ***lal bazaars.*** The prostitutes residing in these regimental bazaars exclusively catered to the sexual needs of soldiers. The authorities were [illegible] keen on preventing VD amongst these women only. These early debates also show that the policy-makers were opposed to undertaking any measure which would offend 'native' sensibility. The diseased women were persuaded to avail of the medical facilities.

The system of lock hospital in India was borrowed from Britain where it was in vogue during the 18th century. The rising incidence of VD among the European soldiers in India at the turn of the 18th century saw the introduction of the system in the colony. Keeping in view the demands for such hospitals, the Governor-General in Council authorised the building of 'hospitals for the reception of diseased women' at Behrampore, Cawnpore (now spelt, more correctly, Kanpur), Dinapur and Fatehgarh. Their purpose was to check the spread of venereal disease among European soldiers. However what it interesting to note is that the term 'lock hospital' was not used, even when, in practice, patients were forbidden to leave until they had been certified as cured. ***Lal bazars*** were not mentioned either, but it was stipulated that the ***kotwal***, the Indian official in charge of the regimental bazar, was to be responsible for the conduct of the women attached to it. Women found to be 'disordered' on 'the customary days of inspection' were to be sent at

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[1] Lt. Colonel M.Mathew, Adjutant General of the Army, to the Secretary, GOI , Military Department, (No. 1064, dated Calcutta, the 16th July 1860); Home (Leg.), March 1864, No.11-13, Part B.

once to the hospital."[2] At this stage, the establishment of lock hospitals was regiment specific, only those regiments which complained of a rising incidence of venereal were granted lock hospitals. The military officials exercised control over the hospitals, and thereby over the regimental prostitutes. These measures express the caution with which the authorities sought to tackle the problem of VD. A positive recognition of sensibilities of the 'native' community and their customs formed an important core of this policy. Control over prostitutes did not take a systematic form, and it remained confined to medical supervisions only.

A more systematic effort for checking VD, however, began in India in 1816, when through a series of rules issued from the Governor-General of India, the medical surveillance of public women in Regimental Bazaars was ordered. There was to be a regular inspection, and a compulsory treatment of women found to be diseased. Women were supposed to remain confined within lock hospitals till declared cured of VD. Lock hospitals were allowed at sixteen of the principal stations of the Army. The establishment of lock hospitals comprised of a matron and peons for taking up diseased women to the hospitals.[3]

Missionaries immediately reacted to the measures. They argued that the measures in England sought to reclaim the prostitutes and rehabilitate them, in India the concern for the health of the prostitute was only to sustain the immorality of soldiers. As one missionary wrote:

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[2] Ballahtchet, Race, Sex and Class, pp.11-12.

[3] Office Memorandum No.528, Military Dept. Dated 19 Dec.1863.
Containing Precis of Correspondence regarding lock hospitals forwarded with letter from the Officiating Secretary to the GoI Military Dept. Calcutta, to the Adjutant General of Her Majesty's Forces in India. (No.281, dated 8th Feb.1850); Home(Leg.), March 1864, No. 11-13, Part B.

> Lock hospitals in Great Britain and Ireland are institutions having their origin, I believe principally, if not entirely, in private bounty, regulated by public law, having as their design not merely the treatment of diseased women, but chiefly the reclamation of them from evil to industrious habits, and the communication to them of religious instructions, with a view to their moral and spiritual reform; and having their end and fruit in the restoration of some fallen and unfortunate females to places of trust and credits and often in the reconciliation of others to their families. No institution of the kind in the British Isles without these provisions is legal, and therefore none exists; institutions with such ends, rules and practices create the desire that they were more numerous than they are...
> In India no broken hopes linger about the system. The women is an object of concern, simply that she may not injure others; the care taken of her, the money expended, her cure if diseased, are all simply meant effect this that they may be a soldiery who may morally offend, but who must be physically uninjured. It follows then that the men offend with official facility, and official sanction, and that the women is the protégé of the state, that she may enter on and conduct her nefarious work with what advantage she may to her self, and without injury to her licensed customers.[4]

The report of the Medical Board of the government, also thought that the system was "useless", and recommended its abolition. Given the widespread criticisms of the system, and questions over its efficacy, William Bentinck, the Governer-General of India, abolished the system of lock hospitals in Bengal through a general order in 1830.[5] The abolition of lock hospitals in Bengal was followed by the government's directive to the provincial governments of Bombay and Madras to follow the same. However, the Bombay government insisted on retaining the system. William Bentinck then appointed Dr. William Burke (who later became Inspector General in India, of Her Majesty's Hospitals) in April 1832 to report on the matter.[6] Dr. Burke made some significant points:

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[4] Report on Lock Hospitals by Thos. Carr, Archdeacon, Bombay, dated 20th Sept. 1834, Home (Leg.), March 1864, No. 11-13, Part B.
[5] Governor General order no. 134, dated 9th July 1830
Office Memo, (No. 528, Military Deptt., dated 19 Dec. 1963); Home (Leg.), March 1864, No. 11-13, Part B.
[6] Ibid.

1.that during the existence of the hospitals and Bazaar system in Bengal, the troops suffered much more from venereal diseases at stations where system was in force than when placed in circumstances where no preventive, measures could be applied.
2. That cases of this disease, since the abolition of the system had greatly decreased, both in number and in severity.
3. That these measures, which were much dreaded by the women and productive of great oppression and extortion, had no other effect than that of driving from the regimental bazaars the better class of prostitutes, who would not submit to constant supervision and restraint, and inducing the men to leave their cantonment in search of them, or to resort to Bazaars in the large Native towns in the neighbourhood, for intercourse with most wretched and filthy description of women whom they would otherwise have avoided.[7]

Commenting on the perception of lock hospitals, Dr. Burke argued that the prostitutes found the lock hospitals "horribly revolting to their habits and customs", especially because "the native curative means" which the prostitutes had known "for years or ages" were "held in estimation by them which would not be the case if they found them less efficacious than those employed by the Europeans."[8] Dr. Burkes substantiated his arguments by drawing on the statistical data on the returns of VD cases in the Bengal Army Table (IV below)[9] :

Table IV

Cases of VD Admissions in the Bengal Army Between 1827-33

Year	Total Strength (of Troops)	VD Cases	Proportion of VD cases to total strength(%)
1827	8760	2545	29
1828	8812	2746	31
1829	8315	2500	30
1830	8914	1891	21
1831	8898	2055	23
1832	7872	1584	20
1833	7431	1182	16

Source: Report by Dr. Burke, quoted from Ballhatchet, Race, Sex and Class, p.17.

[7] Ibid.
[8] Ballhatchet, *Race, Sex and Class* , p.17.

On the basis of these statistics, Burke pointed out that the incidence of VD among the troops tended to decrease after 1830 i.e. since the time the lock hospitals were abolished in Bengal.

Following this, the Bombay government replied with returns of cases with opposing views. Analysing the returns of the Bombay government, Dr. Burke now showed that, "in the European corps at Bombay, at stations where lock hospitals existed, the proportion of the cases were 28.9 percent; and at stations without them, only nine percent, or less than one-third." He further established that at Bombay, "with lock hospitals, the proportion was one-third greater than at Bengal where the women were left to cure themselves", which Dr. Burke believed, " they have very effectual means of doing."[10]

Despite the opinions of Dr. Burke, the Bombay government continued with the usual practice of opening lock hospitals wherever the need was reported, for the benefit either of British or of Indian troops, and closing them when they no longer seemed to be needed. The system of lock hospitals could be discontinued only in Bengal and Madras. The debate between Dr. Burke and the Bombay government provides us an insight into how the spread of VD in the army constantly kept the state in a fix. While Burke's ideas represented the overall policy of the government which was sensitive to the native feelings and recognised the efficacy of alternative indigenous forms of cure, the Bombay government felt that such delicacy was unlikely to meet its strategic needs. These

[9] Ibid, p.17.

conflicting perceptions of the problem were to have a perpetual presence throughout the 19th century.

The regimental system of the lock hospitals gave the military authorities power to control the movement of the prostitutes. They could exercise this power in bringing the prostitutes for medical inspections. However as the system of lock hospital was abolished in these presidencies, the military authorities lost their power; "they feared that British soldiers were threatened by diseased Indian women, and they felt hopeless."[11] Complaints about the "the disease in frightful form" being "lamentably prevalent" began to come from several cantonments.[12] However the Government of India remained reluctant to approve of lock hospitals. In dispensaries the treatment of venereal diseases was not prohibited but any coercion in bringing diseased persons for treatment was strictly forbidden.

This policy against lock hospitals continued till early 1840s, when the Medical Board of the Madras government proposed that each station should have a public dispensary to issue medicine to the sick, with a ward attached for "female patients, whose cases might require particular attention."[13] Upon this recommendation, the authorities sanctioned the establishment of public dispensaries at Bellary, Trichonapaly and Cannanore cantonments on an experimental basis. After an experience of nine years at Trichonapaly and Bellary, the Medical Board recommended that the disease had not abated at these stations.

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[10] Office Memo. (No.528, Military Deptt., dated 19 Dec. 1863); Home (Leg.), March 1864, No. 11-13, Part B.
[11] Ballhatchet, *Race, Sex and Class* , p.20.
[12] Ibid, p.21.
[13] Ibid, p. 23.

The experiment of Cannanore was more successful, but this was a "consequence" of compulsory proceedings taken without the knowledge of the Government of Madras. On inquiry, the Superintending Surgeon at Cannanore described the proceedings in the following manner:

> A peon from the civil and one from the military police authorities accompanied by the ***Chowdiany*** or the matron of the venereal ward, regularly called at the hospital of Her Majesty's 94th Foot every morning at 9o'clock A.M. In the event of any soldier having the morning been admitted with venereal, he is obliged to give the name and residence of the female from whom he received the infection. The peons and ***Chowdiany*** immediately proceeded to the party indicated, who if found to be diseased by the matron, is taken to the hospital, which is strictly guarded, and the inmates not permitted to leave its precincts until cured, though many have at different times escaped.[14]

On becoming aware of this compulsory and illegal practice, the Government of Madras stated that it could not authorize such proceedings. However the Surgeon, defended his position arguing that it was the "only way one could prevent venereal diseases as the females with the disease would not come forward voluntarily to seek advice."[15] It appears that there was no further correspondence on this issue.

For almost twenty years, the government of India remained averse to the establishment of lock hospitals. Military authorities and medical boards of different provincial governments sought to control the disease through adhoc arrangements, inducing the prostitutes to come for medical inspection, expelling the prostitutes from the limits of the cantonments in cases of non- compliance. However, the measures had no

[14] Extracts of military letter from the Honourable the Court of directors to the Government of India, on the subject of introduction of modified version of lock hospitals. (Letter no. 129, dated 27th Nov. 1850); Home(Leg.), March 1864, No. 11-13, Part B.
[15] Ibid.

status as law, and the authorities were cautious about irritating the Government of India, which did not agree to anything that went against the spirit of its policy.

Despite being extremely localised in character, a thematic understanding of these official debates seems pertinent. For, it was during this period that some of the stereotypes about the causes and remedies of the disease were created. And these ideas kept on refiguring throughout the century in the official discourses on the disease. For example, the officials often looked at the problem of VD as a "matter of police than of medicine"; to most of the authorities it appeared as an established fact that "the remedy lay in lessening the opportunities of intercourse with women likely to be diseased than in the cure of those that are so."[16] This attitude appears particularly important given the state of curative medicine at that time. The public dispensaries at this stage or the lock hospitals at a later stage, thereby, were increasingly seen as places where the diseased women could be confined, separate from the soldiers, so that the possibilities of intercourse with these women could be avoided. This also explains the basis of coercive measures like the prohibitions on prostitutes leaving the hospitals until they were declared free of disease.

The emphasis on the maintenance of a special police to identify and bring the sick prostitutes to the hospitals remained a universal necessity during this period. This was especially because the authorities often looked at the 'vagrant women'- those who lived outside the limits of the cantonment, and did not profess prostitution as their prime calling, as the real propagators of VD among the troops. Despite agreeing that the police had been guilty of 'extortion and bribery', many authorities recommended " a rigid civil

[16] Ballahtchet, *Race, Sex and Class* , p. 30.

and military police to exclude vagrant women from cantonments and to control the prostitutes in the regimental bazaars."[17]

Right from the beginning, the authorities saw the incidence of VD as an exclusively military problem of the European troops in India. The Indian sepoy in the British army was largely seen as immuned from the ravages of the disease. As accounting for the "marked contrast in the admissions between the British soldiers and the Native soldiers", the Quarter Master General of India wrote:

> (a). Native soldiers are older men, and in large proportion of cases have wives either with the regiment or at their own homes. They send home large sums for the support of their families, and are even liberal in their contributions to their aged and unemployed relatives.
> (b). Being Natives of the country they have better information and a wider field for illicit sexual intercourse.
> (c). The obligations of caste save Native soldiers from promiscuous cohabitation.
> (d). The staple food of Native soldiers is not as stimulating as that of British soldiers. Much of the disease from which the latter suffer is contracted when they are under the influence of drink, and consequently reckless of consequences.
> (e). When a sepoy has fed and cloth himself he has little margin out of his pay to spend on pleasure.[18]

The statistics prepared by the officials substantiated these notions. For example, according to a report, in Bangalore, between 1833-1837, "the annual proportion of VD cases to strength ranged from 32 to 45 percent among European troops, but from only 2 to 4 per cent among the Indian troops." [19] Apart from the assumed immunity of the 'native'

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[17] Ibid, p.30.
[18] Letter from Maj. Gen. E. Stedman, QMG in India to the Secreatry to the GOI, Military Deptt., No. 25-B-Camp, dated Army HQ,Fort William, 30th Jan. 1895; Home(Sanitary), Dec.1896, No. 49-50, Part B.
[19] Ballhatchet, *Race, Sex and Class* , p.23.

sepoy, civilian society also did not figure in these discourses. The whole discourse on VD in this period was centred around the European troops.

An important feature of the official discourses of this period was the emphasis on the need for monogamous relations between the soldiers and the prostitutes. The Medical Board of the Madras Government suggested some modifications in the ***lal bazaar*** system through "some internal regulations in Regiments, by which inducements might be held out to the men to attach themselves individually to individual Native women." For, "it was well known, how much more efficient those Corps are which have Native women attached to them, than those which have not been so provided." According to the Board, it had numerous advantages: "The soldier so attached, if they have been at all cautious in their choice, are not only kept free from the venereal infection, but have more attention paid to the providing and dressing of their victuals and to other comforts conducive to health than can be given in this climate by European women, who in general are not equal to the exertions necessary."[20] These ideas were contrary to the dominant theme of celebration of the uncontrolled sexual desire of the soldier which was so prominently present in the colonial discourses throughout this period. However they show the official concern for alternative forms of arrangements through which the spread of VD could be checked. They also show that the soldier was seen as an equally important party to the incidence of disease. This is further corroborated by the official suggestion to stop the soldiers' pay while they laboured under disease in the hospitals.[21]

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[20] Medical Board, 4.5.1810, Madras Military Proceedings. 11.5.1810,4340ff
Quoted in Ballhatchet: Ibid.p.14
[21] Report by Surgeon Marshall, 84th Regiment, dated 31st 1848; Home(Leg.), March 1864, No. 11-13, Part B.

Officials often categorised the prostitutes as 'clean' or 'foul' commodities, thus making obvious that the focus of the official concern was limited to the utilitarian state of their genitals. Officials also looked at prostitutes as forming "ordinarily, a separate well- organised class or profession, recruited according to certain fixed customs, and they have often their rules of caste like other people."[22] Though highly fabricated, this kind of perception appeared as strategically easier for the officials whose concern for the prostitutes were defined through the soldiers' sexual needs. In practice, these ideas precluded the possibility of concerns like rehabilitation of prostitutes as the state's responsibility. An important and rather positive attribute of this classificatory scheme was that it helped the authorities in distinguishing the females of respectable households from those of professional prostitutes. As Brigadier J.P.James, Commanding Hyderabad Subsidiary Force, discussing the compulsory tax on prostitutes wrote, " it was 'no uncommon occurrence' for the matrons to 'threaten respectable women with a visit of examination, knowing they would receive a donation to keep away."[23] Thus with their focus upon the specific groups of prostitutes who were perceived as being frequented by the European soldiers, the official discourses created a clear line of demarcation, where the categories like respectable, non-respectable did not overlap, nor did the measures necessarily imply a cross-over of boundaries beyond the specific groups of prostitutes whom the soldier frequented.

[22] Letter from the Secretary of State for India to the Governor-General in Council, (No. 297, dated 15th Aug. 1863); Home (Leg.), March 1864, No. 11-13, Part B.

Policy Reconsidered

While these official attempts at checking the spread of VD continued in India, the disastrous fall-outs of the Crimean War and the Indian Mutiny, occasioned fresh discussions in England about the health of the British Army. The 1857 revolt marked a break in official perception: its intensity shocked the Britishers. Besides other issues, the sanitary status of European soldiers stationed in India also attracted the attention of the home government. Consequently, a Royal Commission on the Sanitary State of the Army in India was instituted in 1863. In their witnesses before the Royal commission, the British authorities in India expressed several opinions about what they thought to be the best way of contending with the problem of VD among the European troops in India. The three presidencies appeared to have differing opinions on the subject. While the Madras government supported a return to the lock hospital system, the Bombay government appeared opposed to the idea.

In Bengal presidency also, the Governor-General in Council remained averse to the idea of a return to the old system. Since the abolition of lock hospitals in 1830, there had been no return to the system, but ***lal bazars*** were tolerated.[24] Only two exceptions to this general policy of the government had been made with the opening of lock hospitals at Lucknow and Meean Meer in 1859, the two places which appeared strategically important after the experience of mutiny.

In the official discussions about the best way of preventing VD during the pre-CDA period, one can separate two dominant themes: first, the arguments for

[23] Quoted in Ballhatchet, *Race, Sex and Class* , p.26. Letter from James to Adj.-Gen, dated 15.1.1849.
[24] Ibid, p.36.

facilitating a larger number of married soldiers in the ranks of European army; and the second, the support for a return to the lock hospitals in a more thorough-going and stringent manner. Right from the early decades of the 19th century, a number of officials had argued that allowing soldiers to marry was an alternative to the system lock hospitals. However, the argument was not persuasive. Officials worried about the financial implications of sustaining married soldiers and many actually believed that unmarried soldiers, despite risks of the disease, made better soldiers than the married ones. As the Governor of Bombay, H.B.E. Ferere wrote, "the only effectual remedy is that there should be much larger proportion of married soldiers in our army than it is possible at present. The obstacles are of two classes: first financial, on the part of the state - the greater expense in almost every respect of married as compared with unmarried soldiers. Second on the part of the officers - the supposed greater efficiency of the unmarried soldier." However Frere himself had a great distrust in the efficacy of the lock hospitals, and he challenged the arguments of those who supported the system:

> from comparing these cases through statistical data one could reach at certain positive conclusion. It is often founded on the assumed financial impossibility of allowing any large proportion of the Army to marry, and if, as I believe, this assumption is unfounded, I doubt not that if it were shown to be so, many more officers would admit that a married soldier was not, from the fact of his marriage, a worse servant of the state than an unmarried one.[25]

The contentions of Frere were representative of a larger debate among the authorities about the extent to which marriage of soldiers provided with a better alternative to the problem of VD. And there were many who vouchsafed it. As an official wrote:

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[25] Minute by His Excellency the Governor, H.B.E. Ferere, dated 4th May 1853; Home(Leg.), March 1864, No. 11-13, Part B.

> the most effectual check, and possibly the most economical in the end, would be an extension of the privilege of marriage to a much larger proportion of men in corps in this country. It is shown by statistics that married men are more healthy and temperate than single men, and the proportion of them annually invalided is very small. They suffer less than others from ordinary diseases as well as those of syphilitic origin. They are more contended and steady, and the amount of crime and number of court martials among them shows the advantage they possess over single men in the increased comfort of their homes. If permission was given to one-fourth of the number of men in a corps in India to marry, the extra expenditure which would become necessary for increased accommodation would be counterbalanced by the diminution in hospital expense, and in the number of men annually invalided. Affording, as this country does, comforts for the married soldiers to a greater extent than he can enjoy in England, he would have an additional inducement to volunteer to remain in India on the departure of his corps.[26]

It is interesting to note that despite the arguments in favour more married soldiers, none of the provinces, had even the permitted number of married soldiers in their rank as late as 1862. During this period, only 12 per cent of the European soldiers in a regiment were allowed to marry in India. In England it was only 6 per cent.[27] The Commanding Officers of the regiments had the power of giving soldiers permission to marry, and they were convinced that unmarried soldiers were more efficient. As a result, in 1862, the proportion of married soldiers in the Bengal army was only 4.75 per cent, 8.6 per cent in Madras and 6 per cent in Bombay.[28]

The question of marriage in the army particularly among European soldiers was linked with the wider colonial ideas of male virility and the image of a 'virile' colonizer. In order to rule over India the European soldier needed to be unresraint, without immediate familial obligations; his sexuality was to be marked with uncontrolled

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[26] Memorandum, venereal diseases among Her Majesty's Forces in Bengal; Home(Leg.), March 1864, No. 11-13, Part B.

desire. His irregular indulgences with the subject women became markers of another kind of colonial subjugation, one that subjugated the body of the subject women. This reflected an extension of the colonizing space. These official notions may be read in the way that the difference between the European soldiers and the 'native' sepoys were represented in these discourses. The 'native' sepoy was essentially represented in contrast to the European soldier. He was "an older man" burdened with a number of individual, social responsibilities, who did not appear to have the same physical appetite like that of the European soldier. While the European soldier was a man full of "young blood" and was not "circumspect". These attitudes were further reflected in the fact that the 'native' sepoys were allowed to marry.

The arguments for having more married soldiers did not convince the Royal Commission. It felt, in fact, that "when a regiment went on active service wives and children left behind might be exposed to temptation and distress."[29] The Commission recommended the need for improved facilities for "occupation, instruction and recreation", and also "a return to the lock hospital system with such improvements as experience might suggest."[30]

Based on the recommendations of the Commission, in 1864, a Bill was introduced in the Governor General's legislative council to regularize the administration of civil and criminal justice in military cantonments. Clause 7 of section XIX of this Bill included provisions for "inspecting and controlling houses of ill-fame and for preventing

[27] Ballhatchet, *Race, Sex and Class* , p.35.
[28] Ibid, p. 35.
[29] Ibid, p.40.
[30] Ibid, p. 40.

the spread of venereal diseases." This clause was further elaborated in section XXV of the Bill, as:

> whenever it shall appear necessary for the protection of the health of troops in any military cantonment, it shall be lawful for the Governor General of India in Council to extend to any Military Cantonment and in the vicinity of such Cantonments all or any of the Rules and Regulations made for such Cantonment under clause 7 of the section XIX , and to make any Rules and Regulations under the said clause, and to define the limits around such Cantonment within which such Rules and Regulations or additional Rules and Regulations shall be in force.[31]

The Bill required the local governments to make laws for the prevention of VD within the broader frame of these clauses. Despite some opposition from persons like A.A.Roberts, Judicial Commissioner, Punjab, who opposed the Bill on the ground that it was "questionable whether the end would justify the means, and also whether immunity from this disease might not be purchased by a general loosening of moral principles and an increase of moral profligacy"[32], the Bill was duly passed as Act XXII of 1864.

Upon enactment, the GOI appointed a special Committee, to draw rules under this Act. The committee proposed that for a control over the prostitutes, they should be divided into two classes: the first of "public prostitutes frequented by Europeans"; and the second of "public prostitutes not so frequented". Only the first class prostitutes were to be subject of the Act. The Cantonment Committees of every cantonment were required to instruct the cantonment authorities to register these prostitutes and provide them with printed tickets in a prescribed form on which the results of their examination would be

[31] The Gazette of India , April 9, 1864.

[32] Quoted in Ballhatchet, *Race, Sex and Class* , p.40.

recorded. On detection of VD, the prostitute was to be detained in the lock hospital until certified as cured. The Committee also suggested that the Cantonment Committees make rules for the maintenance of prostitutes' houses in a state of cleanliness and for "the provisions of a sufficient supply of water and proper means of ablution ."[33] In the Act, soliciting in public was prohibited in cantonments.

Justifying these measures the Committee noted, " the tendency of well-meaning men is to attempt to suppress prostitution, instead of looking upon it as an inevitable evil, which may be controlled, but which can not be got rid of."[34] The Committee stressed on the need to guard against oppression, for it believed, if the prostitutes felt harassed they would not register with the authorities and the control would be lost. To this end, therefore, the committee proposed the employment of suitable women as ***dhais,*** or matrons, to supervise the prostitutes. A detailed set of instructions was drawn for the medical officers of the lock hospitals. In delineating its objective, the Committee wrote:

> it should be the special care of the Medical Officer that all arrangements for inspection should be delicately carried out; that the comforts and interests of patients should be carefully looked after; their residence in hospital rendered as little distasteful to them as possible; that all complaints should be investigated and adjudged with kindness and consideration; and that all duties connected with women performed by himself or his subordinates should be carried out with respect and feeling towards sex.[35]

Act XXII of 1864 was carefully drafted and was full of ambiguities leaving much scope for its differing interpretations. While on the one hand, emphasis was

[33] Ibid, pp.41-42.
[34] Ibid, p.42.
[35] Ibid, p. 42.

laid on the need for "care and consideration" in dealing with a subject of such delicacy, it, on the other hand, also created a set of penalties for the breach of rules. The problem of VD was essentially looked upon as one of policing rather the cure of the disease. The Committee's report also remained vague on the term "suppression" of prostitution.

Once in operation, the Act XXII of 1864 did not yield the expected results. Given the specific emphasis of the Act on the cantonments, many authorities like Dr. C. Fabre-Tonnerre, the health officer of Calcutta. complained that the Act did not incorporate the large port cities like Calcutta where the disease was rampant among the European sailors and other European civilians. Referring to the problem of VD in Calcutta, Fabre-Tonnerre wrote that the menace of the disease was not just confined to the Barrackpore cantonment, where a lock hospital had been established after enactment of the Act. In an elaborate study of VD in Calcutta, Fabre- Tonnerre wrote:

> the reports of various Sanitary Commissions in India and at home, and the evidence of the most experienced professional men, prove that the spread of syphilitic diseases is daily assuming a more formidable character. The disease is not limited to soldiers and sailors, but is making rapid progress amongst all classes of the population, Christian and Native... An observant inquirer might discover in Calcutta an amount of ignorance, irreligion, superstition, immorality, and corruption charges unsurpassed in the greatest cities of the world. Nowhere are the lower classes of Christian and Natives more debased, dissolute, and unclean than in the metropolis in India. Everything amongst them bears the stamp of a total absence of every moral, religious, and social feeling. Hence the great number of prostitutes, who not only swarm in the bye-lanes and back-slums of Calcutta, but who infest our principal thoroughfares, polluting the atmosphere of our neighbourhood, and who, by their indecent conduct, scandalize the morals of the pollution in the midst of which they are permitted to live...
>
> The establishment of a lock hospital is. in my opinion, a duty incumbent on the Municipality as being the most important sanitary reform to be considered after the cleansing of the town. Besides, we can not forget that Calcutta owes its prosperity, and the inhabitants their security and wealth, to a class who, till recently, seem to have been totally forgotten by us, - to those men, whom Dr. Chevers in his lectures calls. with just pride, the intrepid sons of Great Britain.

> Thousands of our fellow - citizens are suffering more or less from the dreadful scourge syphilitic disease, and this can not surely be allowed to continue without an effort being made on the part of the Municipality to arrest the contagion.[36]

Fabre-Tonnerre was a strong supporter of a special legislation for controlling VD. In the meanwhile, following the Act XXII of 1864, the English Contagious Diseases Act was enacted in England for the express purpose of controlling VD in the port cities of England. The enactment of English CDA increased Fabre- Tonnerre's confidence, and in a memorandum of 1867 Fabre-Tonnerre proposed a draft for an Act along the same lines. In his memorandum, proposing the draft of the Act, he wrote, "in England measures have been taken for many years for the prevention of contagious diseases, and an Act of Parliament upon which I have drafted the proposed Act submitted below, was passed on the 11th of June 1866." He added that, "the Cantonment Act -vide Act XXII of 1864 - has been enforced with success all over the Military Stations in India, therefore I do not see why the most hideous disease among the plagues affecting humanity should be allowed to overtake Calcutta unchecked, and the contagion allowed to spread all over the world."[37]

To Fabre-Tonnerre, control of prostitutes was essential to the control of VD; the question of public health being connected with the ideas of public morality. Prostitutes, to him, not only had an effect on public health, there existence in itself symbolized a criminal trespassing of the public morality. These ideas helped Tonnerre to classify the profession of prostitution as criminal. As he wrote:

[36] From Dr. C. Fabre- Tonnerre, Health Officer, to Stuart Hogg, Esquire, Chairman of the Justices of the Peace for the Town of Calcutta, dated the 16th September 1867; Home (Pub.), 20th Feb.1869, No. 112-115, Part A.
[37] Ibid.

> whatever may be the feelings of those who are opposed to special legislation, the Justices must always bear in mind the fact that prostitute constitute a separate class amongst our fellow-citizens; that their existence is in opposition to divine and human laws; that they are permanently violating the moral laws of society; and, that on account of the state of degradation into which they have fallen, they have rendered themselves liable to special legislation which, it may be alleged, with some appearances of reason, interferes with the liberty of the subject, which cannot be claimed by those who live in a permanent state of defiance and constant violation of the laws of the country. Let there be no mistake about it. The prostitute of Calcutta are fully alive to the fact that, by their profession, they are out of the pale of society- the Hindoo women particularly- that they constitute a separate class amongst their countrymen; and that, on that account, they have already claimed special legislation for what they consider their rights and privileges. The class amongst those women who will be found opposed to the sanitary measures are only those who have arrived at that degree of demoralization, which makes them consider themselves highly aggrieved by any interference whatever with their immoral trade.[38]

Moving away from the early colonial discourses on the prostitution, Tonnerre redefined the individuality and the profession of prostitutes. They were seen as committing a double crime, violating on the one hand the sanitary rules of the state, and on the other hand the moral norms of the society. These assumptions of Fabre- Tonnerre informed the proposed frame of the Act, and heralded a long period of compulsory regulations and a repressive penal regime for the prostitutes. For, as he argued:

> This being an admitted fact that the existence of prostitution is a moral and social evil, essentially inherent in the great centres of population, against which repressive measures are of no avail, it will be necessary, in order to arrest the development of the syphilitic contagion, to enact rules and regulations , which, like the Conservancy Laws, should be more of a preventive then coercive nature. Nevertheless they must be framed in such a manner as to give sufficient power to the authorities entrusted with their execution for the immediate repression and punishment of the offences committed daily by prostitutes against public health and public morals. It must be borne in mind that with prostitutes, unless the commission of offence is

[38] Ibid.

> followed by immediate punishment, the provisions of the law will be constantly evaded, and their application impossible.
> Another condition essentially necessary for the good working of those rules and regulations is that provision should be made to give the authorities some discretionary power to enable them to overcome the technical difficulties of the law, as it is impossible to specify in a series of regulations all the offences which can be committed by prostitutes, as well as all the punishments for those offences. To curtail the power of the Magistrate, and confine it to the mere strict application of the rules and regulations, would ensure impunity for those vicious and degraded women who are now to be brought under the power of the law.[39]

In redefining the profession of prostitution, Tonnerre imposed upon them a range of colonial connotations. Unlike earlier discourses which recognised the prostitutes as a necessary evil, now only the evil quality of the profession was highlighted. In a subtle change of terms, prostitutes emerged as the sole accused, not only infecting the individual numbers of the soldiery, but also violating the patriarchal norms of the society. The control over prostitutes was linked up with the wider issues of public health and morality, and required special treatment. These ideas of Fabre-Tonnerre were strongly support by Sir John Strachey, the former Sanitary Commissioner of the Oudh, who based on his experience of the extension of cantonment rules in the Lucknow city was a supporter of such an extension across the country. The proposed Act of Tonnerre was eagerly accepted by the Lieutenant- Governor of Bengal, who thought that Fabre-Tonnerre's "alternative was better for Calcutta because there were so many prostitutes there."[40]

Tonnerre's draft was further discussed in the Governor- General's legislative council. Based on Tonnerre's draft and a careful examination of the English Contagious Diseases Act, H.S. Maine, as law Member, introduced a Bill. While

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[39] Ibid.

presenting the Bill, Maine argued that the provisions of the English CDA, " were not suited to India. The machinery they created was set in motion by an information concerning suspected diseased, laid by certain police officer before a Magistrate." Their introduction in India could not be thought of, "without a grievous risk of oppression." He proposed therefore a scheme of which, "the first step was for the government to establish lock hospitals, or to set apart part of hospitals to be devoted for the purpose of lock hospitals. This being done the occupation of prostitution would be rendered punishable when followed by persons who had not submitted to the conditions of the Act." Outlining the conditions, Maine submitted:

> the Local Governments would prescribe a mode of registration, and all women registering themselves would be bound under penalty to submit to rules of inspection which would be made under a power given to the Local Government by that Act. The Local Government would also make rules as to reports by persons appointed to inspect; and where inspecting persons was not a medical man, breach of such rules would be punishable... A section taken from the English Act would render it penal if the keeper of a house of ill-fame to allow it to be frequented by unregistered prostitutes. Every registered women would be compellable to present herself at a lock hospital on receiving a certain notice, and very strict rules would be laid down as to the discipline to be observed by patients in the lock hospitals... Finally, the Local Government was to prescribe the formalities which were to be observed by women desirous of taking their names off the register.[41]

The Bill was put to motion and duly passed as the Act XIV of 1868, named as "An Act for the Prevention of Certain Contagious Diseases."

[40] Ballhatchet, *Race, Sex and Class* , p.44.

[41] Legislative Council debates on the Contagious Diseases Bill in Supplement to the Gazette of India, April-June 1868, dated April 4, 1868, pp.315-316.

The Act of 1868

Upon enactment, CDA was welcomed by most officials who supported special legislation for the prevention of VD. Through this Act a closer surveillance over the prostitutes and thereby an effective check on the spread of the disease seemed more possible. On the initiative of the local governments, a number of lock hospitals were established across the country. However, the autonomy given to the local governments for making rules for the system, based on local experience, allowed space for defining the scope and nature of the Act. Despite subtle differences in the way CDA was implemented in the provinces, a close look at the way the system functioned, and the official discussions around it, unerringly present a picture where the lock hospitals appear as instruments of control over prostitutes. While the expressed objective of the Act was to control VD through medication, it became an instrument for oppression on the subject women.

Comparing the draft of Fabre-Tonnerre with that of the English CDA, Ballhatchet argues that, "the main difference was that in his draft (i.e. Fabre-Tonnerre's) it was compulsory for prostitutes to registers, while in England action could only be taken after police officer had laid information against a woman."[42] However, this argument appears to be a simplification. The institutionalization of the lock hospitals system may be seen as the most visible way of overcoming the fear of disease that had gripped official minds. This may be seen in the way officials formulated the rules and sought to implement them. For one, despite an explicit reservation in Maine's statements in the legislative council on giving power to the police because of the "grievous risk of

[42] Ballhatchet, *Race, Sex and Class* , p.44.

oppression", police came to occupy a significant place in implementing the system of lock hospitals.

What is significant is that while policing remained central to both the English CDA as well as the Indian CDA, there were important differences in the way the policing of prostitutes was conceived at both the places. In India policing was linked up with the idea of control over the individual liberty of the prostitutes, where the movements of the prostitutes or the women believed to be frequented by European soldiers were constantly watched by the police forces. In Calcutta where the Act was put in force from 1st April 1869, the rules authorised and empowered, "all police officers and constables attached to the town and suburban police force to call on any registered prostitute or brothel-keeper to produce her or his registration ticket." The rules also empowered the Police inspectors of each section, "to exercise vigilant supervision over all common prostitutes and all brothel keepers within his jurisdiction, for the purpose of enforcing the strict observance of the laws and rules for their registration."[43]

In Lucknow city as well, where the Act was put in force on 24th November 1871, the rules stated that, "whenever any police officer shall have reason to believe that any women carries on the business of a common prostitute or that any person carries the business of a brothel -keeper within the limits of the city of Lucknow in contravention of Section 4 of Act XIV of 1868, it shall be the duty of such police officer

[43] Rules prescribe by Government under Act XIV of 1868 for the prevention of certain contagous diseases, Home (Sanitary), June 1879, No. 59-92, Part A.

to report the name of such person ad the circumstances of the case to the Superintendent of City Police..."[44]

While in the civilian areas, the ordinary police forces were assigned the task of surveillance over the prostitutes, in the military cantonments this work was often carried out by the regimental police and/or the special detective forces which the authorities would employ. The duty of these police was to nab the unregistered prostitutes consorting with the soldiers around the cantonments. As the officer in charge of the Sitapur cantonment lock hospital, citing the problems of the detective police in performing his duty, wrote:

> the unlicensed prostitute, however, does not frequent the public thoroughfares, but seeks her paramour in the shady and picturesque topes that abound in this station, and it requires a considerable tact on the part of the detective to capture a woman he sees in company with a soldier, he is unable to approach them, takes up position at some distance hidden from view, and, is obliged to exercise much caution, or he stands a chance of getting a thrashing from the soldier who naturally protects the woman whose embraces he has enjoyed.[45]

These practices were the result of discretionary powers given to the local authorities, and were influenced by the post-mutiny image of the prostitute as criminal. The policing of prostitutes in the colony was different from that at home. Commenting upon the police system in England, a Committee of the House of Commons noted:

> The Contagious Diseases Acts have both directly and indirectly promoted the objects of sanitary and municipal police. They have purged the town and cantonments, to which they have been applied, of miserable creatures, who were masses of rottenness and vehicles of disease, providing them with asylums where their sufferings could be relieved even if their malady was beyond cure, and where their better nature was, probably for the first time,

[44] Rules for enforcement of Act XIV of 1868 within the limits of the city of Lucknow as defined in Notification No.5356, dated the 24th Nov. 1871; Home (Sanitary), August 1875, No. 1-5, Part A.
[45] Sitapur Cantonment Lock hospital report for the year 1874; Home (Sanitary), June 1875, No.1-5,Part A.

> touched by human sympathy, and by the excellent spiritual and moral influences brought to bear on the women while in the hospital, and the successful efforts made by the superintendents and chaplains to place them in the way of obtaining a decent livelihood after their discharge.[46]

Despite influenced by the English CDA, the Indian CDA, however, lacked in the former's spirit. This was particularly obvious in the way the system of lock hospitals was perceived by the authorities at home and in the colony. In India many officials emphasised that the lock hospitals should be like a "prison", where "a woman should have every inducement not to have to go, and where, consistently with curing her, she should be made as uncomfortable as possible."[47] In contrast to this, the English CDA sought to make the hospital into an institution for the moral reform of the inmates. As it read, "A hospital shall not be certified under this Act unless at the Time of granting of a Certificate adequate Provision is made for the Moral and Religious Instruction of the Woman detained therein under this Act." [48]

Given the differences in the way lock hospitals were conceived of and functioned in both England and India, one can argue that, in the case of India, the whole system was overdetermined by the larger context of colonial relationship. Possibilities of rehabilitation and moral reclamation of the prostitutes were precluded by the overall images of the women in this trade as criminals. The lock hospitals symbolized another form of control over the colonized 'other'.

[46] Memo. on the Contagious Diseases Act by Dr. W.J. Moore, Home(Sanitary), June 1888, No. 102-129, Part A.
[47] From Sanitary Commissioner with GoI, (No.777, dated 16th October 1868); Home(Pub.), 12 June 1869, No. 39-40, Part A.
[48] Vide Clause 12 of the English Contagious Diseases Act, Home (Pub.), Dec.1867, No.114-115,Part B.

Fabre-Tonnerre, who was credited with the enactment of CDA, conceived of the Act as benefiting the larger sections of society both European as well as 'native'. He justified his draft for special legislation on larger humanitarian grounds where the lock hospital was represented as "pride of philantrophy", which the British rule in India would bestow upon its subject society. However, the way establishment of lock hospitals were planned out by the authorities in India, the perception VD as an exclusive problem of the European army was reinforced. Lock hospitals did not mean a bounty to the subject society. CDA in practice supplemented those gaps which remained untouched by the Act XXII of 1864. The lock hospitals under CDA were established at only those port cities or large garrison towns where there was a fear of soldiers contracting the disease. Official never considered the question of protecting the general population. Commenting on the Bengal government's proposal to introduction of the Act XIV of 1868 in certain places in Bengal, Arthur Howell, the Officiating Secretary to the Government of India, wrote, " the Government of India are not of opinion that it is desirable to institute measures for the purpose of protecting the general population from venereal diseases. Even if a measure of success were certain the expediency of embarking on any such scheme would still be questionable..."[49]

While the officials posed many questions regarding the enforcement of the CDA in the civilian areas, no such questions were raised when it became important to extend the rules of the Act XXII of 1864 around the civilian areas of the cantonments. In fact 1870 onwards, when many cantonment authorities started complaining of the

[49] From Arthur Howell to the Secretary to the Govt. Of Bengal,(Medical deptt., dated Fort William, 16 December, 1875) on proposed introduction of XIV of 1868 to certain places of Bengal; Home (Sanitary),

"outsider" women as the real cause of infection, it became a common practice to extend the lock hospital rules to areas within the radius of 5 miles of the cantonment, and the sanitary supervision of these places, were controlled by the cantonment authorities. Thus the whole official discourse on the problem was characterised by its exclusive focus upon the European army.

For about twenty years, till the CDA was repealed in 1888, the system of lock hospitals continued to function in India. However, contrary to what Fabre-Tonnerre had envisaged, the system was no "the pride of philantrophy". And it soon came under attack. Not only to the missionaries, and the Indian public, but even the officials debated its efficacy. Through these debates, however, the voice of the prostitutes was rarely heard.

Dec.1875, No. 14-15, Part A.

Chapter IV

Disfiguring the Feminine: Prostitutes and the Lock Hospitals

Death of Balamah

On the morning of 23rd February 1872, Balmah, a resident of Mysore was found dead. A young widow of 18 or 20 years of age, she became a victim of the lock hospital rules, and "put an end to herself by falling into a well."[1] Balamah's death was not only widely reported in the vernacular newspapers of Upper India, it also received the attention of the Governor-General in Council, who called upon the Chief Commissioner, to report on the "alleged suicide of some prostitutes in Mysore to escape the disgrace of being brought under the Lock Hospital Act."[2] Reporting on the matter, the Officiating Secretary to the Chief Commissioner of Mysore wrote: "Early in March last one Nunjoojee, a resident of Banglore, complained to the Chief Commissioner that, on the 23rd of the previous month, two policemen had come to his house, where his daughter, named Balamah, a young widow of 18 or 20 years of age, resided with him, and had treated her in so 'ungenerous and disgraceful' a manner that she had put an end to herself by falling into a well."[3] The official further elaborated :

> A strict investigation of the circumstances was at once ordered by the Chief Commissioner, and was duly carried out by the District Magistrate,

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[1] Letter from Lieut. Colonel J.Puckle, Offig. Secretary to the Cheif Commissioner of Mysore to C.U. Aithchison, ESQ., Secretary to the Government of India, Foreign Dept. (No.2729 -73 J, Dated Banglore, the 17th August 1872); Home (Police),Oct. 1872, No. 65, Part A.

[2] Letter from Secretary to the GOI, Military deptt. (No. 1579 G.2nd August 1872); Home (Police), Oct. 1872, No. 65, Part A.

[3] Letter from Lieut. Colonel J. Puckle, No. 2729, dated 17th August 1872.

with the result of showing that the unfortunate woman had been reported to the Superintendent of police as having for some time past been carrying on a life of prostitution clandestinely, and having diseased venereally certain persons (including two of the police force), one of whom was stated to have died from the effects of the loathsome malady so contracted from her.

The Superintendent of Police, Mr. Christian, appearing to be satisfied with the reports so made to him, ordered her name to be placed on the register of prostitutes, and directed her to be warned to attend the lock hospital accordingly for medical examination.

The unfortunate woman was found dead in a well the morning after this intimation was conveyed to her and the inquest that was held on her corpse reported that she had committed suicide.

There was apparently no ground whatever for any imputation of 'ill-treatment' on the part of the police as regards the girl, but the course taken by the Superintendent was unwarranted by the rules in force on this subject, and the action of the police was consequently illegal, though it seems to have been taken in good faith.

The rules authorize the police to arrest any unregistered woman ***found publicly soliciting or practising prostitution***, and to take her before a Magistrate for trial on that charge; but such an accusation could not have been established against the deceased, and the Superintendent should have confined himself to obtaining a summons for her attendance before a Magistrate, when her case would have been judicially investigated and disposed of according to law. (Italics as in the report.)

The error appears to have wholly proceeded from the Superintendent's misunderstanding of the authority delegated to the police by rules, though he had been enjoined to make himself acquainted with them, and to exercise utmost care and discretion in their enforcement. His subordinates, who acted under his directions, were equally ignorant as to the course that it behoved them to adopt in such a case, and, till the occurrence of this catastrophe, the necessity for any special orders on the subject was not apparent.

A set of subsidiary rules has since been furnished for the guidance of the police in this respect.

As regards the woman herself, the Chief Commissioner sees no reason to doubt that the charge against her was well founded, and that it would have been established if investigated before a Magistrate.

As he considered it necessary, however, to notice severely the error committed by the police in this case, he directed the dismissal or suspension of the European Inspector who appeared from the first report to have been responsible therefore; but it was subsequently shown that this officer had only carried out the orders of his superior, Mr. Christian, Officiating Superintendent of Police, who had in the meantime been re-transferred to Berar, the penalty was remitted on the recommendation of the Judicial commissioner.[4]

[4] Ibid.

With this the case seems to have reached a conclusion.

In the narratives of the incidence, there is a clear gap between Balamah's father's complaint of "ungenerous and disgraceful" treatment by the police and the explanation of Pulock that the charges against her were well founded. And this leads to contradictory ends: for Balmah it was death, and for the European police inspector, restoration of his job. The story, however, fully explains the way the British authorities in India sought to control, what they termed as "clandestine" prostitutes. The official narrative of the story points to the larger official images of a prostitute, which had been graphically described by Fabre-Tonnerre, in Calcutta, some years back. Moreover, they also concretely point to, how the CDA in practice, set into operation an extremely repressive regime through the police, in so far as Indian, particularly, lower class women were concerned.

The prostitute, and not prostitution as a profession was the subject of colonial laws which sought to check the spread of VD. And if there was any concern for the profession it was only secondary, or to the extent that it was necessary for the control and supervision of the state on the members of the profession. The individual, the profession and the body were set apart, and the sexual organs of the female body which had the potential of satisfying the soldier's virility became the main subject of reference. Moreover, by creating discourse on "unregistered prostitute", the laws tried to redefine the identity of women beyond cantonments. The suicide of Balamah, may be explained in terms of the state's attempt to disfigure her femininity and redefine her identity. Balamah's options in life were only three: subjecting herself to lock hospital rules, escaping to another area where the Act was not in force, or committing

suicide. Balmah chose to save her femininity and honour, resisting state's attempts at disfiguring of her identity.

Classifying Prostitutes:

Referring to the prostitutes, the Act XXII of 1864 or the CDA often used open-ended and catch-all terms like "common prostitute" or "public prostitutes"; yet they did not provide any parameter for identifying or classifying this class. In enforcing rules officials were, thus, confronted with the problem of defining and classifying the prostitutes. This aspect of the problem was vigorously discussed among officials, and a new set of definition and classification of prostitutes emerged in the official discourses on CDA.

In their attempt to justify the special regulations, officials described the institution of prostitution in India as a tolerated and socially accepted practice. There were the nautch girls, or the practice of devdasis and concubinage. These prostitutes saw themselves as a caste like group, forming a distinct class in themselves; there social status being totally different the European prostitutes. However, this class of women did not fall within the purview of the Act. As the soldiers' health was the central focus of the whole official enterprise only those women who the soldiers frequented were to be brought within the lock hospital rules and it was widely assumed that soldiers did not or could not afford to visit this (higher) class of prostitutes who entertained only wealthy sections of the 'native' society. This, in practice, meant that the official focused on the lower caste/class of females who were seen as the factory of venereal infection among the soldiers. As a report commented:

> In a country in which prostitution is not only tolerated, but caste prostitutes are employed in the services of their pagodas, and in which parents even devote their children to the service of the pagodas, in other words to a life of prostitution, it can well be urged that the compulsory registration and treatment of the lowest of the class who alone consort with British soldiers and on whom alone it would be necessary, for the protection of these soldiers, to enforce cantonment regulations, could be considered objectionable.[5]

There was thus an apparent contradiction between the conceptualization of prostitution as a profession in India and targeting of specific classes of females for control. However, it served the purpose of the colonial state and so had a synchronic in official discourses. This was clearly exhibited in the way authorities put aside the ideas of bringing the nautch girls, or, what they conceived as prostitutes of better classes under the regulations. Discussing the plan of implementing CDA in Meerut, W.C. Plowden, the Officiating Magistrate wrote:

> the dancers and nautch girls of the better class in city, though undoubtedly women of easy virtue, are not, I conceive, persons who would come within the scope of Section 4, Act XIV of 1868, as women who carry on the business of the common prostitute...they have been explained that they will not be interfered with as long as they conduct themselves in such a way as not to come under the definition of a "common prostitute".
>
> Nor does it seem right, or the object of the Act in question, that we should attempt to interfere with that more numerous class who, while not leading chaste lives are still not living in the repute of common prostitutes... These will not be interfered with unless it is ascertained they consort with the soldiers, or exercise the trade of prostitution. It is believed such women keep well away from the cantonment and Europeans.
>
> But in the outlying hamlets near the Military Lines, there are numbers of low caste women who are virtually as much prostitutes as *Kusbees* of the bazaars. I have endeavoured to mitigate the mischief that is doubtless done by this class to the health of soldier by requesting the Commanding Officers to prohibit women from coming within the men's lines, or near the barracks. This, however, will partially cure the evil; for, though it is possible to prevent women from coming rear (sic.) the

[5] Minute by Commander-in-Chief , dated 23rd January 1888; Home (Sanitary), June 1888, No.102-129, Part A.

> barrack, it is quite impossible to prevent the men from going out to meet them.[6]

Thus, the term "common prostitute" was a distinctly qualified terms, in which the identity of a female or her definition as "common prostitute" drew its main reference from whether a soldier frequented her or not.

Though largely imagined, yet more significant, was the representation of prostitution as a caste like institution in India. By representing prostitutes as a caste, like branding of 'criminal tribes' in this era, the state refused to acknowledge its responsibility in the rehabilitation and moral reclamation of outcasts. Officials often portrayed prostitutes as women who had taken up the profession as a conscious choice. In exercising of her choice since "the prostitute, of her own free will, makes her person a source of danger, not only to the men who consort with her, but to innocent persons" as well, she could not, it was said, "justly complain if she is compelled to submit to examination and treatment which her own deliberate act has rendered necessary for the good of the community." Moreover, to the officials the trade that women chose to follow was:

> a dangerous trade, as dangerous as if she stood at the corner of the street exploding gunpowder. By practicing this trade she ought at once bring herself under the law, and the state must take precaution it can to prevent her doing mischief. The state can not prevent prostitution * * * * * (sic.) but it is no more interference with the liberty of the subject to prevent a woman from propagating syphilis than it would to prevent her propagating small pox.[7]

These ideas also found their ways into the official classification of prostitutes. For example, Fabre-Tonnerre in his report on prostitution in Calcutta,

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[6] Plowdin to M.H.Court, Commissioner to the Meerut Division, (No.134, dated 18th July 1870); Home (Pub.), dated 31Dec.1870, No. 188&1 k.w, Part A.

[7] Minute by Commander-in-Chief dated 23rd January 1888: Ibid

wrote, "though the prostitutes in India, when considered in their normal state form a special class amongst the population, nevertheless I have found it necessary to classify them according to their mode of life, their social position and the caste to which they belong. For that purpose I have divided them into seven categories or classes, which it will be most important to retain when making *special regulations* on the subject, as they are quite distinct from each other. In Fabre-Tonnerre's classification, the first category of prostitutes comprised of Hindu women of "high caste who live a retired life, and who are kept or supported by rich natives, or who receive a select number of visitors." Then followed the Hindu women of "good caste, who being possessed of small means, live by themselves, receiving a limited number of their own or of a superior caste." The third category comprised of Hindu women who receive "Hindu visitors only without distinction of caste", and lived "under a "*bareewallah*," either male or female, who make advances to them for board and lodging." The dancing women, whether Hindu or Muslim, who lived singly or formed "a kind of Chummery under the apparent protection of some man, but practicing prostitution publicly", formed the fourth class of prostitutes "receiving visitors without distinction of creed and caste." The fifth, sixth and seventh class of prostitutes comprised of Muslim, low caste Hindu or low Christian and European women respectively.[8]

Among these classes, however, Fabre -Tonnerre emphatically argued that "the fifth, sixth, and seventh classes (which were apparently the lower classes) are found all over Calcutta... They are the moral plague of thoroughfares, where they

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[8] Letter from Dr.C. Fabre -Tonnerre, dated 16th Sept. 1867.

exhibit their persons with a barefacedness unsurpassed in any other part of the world..."[9] Fabre-Tonnerre emphasised the need to establish control over them.

Fabre-Tonnerre's classification of prostitutes was elaborate and based upon a distinction of the class of people who visited particular groups of prostitutes. However, it could not provide with a substantive answer to officials in so far as lock hospital rules were concerned. And immediately after the lock hospital rules were put in force, officials began to classify the prostitutes in an extremely focused fashion, defining them with exclusive reference to whether the soldiers frequented them or not. Often, the prostitutes in the cantonments were divided into two classes, the first class constituting of the prostitutes frequented by the soldiers; and the second class of those not so frequented.[10] In the large garrison towns, the classification was meant to define whether the bodies of prostitutes were available for appropriation by Europeans. In Moradabad, for instance, the medical in-charge of lock hospital classified the prostitutes in the following manner:

> 1st.- those who are frequented by Europeans.
> 2nd.- Those who live in Sarais and are common to natives, but who as a rule do not associate with Europeans.
> The 3rd class are those who are far above the reach of Europeans and earn their living by dancing and singing, and although of easy virtue are only available to the higher class of natives.[11]

Within these classifications, however, the officials constantly argued that the primary objective of the CDA regulations was, to bring only the prostitutes belonging to the first class category under the lock hospital rules.

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[9] Ibid

[10] Rules for prevention of VD in the military cantonments, Home (Pub.), dated 14th January 1871, No. 166-168, Part A.

[11] Annual report of the losk hospital at Moradabad for the year 1870, Home (Pub.), dated 10th June 1871, No.23, Part A.

An important theme in the official discourse on lock hospital rules was the official focus on, what they termed as "clandestine" prostitutes. The problem of the "outsider" figured prominently in the discussions of the cantonment authorities, as they increasingly got to realise that, "disease amongst the European soldier is not taken from avowed prostitutes, but from the hypocritically honest labouring women."[12] This problem became much more accentuated, after 1870, when short service commission was introduced in India. Women who worked as coolie, milk seller, maid servant in the cantonments or many of those residing outside the cantonment limits, became the focus of the official discourse on VD. As an official reported:

> every poor woman of certain working classes seems to be available in the neighbourhood of cantonments. These are not professionals: no one knows or cares what their practices or means of livelihood are. It would be quite impossible to register all the coolie women, who labour by hundreds or by thousands near our cantonments; but if we have learnt nothing else, we have learnt beyond a doubt that these are the women to whom the soldier resorts, and from whom he contracts disease. The regular professional, under present circumstances, is not answerable for nearly as much as she is credited with.[13]

These women were often seen as the favourite haunts of the soldiers, by the military authorities in India, and were portrayed as the "terror of military men."[14]

The significance of official discourses on the "casual" women lies in the fact they mark out a distinct domain of relationship between the colonizer and the colonized. They refer to a subjugating discourse of the state, in which the sexuality of

[12] Letter from M.H.Court, Commissioner of the Meerut division to C.A.Elliott, Offg. Seceretary to the N.W.Provinces (No. 405, dated the 25th August 1870); Home (Pub.), dated 31st Dec.1870, No. 188& 1k.w., Part A.
[13] Letter from G.H.M.Ricketts, Off.Commr. of the Jhansie Division to C.A.Elliot, Offg. Secy. Of the N.W.P. (No. 598, dated Jhansie, the 6th July 1870); Home (Pub.), dated 31st Dec.1870, No. 188& 1 k.w., Part A.
[14] Home (Pub.), Jan. 1875, No. 32-34, Part A.

colonized women was counterposed to the colonizers' masculine needs. These discourses also involved the larger official representations of the colonized society as 'sick' and 'dangerous', a surveillance over which did not only mean ensuring of military hygiene, rather it was also the best way of overcoming the officials' fear of the colonized. And the measures through which the authorities sought to control the "outsiders" meant not only the extension of state's military authority over civilian areas, it also symbolised an extension of the public authority of the law in the private spaces of the colonizeds' lives.

The official discourses stereotypically portrayed the sexual indulgences of the soldiers with the women beyond the secure confines of the cantonments, as a mark of their masculinity, their insatiable sexual desire. As an official commented, "they are full of young blood, are not circumspect and are unacquainted with the customs of the country. They little know of, or care for, the amount of disease which exists concealed amongst the numberless native population around them, and only learn after bitter experience to abide by the old Scotch motto 'gang warily', or, in other words, to confine themselves to the registered prostitutes."[15] The men went out because, it was said, they were "disgusted at the indiscriminate nature of the connection with the registered prostitutes of the regimental bazaar," and found "many facilities for the private indulgences in pleasure". They searched, "for variety wherever it can be found, whether in the sudder bazaar, the city, the neighbouring villages, or the coolie women working about the barracks, preferring to run the risk of infection to comparative immunity with the registered prostitutes of their Corps or

[15] Annual report on the lock- hospital, Lucknow cantonment, for the year 1876, Home (Sanitary), December 1877, No. 1-5, Part A.

Battery."[16] Many soldiers, it was reported, "disliked the idea of having connexion with a woman with whom in all probability some of their comrades may have had intercourses a few minutes before", and they much rather preferred, "dealings with strange women, even although they run a much greater risk of disease."[17] Officials also found that "the proportion of registered prostitutes" was "far too small compared with the number of unmarried soldiers", which in practice meant that, if "all connection with non-registered women was rendered impossible, the arrangement would apparently involve the necessity of each registered prostitute having connection with at least five men daily."[18]

The dealings of the soldier with unregistered women, officials argued, were also economically more viable to him. The Medical-in-Charge of Sitapur cantonment lock hospital wrote, "I must confess that there is not beauty among the registered women, but, judging from the specimens of the unlicensed prostitutes that have been captured and sent to the lock hospitals, I do not think the Europeans soldier cares much for personal appearances, but is chiefly attracted by the fact that he can enjoy the unlicensed on 16 occasions for the same amount as he would have to pay to a licensed prostitute for only one embrace."[19] In Sitapur cantonment a registered prostitute charged 4 *annas*, while, " the unlicensed prostitutes could sell their embrace even for one pice."

[16] Letter from Major J.B. Hardy, Commanding A. Battery, 19th Brigade to the Station Staff Officer, Jhansie (No. 374, dated Jhansie, the 18th May 1870); Home(Pub.), dated 31st Dec. 1870. No. 188& 1 k.w., Part A.

[17] Annual report of the lock hospital for the year 1869, Home (Pub.), dated May21,1870, No. 71-77, Part A.

[18] Letter from Major J.B.Hardy, No. 374, dated Jhansie, the 18th May 1870.

[19] Sitaporė Cantonment lock hospital report for the year 1874, Home (Sanitary), June 1875, No.1-3, Part A.

The movements of the soldiers beyond the cantonment areas had their strategic importance as well. Officials felt that the native population ought to be "accustomed to the unrestricted circulation of the British soldiers in town and other places." The familiarity of the soldiers with the neighbourhood areas had an important "advantage in case of disturbances."[20]

Thus, through a range of arguments official discourses legitimised and, often created a virtue out of what was seen as soldiers' physiological necessity. However, the authorities also had an imminent sense of fear. VD was seen as an inevitable outcome of the sexual relations with outside women. Areas beyond the limits of cantonments were seen as dens of diseases, and the women of these areas, particularly of the lower classes with whom the soldier consorted, were seen as 'terror' for the health of the soldiers.

These women did not fall within the wider category of "common prostitute". But as they were seen as a threat to the health of European soldiers, they had a prominent presence in official discourses. A study of the debates on the "outsider" women, reflects colonial images of Indian femininity, particularly of the lower classes. The perception of and the mode of control over these women sought to impose upon them new identities. The distinct categories of respectable and non-respectable femininity dissolved: a woman as an individual was increasingly identified in relation to the colonizers sexual needs; feminine attributes became an object of colonizers' pleasure, and a prostitute's wider social identities were submerged in the sanitary discourses of the state with her body as their main focus. They show how these women were subjected to the constant vigilance of the state.

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[20] Letter from QMG in India to the Chief Secretary to the Govt. Of N.W.P and Oudh, dated Simla 18th

These discourses, in their extended form, were concordant with the wider discourses of the colonial state in India in the post-mutiny era, in which the state often resorted to redefining existing categories of the colonized in order to bring them within the purview of its control.

Terms like "outsider", "unregistered", "clandestine" etc. which the officials variously used to describe this class of women were necessarily instrumental. They opened up a space for authorities to make forays into the domestic spheres of the colonized. Many official reports emphasised: "near all cantonments there live men who make a livelihood by prostitution of their wives... and if venereal disease is contracted from women who avowedly do not adopt prostitution as a profession, but who are wives, it is impossible but that the husbands are concordant to their prostitution, and fully cognizant of the adulterous life of their wives."[21] Since many officials subscribed to these ideas, there was a drastic shift in the official discourse on the "common prostitute". "I do not care for the Contagious Diseases Act; it only applies to common prostitutes and brothelkeepers", exclaimed the medical officer-in-charge of the Cawnpore lock hospital. He was emphatic:

> what is a 'common prostitute'? The women who walk the road every evening to the west of the Cawnpore cantonment, the coolie women, and milk sellers, who are employed at the barracks in the day time, all of them married women, and by repute respectable household women, are as much common prostitutes as the most habitual professionals, and I believe far more disease is spread through them among our European soldiers than through the registered prostitutes. Any Act to be effectual must include these women i.e., it must be general in application...[22]

Oct. 1887, Home (Sanitary), January 1888, No. 27-31, Part B.

[21] Letter from M.H.Court, Commr. of Meerut division to C.A.Elliot, Offg. Secy. N.W.P., No. 405, dated the 25th August 1870.

[22] Communication regarding extension of lock hospital rules in the N.W.P, report by the medical in charge of the Cawnpore lock hospital (No. 124, dated 12th July 1870): Home (Pub.), dated 31 Dec.1870, 188 & 1 k.w., Part A.

This official fear of the outside women as the real source of danger, catalyzed into practical measures of control, whereby the areas within a radius of 5 miles from the cantonment were brought within the purview of the lock hospital rules. The cantonment authorities were authroized to employ special detective police who were empowered to suspect and supervise the women of these areas. The women "captured in the practice of prostitution, or coming to lock hospital for registration, if found to be diseased" were usually "treated in the hospitals and then on discharge offered the alternative of registration on the cantonment list, or being sent to prison as a just punishment for their breach of the lock hospital Act. They almost invariably accepted the former, and thus became the subject of constant supervision."[23] These measures continued to be in force till 1888 when the CDA was repealed.

Modes of Control

Although right from the beginning, the British authorities saw the control of prostitutes as a crucial part of their attempt at checking the spread of VD, yet the CDA created new set of terms on which prostitutes were now to be referred and controlled. This synonimity between the control of VD and prostitutes was most categorically expressed by Fabre-Tonnerre, as he wrote, "syphilis is one of the diseases which has the most disastrous effects upon public health; it is essentially contagious, and its propagation is by means of prostitution; therefore, to legislate about prostitution is to

[23] Annual report for the lock hospital, Lucknow cantonment for the year 1876, Home (Sanitary), Dec.1877, No.1-5, Part A.

legislate against the spread of disease."[24] To this was added the perception that prostitute violated the moral norm of society. Together, the two conceptions, helped evolve a common colonial perception of prostitute as a criminal, controlling whom was important both for public health, and public morality.

CDA authorised the local governments to make rules within the broader frame of its regulations, which envisaged a compulsory registration of all public prostitutes, and brothel-keepers of places where the rules were in force. The registration was to be maintained by the police, who were also empowered to keep a general watch over women practising public prostitution bringing them to book if unregistered. It was compulsory for the registered prostitutes to come for periodic medical examination (generally weekly or fortnightly) at the lock hospitals, or at a place appointed by the medical officers of the lock hospitals. The medical examination was usually carried out by a European doctor in charge of the lock hospital. The hospitals, in cantonments, had special matrons whose task was to supervise over and inspect the prostitutes residing in the *lal bazars* , and inform the medical officers of the hospitals in case a prostitute had infection. Upon information, the medical officer issued a notice to the said women, asking her to come for medical inspection. A failure to obey the orders was liable to be severely punished, through fines, imprisonment for one month, or expulsion from the area depending upon the nature and the number of offences.

After the medical test the women were issued a certificate from the medical officer, mentioning the subsequent date of examination. The prostitute was expected to carry the certificate all the time. Police officers were authorized to ask any

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[24] From Dr. C.Fabre Tonnerre, Health Officer to Stuart Hogg, Esquire, Chairman of the Justices of the

prostitute to produce her certificate, allowing a watch over her. After examination, women who were found diseased and in need of medical care, were detained in the hospitals often for several weeks. During detention, women were strictly prohibited from leaving the premises of the hospital.

Specific forms of punishment were prescribed for breach of law. And the police were authorised to oversee and take action (by reporting to the medical officers, or the superior officers) in case of any breach.

Of Balmah's Sisters

Chouda Ain [25] was a popular, but hated term among the prostitutes of Calcutta. Popular because it denoted the Act XIV of 1868, and hated because once enforced it brought their profession under the 'gaze' of the state. Philippa Levine contends that there was a deliberate silencing of the prostitutes' voices in the official records of the colonial era.[26] While Levine's contention is not an overstatement, it is still possible to recover some fragments of their muted voices. The complaints of prostitutes that appear in official correspondences are illuminating.

When CDA was enacted, many officials recorded large scale migration of prostitutes to areas where the Act was not in force. The Inspector General of Dispensaries in N.W.Provinces, reported:

> it may fairly be assumed that in many instances the very measures set on foot for the prevention of this great evil have been the cause of its dissemination far and wide; in so far that number of prostitutes who are living in the bazaars and towns near large military cantonments have taken alarm at the surveillance imposed upon them by the lock hospital rules,

Peace for the town of Calcutta, dated 16th Sept.1867; Home (Pub.), dated 20th Feb 1869, No.112-115, Part A.

[25] Banerjee, *The Dangerous Outcast*, Calcutta, 1998, p.65.

[26] Levine, "Re-Reading the 1890s", Journal of Asian Studies, Vol. 55, No. 3-4, 1996, p. 603.

> and have emigrated to the smaller towns and villages, where they can carry on their miserable vocation without molestation, although in a less remunerative way. This has really taken place at Furruckabad. The Civil Surgeon informed me that he had good grounds for stating that large number of prostitutes had emigrated to that town from Lucknow and other places, where the lock hospital rules are in force; and doubtless the same thing occurs at other places to an equally great extent.[27]

The same kind of emigration was reported in Calcutta where prostitutes fled to nearby Chandranagore.[28] The officials admitted that this flight reflected a desire to pursue their calling without "molestation". One may perhaps also read this as an assertion of professional liberty by the prostitutes, against an Act that sought to police them.

Sumanta Banerjee describes how prostitutes were forcibly dragged to the lock hospitals in Calcutta.[29] There were cases of prostitutes bribing the matrons and the police to escape the detested rules. The lock hospitals - small, dingy, and unhygenic - became, as many officials admitted, more of prison for its inmates than hospitals. The Station Staff Surgeon of Barrackpore Cantonment wrote:

> the building used as a lock hospital is not at all suitable for the purpose, being lowly situated, damp and badly lit. The house is situated in the Sudder Bazaar, much below the level of the road, and consists of only one small room, incapable of holding more than six patients comfortably. The room used for examination is a small part of the south verandah screened off, and necessarily very small. The building should be on a larger scale, an open ground if possible, when a good light could be procured, and better, purer air for the benefit of the unfortunate patients.

The inmates of the hospitals were not allowed to leave its precincts until declared cured.

The life at the hospitals apart, the inhumanness of the system was reflected in the way examinations of the privates parts of prostitutes were carried. Giving a

[27] Letter from Stewart Clark, Inspector General of Dispensaries to F.Henvey, Offg. Junior Secy. to the Govt. Of N.W.P., No. 124, dated Allahabad, the 24th Dec.1869.
[28] Banerjee, *The Dangerous Outcast*, p.149.

graphic account of the examination process, the medical in-charge of Meerut lock hospital wrote:

> the prostitutes are admitted one by one, and place themselves on a strong table about 2 1/2 feet high, close to which I am seated, recording in their tickets and in my register the results of the examination. The Native doctor is outside during the examination, sending in the women in order. When a woman has taken her place on the table, the hospital matron exposes first her external genitals, which I inspect; she then brings into view the cervix and osuteri generally without the add of speculum vaginae, which is not unless the parts cannot otherwise be fully seen, or to clear up a doubt as to the presence or absence of disease. With an expert matron only a small proportion of cases requires the use of the speculum, which the women dislike. The instrument, is, therefore, avoided when this can be properly done.[30]

The public display (as the lock hospitals often lacked privacy) and examination of the genitals of the women in this manner was deeply humiliating. Even officials invariably referred to the hatred that prostitutes had for the public inspection of their genitals by the European doctors. Many prostitutes preferred imprisonment to complying to the lock hospital rules[31]; and women like Balmah in an effort to uphold her femininity and individual identity committed suicide. The examinations meant that agents of the state regularly intruded into domain of feminine privacy.

The CDA set up a police regime. Money was extorted from the women under threat of registration,[32] they were forced to register as prostitute[33], the houses of natives were regularly raided. Colonial authorities acknowledged the fact of police oppression but saw it as a necessary concomitants of an effective working of the

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[29] Ibid, p.68.

[30] Letter from Officer in medical charge of Meerut lock hospital to the Commissioner Meerut (No. 6, dated Meerut, the 31 January 1870); Home (Pub.), dated May 21,1870, No. 71-77, Part A.

[31] Banerjee, *The Dangerous Outcast* , p.153, Banerjee quotes the statement of a prostitute saying, " arrest me, I shall only get a month in prison but if I register I may have six months in hospital."

[32] Ibid, p.157.

[33] Ibid, p. 153. Banerjee refers to the case of Sukheemoni Raur who confessed before the court that she did not voluntarily register her name. The police inspector registered it.

system. Lord Ripon, the then Governor-General, admitting the unpopularity of the Act in general and of the police in particular, wrote:

> the system of registration and inspection therein provided necessitates an interference with the people in their most intimate social relations which is in all countries most objectionable, but especially so in India, where, owing to the native habits and customs and other special conditions, all attempts at such interference is beset with peculiar difficulties and involves a constant risk of oppression and injustice. It must be admitted that even in Calcutta, where the Act has been longest in force and has been worked more actively than in other Indian cities, specific complaints against the police have been but few; but in a matter of this kind the extent of the evil which exist must always be imperfectly estimated by what it appears only on the surface. The fact that in Calcutta during 1879 twelve women on an average were arrested every day for breaches of the rules shews that the dangers to which we refer are not imaginary. There has throughout been on the part of the Native public and press a bitterness of denunciation of the Act and of the police operations in connection with it, which may be taken to indicate a more than merely abstract objection to its policy and working...[34]

A Bengali droll piece of poem depicts the way police approached the prostitutes during CDA days...

Sarjon jamadar
phiriechhey dar dar
Sonar darey amoni dhukilo.
Baley ke baritey achhey
jaldi kargey ao hmiachhey,
Thanamey abi janey hoge
Monaguney maromey marey
daktarkhanaye probesh kareyAin anusharey karjya dilo.
Tikit dilen daktar
heldi shoi koriye tar
Peye dhonee beriye eshey banchey.[35]

[34] Governor General of India's reply to the Secy. of State on the working of CDA in India (No.1. dated Fort William, the 16th January 1882); Home (Sanitary), January 1882, No. 5-8, Part A.

[35] Quoted from Banerjee, *The Dangerous Outcast* , p. 150. This poem titled *Panchali Kamal Koli Chouda Ain*, (A poem about Lotus Bud: Act XIV) was written by Aghor Chand Ghosh. Banerjee writes that the author, "never makes it clear whether the 'lotus bud' represents the prostitutes about whom he writes, or the CDA which was victimizing them. One may perhaps surmise that the 'lotus bud' with its white colour, which is used as a gift of love from the lover creates an ironical statement on the CDA, which the author portryes as the gift of the white rulers to the prostitues.

> (Sergeant and constables are moving from door to door. They suddenly enter Sona's doorway. And shout -Who's there? Come here, fast. You have to come to the police station right now'... Given her nature, she is stung to the quick. (But) she goes to the doctor and submits herself [to the examination] according to the law. The doctor gives her the ticket and certifies her as healthy. Our young heroines comes out heaving a sigh of relief.)

However, the sigh of relief for Sona in this poem, and the death of Balmah in the case cited before, appear to be two extreme ways in which the prostitutes tried to cope with a system which, made them a subject of the law, but denied them a subjectivity of their own. Between these two responses to CDA, lie silent, the lives of numerous women, who suffered but conformed to the law, humiliated, harassed, ostracized and objectified by a colonial legal regime, which derived its logic from the concern for preserving the manliness of its soldiers.

Chapter: V

Towards Repeal: Re-enacting the Debate

CDA was in force for about twenty years. During this period, the measures were criticised, opposed and debated. The government was unhappy with the unpopularity the measures. While missionaries and the indigenous intelligentsia questioned them on 'moral' grounds, a large number of officials began to suspect the very efficay of the system. The situation was like the 1830s when faced with hostile reaction, the then Governor-General of India, William Bentick decided to abolish the lock hospitals. But the priorities of the state in the post-mutiny period was different. Even when the same old arguments of the officials and the missionaries were being re-enacted, the British government was not overwhelmed. The fear of the disease was real, and a pragmatic consideration of the problem appeared as the only solution. By focussing on the debates of this period, this chapter tries to see how these debates mark both continuities with the terms of pre-mutiny debates, as well as differences. The repeal of CDA did not necessarily signify an end of the repressive regime that it had set up. The measures of control were reincorporated into the Cantonment Act of 1889.

The Official Controversies:

A.O. Hume, Officiating Secretary to the Government of India declared in 1870, "Libraries may be written on the subject, rules and regulations may be multiplied, but no

really effectual bar against venereal disease is to be hoped for by reasonable and practical men unless (1) you allow a considerable number of men to marry, as many in fact as wish it, and are well conducted, or (2) maintain a liberal supply of the regularly -enrolled and specially trained prostitutes possessed of sufficient attractions to prevent the majority of men straying to casuals."[1] Writing barely six years after the enactment of the Act XXII of 1864 and two years of CDA, Hume seemed confident that lock hospital would offer no solution to the problem. He wrote, "one of these two alternatives we must sooner or later come to: all our present arrangements are merely palliative - temporary stop gaps. If a real stand is to be taken againgst this terrible disease, it can only be done in one or other of the ways suggested. The sooner, it seems to me, that this is distinctly acknowledged and acted upon the better."[2]

It is important to quote Hume's perception of the advantages and disadvantages of these steps:

> to adopt the second (i.e. having enough number of prostitutes) is , it appears to me, to do evil that good may come, and that it is indefensible to do this is true alike on religious, political or moral grounds. To adopt the former (i.e. allowing more married soldiers in the European rank) will cause unquestionably a very large increase of expenditure at *first* . I admit this; and, even if there was nothing further to add, I should say that as the measure was clearly right, and therefore this expenditure *must* be met; but the fact is that, in this as in every case, the doing *right* will *pay* in the long run, just as surely as the doing wrong will lead to loss or ruin.
>
> Here we have the strength of 30,000 able-bodied Europeans, in the flower of their youth, running to waste; whereas from these very men you might rear some 10,000 children yearly, who, educated and trained in large Government institutions in the hills, would in after years, supply all the recruits needed for our army, all the wives needed for our soldiers, artizans and artificers, hospital nurses and teachers for our female schools. Is there any real statesman who can contemplate the future of India without an easy feeling

[1] Letter from A.O.Hume, dated 21-12-1870, Home (Pub.), dated 31 Dec. 1870, 188 &1k.w ,Part A.

[2] Ibid. .

that any serious disaster at home might lead to a sudden wrench here, dissevering for ever our connection with the country, and by the confiscation of hundreds of millions of British led debt for state and public works loans, react on Great Britain in the hour of her trial with a wide-spread ruin almost without parallel?

Once fairly inaugurate the system I advocate, and no such wrench will ever be possible. India will contain within herself the main elements of self-defence - the comparatively large European population trained from boyhood to the use of arms of precision.

Out of these huge Government military schools would soon grow extensive European colonies; the lad bred in the Himalayas, would after his ten or twenty years' military service, return thither to pursue the handicrafts, or agricultural operations he had been taught in the boyhood; roads would be opened gradually throughout the whole Himalayas, the enormous mineral wealth of which, now utterly inaccessible for commercial purposes, would find their way into the markets of the world, and the hills would become morally as well as physically the back-bone of our Indian empire...

These views will, by many, be ridiculed as dreams, waifs and strays from an impossible utopia; but they need be nothing of the kind. Everything will necessarily grow out of our doing what is right, where are European soldiers are concerned, instead of going peddling on with lock hospitals and registered prostitutes, or adopting Mr. Rickett's more logical and effectual measure of having paid-matrons to supervise a sufficient number of salaried and facinating prostitutes. It is, indeed, a sad subject, view it as we may; but though put forth in all good faith, it is difficult to concieve a better satire on our existing system than Mr. Rickett's proposals. He says very plainly to Government (though like many other prophets he himself scarcely sees what his teachings would lead to) that is what our present precious system, your feeble attempt at a compromise between right and wrong (a kneading of fire and snow together that nature will not tolerate), leads to; far better go in for immorality *pur et* simple and drop all squamish pretences about virtue and decency, and I say will the Government rest content with this futile compromise? Will they, especially when doing the right thing, not only achieve the immediate object they have in view, but lead, if proper measures are adopted, to result the ultimate value of which is utterly incalculable? Will they not take the bull by the horns, dive down at once to the root of the evil, and *coute qui coute* (though not necessarily hastily or by a violent change of policy) set about adopting the only real remedy that the case admits of?[3]

Hume's assertions, by his own admission, were utopian. However, they may be seen as the most explicit version of British dreams in India, threatened only by

venereal disease. But Hume seems unaware that long before he enunciated his ideas, they had found their ways into the official debates, and been formally and outrightly rejected. Moreover, Hume's contention were only a part of the wider debates among officials on the efficacy of the lock hospitals in this era. The old debates on the lock hospital systems were being re-enacted among the officials at a more complex level.

On 14th January 1881 a Committee was constituted by the Governor-General Lord Ripon to report on the working of CDA in Calcutta, where the Act had been in force for the longest period of time. Besides B.Colvin as its president, this Committee was constituted of Dr. Crawford, Surgeon -General of the British Army, Dr. Cunnigham, Surgeon -General and Sanitary Commissioner with the Government of India, the Sanitary Commissioner of Bombay, and the Superintendent of Calcutta Lock Hospitals.[4] In its report, the Committe obeserved that there were satisfactory evidences that: "among the registered prostitutes of Calcutta, the operation of the Act has tended to diminish the extent of venereal disease, and so modified the type that the worst forms are now almost exceptional." Upon the cases of venereal in the Calcutta garrison, the Committee noted that the ratio for admission for all cases in this area had fallen from 328.2 per mille for the decade before the Act, to 112.7 for the decade after its introduction. As regards the general population, the Committee observed a great diminution in the extent of primary syphilis and an increasing tendency of the disease to be milder in its form. In its overall performance, the Committe concluded "that the working of the Contagious Diseases Act ,

[3] Ibid. .

[4] As cited in the memorandum on the note on the question of state interference with "contagious" diseases in Calcutta, Home (Sanitary), October 1887, No.180-197, Part A.

in Calcutta had been attended by success."[5] Three members of the Committe held that this success was sufficient to compensate for the cost and incidental objections, four held that its success would be greater if extended to Howrah. However, Dr. Cunnigham wrote a note of dissent. He explained that the expense of nearly Rs. 5,000 per month on the maintenance of the system was not justified by the results, that the numbers applying at the hospitals constituted but a small portion of the sufferers from the disease, and that the arrest of 12 women per day for breach of rule was a grave danger; that the real number of prostitutes was probably 14,000 to 18,000, and that the control of these, as also the inclusion of Howrah, would involve a still larger expenditure.[6] The money, Cunnigham elaborated, "no matter from what source it is derived, might be spent on objects which are much more likely to benefit the health of the community. The evil effects of venereal disease, great as they may be in individual cases, are in the aggregate a mere nothing compared with the evil effects of fever, dysantry, and the ordinary diseases in India, both in respect to the persons suffering which they cause and the influence they exercise over the health and physique of succeeding generations."[7] Cuningham, however, was careful in emphasizing the need of the Act for what he concieved as "the health of community". As he further clarified, "if the Government desires to continue the Act for the benefit of soldeirs and sailors and the European community, the class of people frequented by them, as the Deputy Commissioner of Police says, is well known, and can be registered with a very samll part of the expense..."[8] Cuningham thus explicitly hinted at the class of

[5] Ibid..
[6] Ibid..
[7] As cited in the minute by the Commander-in-Chief, dated 23rd January 1888, Home (Sanitary), June 1888, No. 102-129, Part A.
[8] Ibid..

prostitutes who needed to be controlled: the prostitutes visited by European soldiers. Concern for the native society was not reflected in his scheme of proposals. Cuningham's minority voice was able to prevail over the Governer -General in Council, and the operation of CDA was suspended in the northern portion of the town from 1st November 1881. The government of India did not seem satisfied with suspension of the Act, that too in the restricted areas of Calcutta. Writing to the Secretary of State about working of the CDA in India, Governor-General Lord Ripon, strongly argued for an early repeal of the Act. This was necessary, Ripon argued, not only because the system had failed : it had provoked the hostility of native society and caused a great drain of the general revenue of the provinces. Ripon appeared to be toeing the lines of Cuningham, as he wrote, "it might certainly be held that the Governement was warranted in spending money from general revenues in protecting health of soldiers and sailors of Her Majesty's Army and Navy in towns where these classes constitute the principal part of the inhabitants, or furnish the chief motive for the existence of the place as a centre of population. But in the Indian Presidency Towns the number of European soldiers in garrisons is quite insignificant, while the sailors, for whose benefit the Act was on its introduction said to be largely intended, are men of the mercantile marine who receive no such special protection in any of the commercial ports at home." Ripon substantiated his contention by refering to the effects of the Act on the health of troops at the presidency towns of Madras and Bombay as well as Calcutta:

> in Madras the Act seems to have had no effect whatever upon the health either of the European troops or on the civil population, the hospital admission rate from syphilis in the case of the former having risen from 159 per 1,000 in 1871 to 390 per 1,000 in 1879; while as regards the civil population the Annual Reports shew (sic.) that the number of syphilis cases

> admitted into the Madras hospitals is not only yearly growing, but is in excess of those reported in Bombay, although the Act has been in abeyance in Bombay and the population is nearly 200,000 over that of Madras. In Bombay the local distribution of the population throws peculiar difficulties in the way of any attempt to restrict the application of the Act to women frequented by Europeans in the manner now being tried in Calcutta, and there are grounds for believing that, as regards the women themselves, no such line of distinction can, in fact, be drawn in that town. If the Act is to be worked thoroughly in Bombay it must be applied to the whole of the town women, and the same practical difficulties will come to the front as have been experienced in Calcutta. For all these reasons we are of the opinion that the time has come to abandon *a measure which has never in practice been a complete success* , which is odious in the eyes of our native subjects, and in those of a large and influential class of Europeans, and which imposes on the tax payers of the interior a burden which ought, if it exists at all, to be borne entirely by inhabitants of the towns concerned. We shall be glad to know that Your Lordship concurs in these views and consents to the early appeal of Act XIV of 1868.[9] (itallics added)

The Secretary of State however did not agree to this view of Lord Ripon. He wrote, " I entertain some doubt whether total repeal of Act would not be at least premature at the present time* * * (sic.) It appears to me that the reasons which induced the Indian Legislature in 1868 to pass the Contagious Act (sic.) without a dissentient voice can hardly now entirely have lost their force * * * (sic.) considering the dreadful character of the disease and its effects, under present conditions of life in India, upon the happiness of families and the health of posterity, that it should as far possible, be kept in check is an object of serious importance."[10] However in deference to the majority of the Council, the Secretary of State sanctioned its suspension, with "care being taken to make such provisions as will enable your Government to restore the Act to operation at any

[9] Letter from Lord Ripon, the Governor General of India to the Marquis of Hrtington, the Secy. of State for India, (dated Fort William, the 16th January 1882); Home (Sanitary), January 1882, No. 5-8, Part A.
[10] Memorandum on the 'Contagious Diseases', October 1887, Home (Sanitary), Oc. 1887, No. 180-197, Part A.

future time by a simple executive order."[11] Accordingly, the CDA was suspended in the entire city of Calcutta with effect from March 1883.[12]

This correspondence points to an important theme, which Ballhatchet in his study of the CDA tends to overlook. As discussed earlier the whole discourse on CDA in India was geared towards the prevention of VD among the European troops or sailors only, or at best the European civil population. This gets clearly reflected in the way any concern for the 'native' is put aside in these discussions. This blindness was justified by the belief that the native soldiers' primordial affiliations with wider social institutions and practices kept them largely free of VD. And the concern for native population which did figure in the 'philantrophic' scheme of Fabre-Tonnerre, now seemed to be conditional upon the usefulness of the system for the European classes. There was a profound irony in the way the authorities justified the measures on humanitarian grounds and at the same time kept the 'native'outside the discourse of humanitarianism. And as the realisation that the system had failed to deliver the expected good begun to dawn, strategic calculations and financial pragmatism displaced the humanitarian agenda of the state.

These official notions were concretely reflected in a significant debate between Dr. Payne, the Surgeon General to the Government of Bengal and Cuningham. Dr. Payne, after a comparative analysis of the effects of the suspension of the Act in Calcutta wrote:

> no sanitarian can study the history of Act XIV in Calcutta as a technical record should be studied, and remain in doubt as to the success and value of the Act from a sanitary point of view * * *(sic.) At every point from which evidence could be obtained, the evidence was consistent and conclusive.

[11] Ibid. .
[12] Ibid. .

> There was steady improvement in the condition of the women examined until serious forms of the disease had almost ceased to exist among them * * * (sic.) (i.e. before the suspension of the Act) The quantity of venereal cases in the town had fallen so largely that it represented truly the effective removal of disease from the portion of the prostitute under control.[13]

Against this view of Payne, Cuningham, on whose instance the Act was suspended, strongly defended his position: "No one has ever questioned that the Act was very beneficial to the women, but what I have again and again pointed out is that there was no corresponding benefit to the men, and this is most clearly brought out on a general view of the figures. Disease among the prostitutes fell from 1,708 admissions in 1870 to 76 in 1881, or 1/22 part, but the number of venereal cases treated in the civil hospitals fell only from 8,325 in 1870 to 7,481 in 1881."[14] The argument was simple: if the Act only benefited the women (and whose benefit must get translated in the benefit of the men), and not the men who were supposed to be real beneficiaries, the system ought to be suspended.

The suspension of CDA in Calcutta was followed by the Governor-General's directives to Bombay and Madras to follow suit. However both the government declined, arguing that the measures had been bearing positive results on the health of comunity.[15] Consequently, the operation of CDA remained under suspension only at Calcutta.

While the experiment with suspension of CDA in Calcutta continued, the government turned its attention towards the cantonments, which, after the repeal of Act

[13] Ibid..
[14] Ibid..
[15] Ibid..

XXII of 1864, were now being administered by the Act III of 1880.[16] Like the port cities, many authorities had been questioning the usefulness of the lock hospitals for the army, particularly after 1877 when the admission for VD cases among the European troops began to register a progressive rise. Given the complaints against the system, the Ripon administration, following the same logic of experimental closure of lock hospitals as in Calcutta, ordered the experimental closure of 15 lock hospitals at military cantonments in 1885. In pursunace of the order ten cantonment lock hospitals in the Bengal presidency[17], two in Madras[18], and three in Bombay[19] were closed from the 1st of June 1885. Except for Bellary and Ahmedabad cantonment lock hospitals, where "the rise in venereal prevalence became so great as to lead to re-opening of the lock hospitals" the experiment at closures continued through 1886.

By this time Dr. W.J. Moore had taken over as the Surgeon-General and Sanitary Commissioner with the Government of India. Moore prepared an elaborate and comparative note on the working of lock hospitals in India and effect on the health of the

[16] The Gazette of India 1880, dated February 7, 1880. The Cantonment Act, enacted as the Act III of 1880 in many ways was a continuation of the Act XXII of 1864, in which, "all references to the said Act XXII of 1864 in enactments passed subsequently thereto" were to "read as if made to this Act." The section 27, clauses 7 and 31 of this Act added to the Act XXII of 1864 in terms that "whereever it appears necessary for the health of protection of the troops in any cantonment, the Governor-General in council may extend to any place - outside the limits of such cantonment, and in the vicinity thereof, all or any of the rules made for such cantonments for inspecting and controlling brothels and preventing the spread of Venereal Diseases and make any additional rules consistent with this Act for providing for the same matters, and may define the limits around such cantonment within which such rules or addtional rules shall be in force." Further the clause the clause 32 added that " when such rules, with any additional rules made as aforesaid, are extended under section 31 to any place outside the limits of such cantonment, the Governor-General in Council may provide, in the mannr decribed in the clause 11 of the section 26 (i.e. penalty not exceeding fifty rupees, or miprisonment for eight days), for the imposition of penalties for the breach of such rules and for prescribing the manner in which and the persons by whom, breaches of such rules shall be inquired into or be cognizable."

[17] The ten cantonments were Chakrata, Murree, Kasauli, Meerut, Allahabad, Rawalpindi, Meean Meer, Peshawar, Delhi, Cawnpore

[18] The lock hospitals at Bellary and Cannanore

[19] At Ahamdabad, Mhow and Neemuch

troops after their temporary closure.[20] Admitting that there had been a progressive increase in the cases of VD, Moore, argued that this did not necessarily imply the failure of the system. Moore was a firm supporter of the system of lock hospitals for the troops, and through a long note on the working of system, he contested each and every point raised against the efficacy of the system. For one, he argued, that the progressive rise in the number of VD cases in recent years, was largely caused by the introduction of the short service system in India. The introduction of short service system in 1877, according to Moore, caused at least three types of changes in the organization of the Indian army : (a) an increase in the proportion of young men under 24 years of age; (b) a diminution in the proportion of married soldiers in the rank and file; and (c) an increase in the number of young unacclimatised and inexperienced soldiers annually brought to India. The proportionate number of these soldiers was as followed:

Table V

Percentage of European Soldiers under 24 years of Age

and Married soldiers c.1871-85

Year	Percentage of Soliers Under 24 years of Age	Percentage of Married Soldiers
1	2	3
1871	39.8	11.19
1872	39.2	11.32
1873	38.7	11.26
1874	37.5	11.10
1875	35.5	10.80
1876	32.9	10.37
1877	33.5	9.70
1878	35.2	...
1879	39.1	7.59
1880	40.7	6.63

[20] Note by the Surgeon General and Sanitary Commissioner with Government of India on the Experimental Closure of several Lock Hospitals during 1885, Home (Sanitary), June 1888, No. 102-129, Part A.

1	2	3
1881	42.5	6.36
1882	40.6	5.94
1883	41.3	5.43
1884	44.9	5.20
1885	47.8	5.05

Analysing this Table, Moore argued that the rise in the percentage of soldiers below 24, and decrease in the number of married soldiers since 1877 "is well marked and the ratios would show that it is still progressing. That this is a potent factor in causing an increased prevalence of venereal disease will scarcely be denied, though it would be difficult with data available to demonstrate it by actual statistics."[21] Nevertheless Moore, using the combined data for both Bengal Army and the Army of India in general between the years 1867 and 1872, substantiated his arguments. (Table VI)

Table VI

Percentage of Admission For Venereal Cases Among Married and Unmarried Soldiers

Year	Percentage Of Admissions For Venereal Disease Among The		Days Spent In Hospital From All Diseases By The	
	Married	Unmarried	Married	Unmarried
1867	0.40	16.94	9.0	18.0
1868	0.45	19.99	8.0	18.5
1869	0.18	20.64	9.5	22.0
1870	0.32	20.62	8.9	22.9
1871*	0.58	20.92	9.0	21.3
1872*	0.41	18.70	?	?

* These years for the Army of India: the remaining years for the Bengal Army only.

Analysing the data, Moore, showed that, in 1872, among every 10,000 men there were 1,132 married and 8,868 unmarried men. Of the married men 5 went into hospital for venereal disease and of the unmarried 1,658. In 1885 there were only 505

married men per 10,000 and 9,495 unmarried men; and while only 2 married men were admitted for venereal disease, the admission among the unmarried soldiers was 1,776. Thus, Moore concluded, " in 1885 married men showed 3 admissions per 10,000 less than in 1872 and unmarried men 118 per 10,000 more then in 1872. In 1885, married and unmarried together contributed 115 per 10,000 more admissions than in 1872; that is, the effect of the diminished married proportion in the Army was the addition of 11.5 venereal admissions in each thousand of strength."[22]

The European rank and file was more prone to be affected by the outside 'temptations', Moore argued, since the percentage of the married soldiers amongst them was low. In addition, the "frequent movement of troops during late years on account of continued field operations, durbars, and camps of exercise" led to an increase of venereal disease.[23]

Discussing the effect of the experimental closure of the fifteen lock hospitals in the three presidencies, Moore showed through statistics that on every 1,000 soldiers on an average 192 more admissions for VD were recorded than the average of the ten preceding years, when the troops were protected. (See, Table VII):

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[21] Ibid. .

[22] Ibid. .

[23] Ibid. , Moore argued that in field operations beyond the frontier the incidence of VD depended on the hostility of the enemy, whereby if the people were more hostile, intercourse between the soldiers and the inhabitants of the country became impossible, leading to less number of VD cases. Through a comparative study of army operations in Afghanistan and Burma, Moore showed that in Afghanistan where the hostility was moch more accentuated there were less cases of VD among troops on active service, but in Burma where there was no such extreme hostility, the prevelance of VD marked a rapid increase. So was the case

Table VII

Proportionate Ratio of VD Admissions in the Bengal, Madras and Bombay Presidencies at the Cantonments where the Lock Hospital Rules were not in force between years 1875-1884 and 1885

Presidency	Strength		Admission-Ratios(per 1,000)		Difference
	1875-1884	1885	1875-1884	1885	
Bengal	9,204	9,862	210.3	351.0	+ 140.7
Madras	1,398	1,721	293.8	527.3	+ 233.5
Bombay	1,915	1,860	234.5	436.2	+ 201.7
Average	12.517	13,443	246.2	438.2	+ 192.0

Assuming that the excess would have occured even if the hospitals were open, Moore argued that a more exact estimate of the increase of disease due to experimental closure of these hospitals could be had by deducting the average difference of the combined results of VD admissions in the protected (where lock hospitals were in operation) from the average difference of the unprotected ones. The combined results of the protected hospitals as followed (Table VIII):

Table VIII

Proportionate Ratio of VD Admissions in the Bengal, Madras and Bombay Presidencies at the Cantonments where the Lock Hospital Rules were in force between years 1875-1884 and 1885

Presidency	Strength		Admission Ratio (per 1000)		Difference
	1875-1884	1885	1875-1884	1885	
Bengal	14,978	14,735	270.1	329.0	+ 58.9
Madras	5,743	5,340	260.4	357.7	+ 97.3
Bombay	5,724	5,759	203.8	231.3	+ 27.5
Average	26,445	25,834	244.8	306.0	+ 61.2

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with the Prince Wales' visit to India in 1875, which involved an unusual movement of troops, and thereby

On the basis of the data, Moore showed that in the cantonments where lock hospitals had been closed venereal admissions were 192.0 per mille, in comparis to only 61.2 per mille in the cantonments in which these hospitals were still maintain In other words, 130.8 per mille of those men garrisoned in the cantonments where lc hospitals were closed, would not have contracted venereal diseases, if the hospitals h remained open. As the strength of the Army of India was 56,967, this meant that t experiment caused 7,451 more admissions than would otherwise have taken pla Assuming that each soldier remained on an average 20 days in hospital, this wou represent 149,020 days of inefficiency.[24] In his concluding remarks Moore emphatica argued in favour of the maintenance of the lock hospital rules: "the record of almost eve single station in which a lock hospital has been maintained show that the disease amo the troops declined soon after the introduction of the Act, and it is evident that if t admission-ratios can once be reduced, they can be kept near those rates were sufficie care taken to do so... This short history of the progress of the Act shows that the syste with all the imperfection it may have, if vigorously pursued, can result in mu suppression of these preventible and much disabling diseases."[25]

The controversies between Cuningham and Moore in this period remind u of the earlier debates between the Bombay government and Dr. Burke. These debat were marked by internal tensions amongst authorities, and sharp differences of opinion ov the strategic needs and the financial, medical efficacy of the system.. The 183(arguments were repeated, but the strategic necessities of the empire prevented th

an increase in the number of VD cases.

[24] Ibid. .

authorities from taking the drastic step. And it was only after the government of India faced tremendous pressure from the home government and protests from a range of social reform groups that the CDA was repealed.

Moralizing an Immoral State:

Notwithstanding the general call for a re-introduction of lock hospital rules at places where they had been withdrawn, the pressure for the repeal of CDA was increasing. Given the vociferous criticism and protests by groups like the National Association in England, the parliament had already repealed the English Contagious Act in 1886. Now the agitationists turned their attention towards India, and began to press for a similar repeal. Within India as well, the agitation against the CDA picked up after the repeal of English CDA and memorials for the repeal of the Act began to flow in.

As discussed earlier, the lack of records regarding the protests of prostitutes is perhaps the saddest part of any discussion on the history of lock hospitals in India. For, the memorials which were submitted by the indegenous elite or missionary groups at best give us an 'outsiders' view in which the overall patriarchal frame of the society is not lost sight of. The glimmers of upper class social morality which were too nurtured by the English speaking intelligentsia of the period, and which figure prominently in Sumanta Banerjee's study of their reactions towards the profession of prostitution in the 19th century Bengal, keep on refiguring in the debates around the CDA.[26] The terms of their protests were framed within the wider structures of the official discourses on Indian

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[25] Ibid. .

[26] Banerjee, *The Dangerous Outcasts*, Calcutta, 1998.

feminity. It criticized the intrusion of the state in the private and the domestic space, and its failure to distinguish between respectable and the unrespectable women. In indegenous elite discourses, like in official discourses, prostitutes do not appear as individuals or as professionals. As Babu Pyare Mohun Mookerjee, Honorary Secretary to the British Indian Association - an influential conglomorate of the Bengali landlords, in their memorial against CDA wrote:

> the fact that for the purpose of affording protection against a necessary evil State interference is not always and everywhere harmful. But looking to the character of the people, to the feelings and susceptibilities even of public women in this country, and to the agency indispensable for the working of the Contagious Diseases Act is wholly repugnant to the entire Native community, and that it is attended with an incalculable amount of cruelty and oppression in this country. That this is impossible to work the Act with proper precaution, and due regard to the feelings of the community could not have been more clearly shown than by the fact that out of the thousands of women examined for the first time during the eleven years the act was in force only 14 to 34 per cent were found to be diseased in different years. No amount of sanitary benefit could compensate the outrage committed on the remaining women and through them on society.[27]

Mookerjee despite discussing the 'feelings of the native community' separated out the women frequented by the European soldiers as a distinct class who needed to be controlled. The tone of his argument was similar to official arguments:

> The only class of men for whose protection the most cogent arguments may be adduced in favour of the re-imposition of the Act are the European soldiers of the fort, but it has been truly observed by Surgeon General Cuningham that, that protection may be effectually given by registering that samll class of prostitutes, not probably numbering more than 1,000 to which European soldiers had access.
> In conclusion the Committee venture to submit that *beyond providing for the registration of the class of public women to which European soldiers resort,*

[27] Memorial from Babu Pyare Mohun Mookerjee, Honorary Secretary to the British Indian Association, to the Secretary to the Government of Bengal, (dated 18 British India Street, Calcutta, the 17th Novermber 1887); Home (Sanitary), June 1888, No. 102-129, Part A.

> the revival of the operation of the Contagious Diseases Act in this city is most undesirable.[28]

These similarities in the arguments of the Indian intelligentsia and British officials derived from the fact that both were male -centred discourses in which the masculinity of the solider was given a priority. Mookerjee's concern was confined to the fact that respectable women often fell victim to the laws. In so far as prostitutes were concerned the views of the intelligentsia seemed be structured by the sanitary parameters established by the colonizers.

A most powerful voice against CDA was that of the missionaries. Despite emphatic moral arguments against the continuation of any such Act, their protests however, were full of racial undertones. The broader moral tones of the memorials were undercut by a desire to preserve the higher Christian moral values which the colonial state in India represented. Nor were the ideas of missionaries less male-centred. The missionaries of 1870s again returned the themes of early missionary protests.

One of the dominant theme in missionary protests was that CDA in practice meant recognition, protection and encouragement of 'vice' by the state, a licensing of immorality among the soldiers. This idea was repition of the terms in which Thomas Carr had protested against the lock hospitals, fifty years earlier. As the missionaries from the Calcutta Missionary Conference condemning the supporters of CDA in India wrote, "they regard man solely in his physical aspects, and strangely ingnoring the real purpose and true dignity of life, exclude all other aspects of human relations from view, as unpractical - as though the moral instincts, which underlie Christian civilization, were

[28] Ibid. .

visionary, and the hopes and faiths, which enter so largely into the health and vitality of English social life were myths."[29]

The missionaries argued that the control of prostitutes as envisaged in the Act encouraged an 'immoral end'. However except for some cursory references of prostitutes as human beings, the principal concern of the missionaries' was the safeguarding of morality of the European community in India:

> we hold it to be a fundamental principle that the discouragement and repression of vice are of far higher importance than the diminution of suffering or of other evils resulting from vice, and that consequently in all efforts to mitigate the physical effects of impurity no sanitary or material gain can justify measures which in their operation afford facilities or encouragement for vicious indulgence.
> We believe that the Contagious Diseases Act not noly fail to produce the beneficial results anticipated, but expose the authorities to the suspicion of treating incontinency as necessary evil, of directly encouraging an immoral tarde, and of securing, or seeming to secure, impunity for vice... however well intentioned the present Contagious Diseases Act may have been in their actual operation, they have not only not produced the decided effect expected in regard to prevent the spread of disease, but have rather tended to lower the moral tone of the community and increase the temptations to vicious habits, producing an impression on the mind of the public that the state formally sanctions and licenses vicious practices and immoral trades.[30]

The protests from the different groups however did not restrain the officials from justifying the need for a more stringent measures of control over prostitutes. Each and every point made against the lock hospital rules were contested by the authorities through a number of memoranda drawn in favour of the measures. These official contestations created a distinct sphere of debate, which expressed the conflict between interests of the agitationists against CDA and the colonial state in India. Hitting

[29] The Memorial of the Calcutta Missionary Conference, Home (sanitary/June 1888/102-129/Part A

hard at the arguments of the agitationists both at home and in India, Surgeon General Dr.Moore's memorandum began with the proposition: "I commence the consideration of the subject with the indisputable proposition that men will be immoral, and women also, although to the honour of sex it may be added that women, unless so induced by actual want, are less immoral than men."[31] Then Moore referred to the soldiers and sailors:

> although much has been effected, during recent years, to improve the condition and social surroundings of soldiers and sailors, and so to promote morality among these classes, it cannot be expected, by those acquainted with physiology, that, in any large body of men, particularly if situated as soldiers and sailors are circumstanced, the sexual passions will be kept in such perfect control that there shall be no incontinence. We have not yet, by force of education, reached that problematical social millennium in which moral force shall overcome animal instincts. Nature lays a demand on men to exercise all their physiological functions. But a certain section of society would impose an adverse order. So long, however, as human beings are constituted as they are, pysiological laws, and not society's laws, will be obeyed by the very great majority of the inhabitants of the world. And if physiological laws cannot be followed legitimately, they will be followed illegitimately. The passions originating from physiological instincts, over the *existence* of which, as part of human nature, human beings have no control.[32]

By creating binary opposition between the physiological laws of the human beings, and moral laws of the society, Moore forcefully celeberated the physiological laws and the viriltity of soldiers. The logic of colonizer's manliness fused with the logic of natural laws. Having refashioned natural laws to the colonizers' need, Moore launched an attack on the opponents: "first they object that, as fear of contracting disease tended to prevent men from yielding to vice, it is improper to attempt preventing such diseases; that Contagious Disease Act increases vice by rendering it safe; that by reducing the penalties

[30] Memorial from The Reverened H.O.Moore, Bishap's Chaplain to the Secretary to the GOI, (Home Dept. No. 118, dated Calcutta, the 5th March 1888); Home(Sanitary), June 1888, No. 102-129, Part A.

of wrong-doors we are playing into the hands of transgressors of moral laws." Criticising this line of argument as exceedingly weak, Moore said that the dangers of syphilis were not sufficient to "act as a deterrent". Arguing for state intervention, Moore wrote: "it is alike the business of the state to discourage vice and promote social purity. But it is equally a duty to care for those afflicted with loathsome diseases even if such be the results of vice, to take such measures as may be instrumental in preventing the spread and aggravation of such diseases, and the Contagious Diseases Act prevents women from pursuing their calling when in a state of disease.it is not wished to smooth or straighten the path of vice, as the objectors to the Act declare, but it is desired to free it of its traps, and to facilitate recovery from both disease and vice."[33]

Moore rejected the argument that "examination exerts a deteriorating moral influence on the women", since, "for the confirmed prostitute no further degeneration is possible. And even if there were any deteriorating moral influences they were more than counterbalanced by good moral and physical results." Criticizing the missionaries' invocations of Christian moral values, Moore wrote: "if the opponents in India would endeavour to provide for the future of the women admitted into the lock hospitals, it would be more Christian like than agitating against the Act... The best method of lessening prostitution is to use endeavours, by the training of the female sex and by preautions against want of employment and its result poverty, to enable women to gain a livelihood for themselves, and so to be independent of the barter of their persons - the

[31] Memorandum on Contagious Diseases Act by W.J.Moore, Surgeon General, Home (Sanitary), June 1888, No. 102-129, Part A.
[32] Ibid..
[33] Ibid..

only marketable commodity the poorest women have to supply. But no endeavours of the kind have been made in India, although here... there is a wide philantrophic field."[34] Moore was thus able to put the responsibility of rehabilitation of the prostitutes upon the reformers absolving the state of any responsibility- an idea which was prominent in the English CDA..

Moore's memorandum was followed by many other notes from the officials denouncing the agitationists as wholly 'misrepresenting' the case of the CDA in India. The agitationists were branded as 'bigots' who proclaimed that "it is the duty of the Government to take no action one way or the other, that the disease spread by prostitution is judgement of God on sin"; they were attacked as 'fanatics' who held that VD was "the judgement of God on sin of fornication" and denounced any measure "taken for the prevention of disease as an interference with God's will". To the officials, the agitationists opposing the Act displayed a "despicable instance of hypocrisy", who,

> knowing what are the antecedents and habits and associations of the class which furnishes our soldiers, profess to regard unchastity as in these as dreadful sin, and the Government as wicked which recognizes the necessity for its existence, and its duty to alleviate the evil consequences. These Pharisees are attacking the evil at the wrong end. When personal purity and chastity are the rule of life among the class from which the Army is recruited, it will be time for the Indian government to deal with it on that assumption. But the facts being as they are, and the consequences certain of bringing several thousand young unmarried men to India, exposed on all to new and unrestrained temptation, to a country where prostitution is rampant and practised without concealment of shame, the government would be negelecting one of its first duties if it failed to recognize and endeavour to mitigate the evil.[35]

[34] Ibid. .

[35] An unnamed memorandum on the repeal of CDA, Home (Sanitary), Oct.1888, No. 61-75, Part A.

The terms of the official debate expressed the way the colonial authorities in India sought to redefine the relationship between the soldiers and the colonized women, and argued in defense of the natural physiological laws and the moral laws. The virile desires of the soldier and the inherent unchastity of the females among the lower classes formed the solid foundation of an argument that sought to justify every measure of control. Issues like morality were relegated to the background, clearly exhibiting the changed priorities of the state in the post-mutiny era.

Repeal of CDA and Beyond

Despite much debate among the officials about the efficacy of lock hospitals, and the demands of the military authorities for a retention of the system, the English parliament appeared to have given in to the agitationists. And in a resolution dated 5th June 1888, the House of Commons resolved that "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."[36] The resolution of the House of Commons sent an alarm within the military circles. In effect, the Resolution meant discontinuance of the practice of compulsory registration and examination at the cantonments lock hospitals as well. Hectic correspondence between the Government of India and the Secretary of State followed with the Secretary consenting to a separate consideration for the Cantonments

[36] Letter from the Secretary of State for India to the Governor-General of India in Council, (No. 136 (Military), dated India Office, London, the 14th June 1888); Home (Sanitary), October 1888, No. 61-75, Part A .

and the civilian areas. Referring to the suspension of operation of lock hospital rules in the 15 cantonments, the Secretary wrote:

> the results of the suspension, have shown the necessity of some regulations for the repression of prostitution and the prevention of venereal disease within Cantonments ... The rules which have been framed under Clauses 7-31 of Section 27 of Act III of 1880 appear to me to require careful revision; and in such revision the principle should be steadily borne in mind that the efforts to control prostitution, and to mitigate its attendant evils, should not be developed into anything that can assume the appearance of an encouragement of vice by the Government and its officers.[37]

However, the Secretary advised that in the revised rules, "no examination should be imposed upon women compulsorily; but, on the other hand, no person who is reasonably suspected of being in a condition likely to spread infection of any dangerous disease whatever ought to be allowed within the cantonment except in hospital, and no one who is so suspected and who objects to such medical treatment as may be necessary ought to be allowed to remain within the cantonment at all."[38]

Based on the recommendations of the House of Commons, the CDA was repealed. Almost simultaneously, the Government of India framed a draft Bill which intended to prevent to spread of VD in the cantonment areas. The Bill was enacted in the Cantonment Act XIII of 1889 and was implemented from the 1st of January 1890. Ambiguous in its wordings, the Act allowed the establishment of hospitals for the purpose of checking Contagious Diseases at as many cantonment as possible. Terms like 'lock hospitals' and 'venereal diseases' were not used. VD was grouped together within an opened ended category 'Contagious Diseases' which was not specifically defined in

[37] Letter from the Secretary of State to the G.G. of India in Council, (No. 123 (military), dated India Office, London, the 17th May 1888); Home (Sanitary), June 1888, No. 102-129, Part A.

the Act. Nor was there any specific reference to prostitutes. While the Act did not recommend compulsory registration of the prostitutes, a record of the residents within the Cantonments was to be maintained. The examination was to be compulsory, and non-attendance of the examination was to be followed by eviction from the cantonment limits. In case any person who had been prohibited from residing within cantonments, stayed within its limits or re-entered without the written permission of the authorities, she to be punished with a fine of not more than fifty rupees or imprisonment for a period not exceeding eight days, for every breach of the prohibition.

Despite a deliberate vagueness in its terms, the Act XIII of 1889, only signified a shift in the terms of control. This shift was clearly reflected in the way the persons suffering from contagious diseases (who for all intents and purposes were prostitutes or the women believed to be visited by the European soldiers) were sought to be evicted from the cantonments in case of non-attendance of the medical care. The CDA sought to exercise control over prostitutes by compulsorily incorporating them within its sanitary bounds through lock hospitals, the Cantonment Act by contrast evicted the diseased from the sphere of its sanitary control. These were two different forms of exercizing the same control.

Nothwistanding the deliberate ambivalence of the terms of the Act, in practice, the authorities at various cantonments continued with the earlier system.[39] At many stations though there was no register kept for the prostitutes, the cantonment authorities

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[38] Ibid. .

[39] Ballhatchet, *Race, Sex and Class*, Delhi, 1979. pp. 68-70. Two American Women Mrs. Elizabeth Wheeler Andrew and Dr. Kate Bushnell visited India in December 1891 with an expressed purpose of studying the working of Cantonment Act in India. They recorded that at several cantonments such as Ambala, Lucknow, Mian Meer and Meerat the old system continued.

could employ various other methods to keep the prostituttes in check, such as the threat of evicting them from the cantonment limits.

After the repeal of the compulsory system of registration and inspection of prostitutes, many reformers' committees were formed for the purpose of looking into the working of the cantonment Act. They pointed to the fact that the Act was repealed in principle but the spirit of the provisions continued.[40] However not satisfied with the informal ways of control the military authorities in India, right till the end of the 19th century, kept changing the local arrangements for exercising more and more control over the prostitutes. For example, the extension of the rules in the Act XIII of 1889 to the rural areas in the neighbourhood of the cantonments were formally effected in North Western Provincec.[41] Besided this with ammendments in the Act XIII of 1889, the Government of India in 1897, authorized that, "whoever in any street or public place within the limits of the municipality loiters for the purpose of prostitution, or importunes any person to the commission of sexual immorality, shall be punishable with fine, which may extend to fifty rupees."[42] The provisions of the Act gave police the power to suspect women of practicing prostitution within the neighbourhood of the cantonments and within the limits of the municipality and to inform to the district magistrate. Brothekeepers were liable to be punished in case they refused to comply with the orders of the authorities.

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[40] Ibid., pp. 83-95.

[41] Letter from the Secretary to the N.W.P. and Oudh to All Commissioners of Divisions N.W.P.and Oudh, (No. 598/XII of 1898, dated Nani Tal, the 21st April 1898); UPSA/ File No. 791 D, Misc. Dept. .

[42] Ibid. From the Secretary to Government, N.W.P ant Oudh to The Secretary to the GOI, Home Dept. No. 553 of 1898, dated Naini Tal, the 14th April 1898.

Thus even after the CDA had been formally repealed, the old discourse c subjugation, the official attempt of control over prostitutes did not end. The shift froı one form of control to another did not necessarily bring any concrete change in th position of prostitutes as regards their relations to the state. As sufferes under th repressive regime of the colonial state, their search for self-identity and freedom c profession, still eluded them. Two American ladies who visited India in 1891 to inspe(the working of the Cantonment Act in India, returning again in 1899 wrote, "the 188 resolution of the House of Commons had in effect been nullified."[43] Clutched within th legally nailed paws of the colonial state in India, Balmah's suicide was, perhaps, the mos eloquent metaphor symbolizing the fate of the colonized lower class women in this era.

[43] Ballhatchet, *Race, Sex and Class* , p.95.

Chapter VI

Beyond Pleasure and Suffering: Some Reflections on the Theme

This dissertation has sought to situate the problem of venereal diseases within a wider discussion of social history of modern India. It has attempted to argue that in the colonial discourses of the 19th century, the problem of VD reflected the priorities of the state, its male-centred conceptions, its sexual notions, its cultural, financial and strategic fears.

While the incidence of VD was not new to the European army, yet there was a fundamnetal shift in the way the authorities sought to check its spread after the mutiny. As European soldiers were believed to be the major victims of the disease, the growing need for European soldiers after the mutiny directed official attention towards the disease. The earlier care for 'native' sensibility was no longer displayed by officials, and through a set of regulations prostitutes were sought to be controlled. The early official ideas of control over 'native' society through negotiation and persuasion, were now replaced with ideas of control through coercion.

Since VD was caused by sexual intercourses between the soldiers and the prostitutes, prostitutes were increasingly seen as criminals. The prevention of disease was sought through control over their movements, and through a classification of their potential danger. The prevention of disease meant a constant supervision over their sexual relations, periodic inspection of their genitals and a regular confinement in the lock

hospitals. Cure of the disease got translated into a system of control through a penal regime. The state intruded into the domestic spheres of the colonized, seeking to bring their private spheres under its 'gaze', and subjecting them to constant public supervision.

When the soldiers suffered from VD, prostitutes were the object of attack. The sexual indulgences of the soldiers was justified and naturalized, never criticised. VD thus allows us to understand the male-centred discourses of the colonial state in India.

Under the colonial regime prostitution came to be perceived in specifically colonial ways. In classifying them as a caste, the authorities manufactured a different identity for the members of the profession. They were, moreover, objectified into sexual beings without an individuality, and without the cultural and ritual status they had in the past.

The description of venereal disease itself acquired colonial connotations. Operating with the notion of the 'tropics', officials saw the disease acquiring particularly virulent form in India. Soldiers were never seen as carriers of disease. They were the victims of the disease, never the culprits who spread it. The prostitutes were seen as the sources of infection, as criminals who needed to be policed. If prostitutes were necessary for sustaining the virility of soldiers, they were also responsible for destroying the basis of Imperial masculinity.

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