BODY POLITICS: SEXUALITY, HEALTH AND HYGIENE IN COLONIAL INDIA, 1860-1930

Thesis submitted to Jawaharlal Nehru University
for the award of the degree of

DOCTOR OF PHILOSOPHY

MRIDUL MEGHA

CENTRE OF SOCIAL MEDICINE AND COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY
NEW DELHI -110067

2019

CENTRE OF SOCIAL MEDICINE & COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY
NEW DELHI - 110067

Dated: 12/7/19

DECLARATION

I declare that the thesis entitled "**BODY POLITICS: SEXUALITY, HEALTH AND HYGIENE IN COLONIAL INDIA, 1860-1930**" is being submitted by me in partial fulfilment of the requirements of the award of the degree of DOCTOR of PHILOSOPHY of Jawaharlal Nehru University. This thesis has not been submitted for the award of any other degree of this university or any other university and is my original work.

Mridul Megha

CERTIFICATE

We recommend that the thesis be placed before the examiners for evaluation and consideration of the award of Degree of Doctor of Philosophy.

Prof. Mohan Rao
Supervisor

Prof. Mohan Rao
Centre of Social Medicine & Community Health
School of Social Sciences
Jawaharlal Nehru University
New Delhi - 110067

Prof. Ramila Bisht
Supervisor

DR. RAMILA BISHT
Professor
Centre of Social Medicine & Community Health
School of Social Sciences
Jawaharlal Nehru University
New Delhi - 110067

Prof. Sanghmitra S. Acharya
Chairperson

Chairperson
Centre of Social Medicine & Community Health, SSS
Jawaharlal Nehru University
New Delhi - 110067

CONTENTS **PAGE**

1) Acknowledgements ii

2) Chapter I – Introduction 1

3) Chapter II – Public Health, Venereal Diseases and Codes of Misconduct in the Raj 30

4) Chapter III – Exploring Lock Hospitals in North-Western Provinces and Oudh 53

5) Chapter IV – Sexuality, Health and Hygiene 193

6) Chapter V – Discussion 222

7) Endnotes 232

8) References 268

ACKNOWLEDGEMENTS

I owe thanks first and foremost to Jawaharlal Nehru University for the many learnings I came to acquire here. It has been a great honor to work with Prof. Mohan Rao. I take this opportunity to express my immense indebtedness and sincere gratitude to Sir Rao for his meticulous and patient supervision.

I benefitted enormously from discussions with Late Prof. Biswamoy Pati in the Teen Murti Library. He was always so patient and gave so generously of his time. My sincere thanks to Prof. Ramila Bisht for having warmly taken me under her supervision. Her encouraging words provided much solace.

I also learned a great deal from Prof. Rama Baru, Prof. Sanghamitra S. Acharya, Prof. Ritu Priya, Prof. Rajib Dasgupta and Dr. Sunita Reddy. I also owe thanks to the staff members of the Nehru Memorial Museum and Library, National Archives of India, the CSMCH documentation cell and the CSMCH office staff who were of constant help during my research work. The central library of JNU provided the ideal atmosphere where I could carry on my research work.

I am grateful to my friend Dr. Limasenla Jamir for her detailed criticism and feedback which helped clarify the arguments and the structure.

Lastly, I would like to thank my grandparents and parents, their blessings have always been there with me. I owe special thanks to my partner Jeet Sankalp for always being ready to listen to my ideas and for his presence around. Most importantly, without the constant support of my siblings - Indu, Bhanu and Harsh; I would not have been able to accomplish this. They have all been proud spectators.

CHAPTER I

INTRODUCTION

Foucault has proposed that the body can be read as a text, as *"the inscribed surface of events (traced by language and dissolved by ideas), the locus of a dissociated self (adopting the illusion of substantial unity), and a volume of disintegration"* (Foucault 1977: 148).[1] Gilbert and Tomkins proposed that the body also be read as the site of colonial inscription (Gilbert and Tomkins 1996).[2] Boehmer addressed not only the voyeuristic meanings attached to the colonial body, but the colonial knowledge projected onto it—the creation of a hierarchal system in which the meanings attached to the colonial body authorize the colonizer's privilege through his ability to use, *"brand, catalog, describe, or possess"* that body (Boehmer 1993: 268-77).[3] Boehmer also made clear that these colonial meanings arose from colonial knowledge and did not originate from the body itself.

A critical body history, moreover, analyzes how bodies have often been categorized into 'normal' and 'abnormal', exploring how gender, sexuality and race have intersected with notions of the body. This type of body history is influenced by Michel Foucault and post-structuralism, focusing on the representation of body in normative discourses. Gender theorist Judith Butler, as well, regards bodies as discursive constructs (Butler 1993).[4] Thus, an attempt to show that bodies are materialized in discourses or rather how bodies are made to matter within "discourse". According to Butler, the matter of bodies is therefore embedded in discourses. "Many of the expressions that we clearly perceive as sex characteristics were in the seventeenth and eighteenth centuries not unambiguous signs for the difference between man and woman… … The eye of culture sees in the order of nature when it expects to see" (Duden 1991: 113).[5] Historian Thomas Laquer has, similarly, portrayed how in the early modern period, people thought human kind consisted of only one sex (women being simply a less complete version of men), hence demonstrating how bodily sex can be socially constructed (Laquer 1990).[6] The one – sex model was deeply embedded in medical thinking whose origins stretched back to antiquity (Laquer 1990: 114).[7] Laquer writes, "The two-sex model was … … produced through endless micro-confrontations over power in the public and private

spheres" (Laquer 1990: 193).[8] Hence, attitudes about a person's sex have changed over time, and they have changed as a result of socio-cultural and political factors.

[a]

There is a need to explore how doctors and scientists have represented and examined the body, the representation of bodies in popular cultures and pay attention to the way individuals in the past experienced their bodies.

David Arnold wrote, "Western medicine is also sometimes seen as one of the most powerful and penetrative parts of the entire colonizing process" (Arnold 1993: 4).[9] The public health measures had a very limited scope. Their targeting nature made it public health only for "Europeans in the tropics, especially of troops- the ultimate guarantors of imperial rule" (Harrison 1994: 2).[10] We will see how medicine became a very effective "tool of empire" in the opinion of the military authorities. "Medicine was only one- albeit a particularly critical- example of a colonizing process" (Arnold 1993: 8).[11] Medicine, hence, was a very important part of the expansive aims of the empire. The body in effect became a site for the construction of the empire's authority, rule and legitimacy. Western medicine represented not only the immediate sphere of health but also a wider domain of politico-cultural hegemony (Arnold 1993).[12] Western biomedicine came to be seen as an engine of oppression that possessed immense control over the life and personal liberty of the victims. Hence, health becomes a tool of political and social dominance in the British raj.

The miasmatic theory[13] being dominant then, very obviously, resulted in the policy of segregation and sanitation. The miasmatic theory spoke of how toxic concentrations of vaporous products of decay caused diseases. Public health in India was largely confined to the colonial enclaves and to the health of the soldiers. The colonial authorities neither had the political wherewithal nor the public pressure to provide public health to the country at large. The excuse cited was a lack of funds. Radhika Ramasubban points to the general lack of interest in health needs beyond the army and the white community and labels it as "the colonial mode of public health" (Ramasubban 1982: 9-10).[14] Financial constraints considering the vast Indian public health needs were often cited as the reason behind lack of commitment on the part of the state (Harrison 1994).[15] Another reason cited by colonial officials for the state's failure to provide public health was the "indifference" and "suspicion" of the Indian

subjects towards western medicine (Arnold 1993).[16] It came to be argued in scholarly circles that medical interventionism came to be perceived as interference with their culture, their religion especially after the sepoy rebellion of 1857 (Harrison 1994).[17] The British were scared of provoking the Indian masses after the rebellion of 1857. Political considerations then became an issue of concern for the British state. Antonio Gramsci's concept of hegemony (Arnold 1993),[18] (the idea of the reliance of political power upon both coercion and consent) is useful to understand this inherent duality of the colonial state in conducting coercive public health measures on the one hand, and pacifying public resistance against these health measures on the other.[19]

We will want to see how health action in India was only a tool for establishing hegemony, rather than for the actual welfare of the people. This study analyses the measures adopted by the state to bring under control the growing menace of venereal diseases which invalidated soldiers and therefore, the efficiency of the state. The period under study is from the 1860s (major attempts at sanitary legislations such as the Cantonment Act of 1864 and The Contagious Diseases Act of 1868 came to be undertaken) to the 1930s (when these health legislations came to influence notions of sexuality and masculinity in the Nationalistic ideologies too). An attempt will be made to study venereal diseases during the British Raj – the enforcement of the Contagious Diseases and Cantonment Act in India to regulate the colonial 'vice'.[20] It will involve a study of the relationship between military medicine, racial categories, and prostitution under colonial rule. More than mortality from venereal diseases it was its incapacitating effects which worried the British officials. Despite the mortality levels with respect to venereal diseases being much lower than that of cholera, malaria and typhoid; the regulatory actions of the British officials were continued to be justified. The high rate of venereal disease in the British army was frightening. It was a major cause of invaliding and therefore, caused a lot of anxiety about the inefficiency of the army. Kenneth Ballhatchet opines that roughly one-third of the European troops lay in hospitals due to venereal diseases.

We here cannot oversee the excessive efforts put towards controlling the sexuality of the "native" woman. The notion of racism and eugenics were working behind the regulation of "native" women, particularly the prostitute, in the garb of public health and preventive measures. We hence, need to understand the use of medicine and public health measures as an instrument of "social control". Harrison

opines such tools of social control provided ways of knowing the indigenous population, and also served as a rationale for social segregation. Fear of infection justified segregated residential patterns and also the right to isolate the infected ones (Harrison 1994). [21] Public health measures became powerful instruments of domination over "natives". Public health measures were often selective and degrading. Means such as detention and isolation helped control population movement to a great extent. The public health garb, portrayed as a sign of colonial benevolence helped reduce resistance to imperial rule.

The high levels of mortality, sickness and invaliding of the British armed forces meant weakening of the British Raj. Fevers (including venereal diseases), cholera, diarrhea and liver diseases were the major causes of deaths among the troops. Clearly, the increasing mortality in the British army was due to diseases and epidemics rather than war (Ballhatchet 1980, Harrison 1994).[22] The maintenance of sanitary condition in the barracks became of utmost priority. A Sanitary Commission was set up in 1857 and again in 1859 to look into the sanitary state of the army (Ramasubban 1982: 21-24).[23]It was via public health legislations that the control of sanitary conditions (in the segregated areas of residence) was undertaken.[24] Laws such as the Cantonment Act XXII of 1864 were used to enforce these.

This has been understood as "the environmentalist" paradigm of medicine, where disease was attributed to the Indian climate and the sanitary habits of the natives. The Indian prostitute was very much a part of such a disease-ridden environment (Arnold 1993).[25] According to the British officials, the disease acquired such a virulent form in tropical regions that it made the contagion even worse. Judy Whitehead also opines that the Victorian sanitarians as well as the British Medical officials viewed diseases as results of environmental decomposition. The miasmatic theory for diseases was prevalent in India till about the 1890s. Hence, the British officials adopted the policy of a) segregation and b) sanitation. As a result, Sumit Guha opines excessive attention came to be placed on maintaining sanitation and hygiene in the British army in roughly the same period, which has been termed as "cultural hygiene" of colonialism (Stoler 1989: 634-660).[26] Sanitary rules for the year 1858 were outlined for the use of the European troops. Guha points out that the cantonment magistrate was given the power to regulate prostitution in order to regulate the spread of sexually transmitted diseases. They were also in charge of the

sanitary state of the area under them. The Indian Cantonment Act of 1864 allowed the local magistracy "to make special rules for the maintenance in a state of cleanliness of all houses occupied by registered prostitutes within the limits of the cantonment, and for the provision therein of a sufficient supply of water and of proper means of ablution" (Levine 2003: 306).[27] The Act stressed on personal hygiene. As opposed to ignorance and carelessness, the soldiers were encouraged to inculcate such knowledge that it did not matter if their surroundings were germ free or not. The soldiers were encouraged to use soap which they were supplied with. In many stations, the soldiers were taught how to protect themselves against enteric fever, malaria and venereal diseases (Guha 2001).[28] The condom was available. However, it is mentioned far less. Probably, it was a more expensive preventive measure. It also came under moral scrutiny as it was linked to contraception. As acknowledged by medical officers, there also seems to be a gap between possession of the packets and their use (Levine 2003).[29] Military education on STDs came to occupy a major chunk of sanitary education. Kenneth Ballhatchet draws attention to reports by Surgeon-General Taylor, Principal Medical Officer to the forces in India asking for "the provision of lotions and towels for the men in barracks" (Ballhatchet 1980: 95).[30]

Segregation and control approach was the second tool that was adopted. The officials observed that venereal disease threatened the "vitality of the race" itself. They also strongly believed that it was the "dangerous neighbor" who had to be controlled.[31] Ideas of race, now increasingly gaining ground, were at the forefront of both these measures (Ballhatchet 1980, Harrison 1994).[32] The British official documents portrayed the Indian prostitutes as the "dangerous neighbors" luring British soldiers into contagious surroundings and restraining them till their wages had been spent. Obviously then, the rules were "for inspecting and controlling houses of ill-fame and for preventing the spread of venereal disease" (Ballhatchet 1980: 40).[33] These decades, that is the period between 1860 and 1930, also saw an expansion of legislation on prostitution.

This work will hence be an attempt to examine how biomedical knowledge and its practices facilitated the perpetuation of colonial rule. The focus was on the institutional development of biomedicine, in this case, the lock hospitals and other public health measures in colonial India. The framework adopted will be that of Michel Foucault's theory of biomedicine. Foucault understands biomedicine as a

‘new technology of power’. At the individual level it is centrally focused on the human body as an object and target of power. At the collective level it helped political power in controlling populations through public health measures (Ghatak 2004).[34] Using historical literature such as reports on lock hospitals in the North-Western provinces and Oudh of India, the objective will be to point out that the initiation of biomedicine in the colonies was as much an administrative necessity as it was a part of a larger project of establishing cultural hegemony via the spread of Occidental ideas, institutions and practices. Data and records on lock hospitals in the North-Western Province and Oudh (1877-1883), which I have used in chapter 3, portray the working of civil and military lock hospital system. The records outline in detail the circumstances; staffing and expenditure of lock hospitals. Statistical data on prostitutes show the registration pattern, their attendance and the disciplinary action taken against them. The lock hospital records have tables which catalogue instances of venereal disease (syphilis, gonorrhea) in native women and troops. They also include remarks by the military staff assessing the working of the lock hospital system. The reports which will serve as primary sources for this research work are excerpts from the proceedings of the Cantonment Committee which met annually to assess the medical officer’s reports. The Cantonment sub-committee included the officers commanding the British corps, the cantonment magistrate, the senior medical officer of the British forces and the officer in medical charge of the lock-hospital which met on the last Monday of every month and submitted their report. A study of the reports show the Committee considered the medical officer’s reports very satisfactory. There was a great diminution of venereal disease as shown in the reports. This improvement is attributable primarily to the city having been placed out of bounds. The cantonment police were also more vigilant. The history of venereal disease in Kanpur pointed to the fact that the chief factor was to be found in the city itself. Apart from keeping the city out of bounds various measures for control of prostitutes were mentioned in the reports. It was made incumbent that all women practicing prostitution were registered and regularly examined, either in the city or the cantonments. Registration fee was not to be levied. The registration of women in the cantonments had been quite successful according to the reports. In fact, it was extended to a circle of five-mile radius. The women that evaded the examinations were fined an amount of Rs. 135-140. Reports show that they were levied and recovered. Special arrangements for examining and treating the women were put in

place. The examination of the city women was to happen in the city by the civil surgeon. Women who were found to be diseased were sent in to the cantonment lock hospital. The officer in medical charge of the lock hospital conducted examinations in the cantonments. In order to prevent their cleaning themselves immediately before examination, the women were assembled an hour before his arrival, and seated in a row under the supervision of police. The speculum was regularly used. All cases of disease were at once admitted and treated till cured. The women were dieted according to scale. They were supplied with cots and bedding which were obtained from the commissariat. The regimental bazaar employed a "dhai" or "mahuldarni" who also supervised the royal artillery bazaar.

It becomes very clear from the reports that the huge majority of the cases were contracted by city prostitutes, who probably had had intercourse with natives. As a result, a lot of importance was attached to the legal order placing the city out of bounds. The order was never to be revoked. If it was, it would immediately be followed by an onset of venereal among the soldiers.

The Surgeon-Major, A.M.D., in medical charge of the Kanpur lock hospital, J.B. Hamilton, justified the existence of lock hospitals on the 9th of January 1878.

> It is not to be supposed that venereal disease, as a disease of the native population, is affected to any appreciable extent by the working of the lock hospital, but there is no doubt that if the police do their duty properly, and cause all women who prostitute themselves with soldiers to be registered, and if severe punishment is inflicted on unregistered women found prostituting themselves with the troops, the disease can be kept in check to a very large extent.
>
> Not more than 10 per cent of the Europeans contracted disease from the registered women, and with stricter supervision on the part of the regimental bazaar authorities and police, even this small number might be much reduced.
>
> There is a most important factor in the extent of venereal among Europeans for the past few years that has been quite lost sight of, viz., the army being now composed of much younger men, with a smaller proportion of married men, and very few old soldiers, is rapidly becoming a mere "venereal" army, so to speak, i.e., composed of men in whom the passions are stronger, and among whom a greater extent of disease is to be looked for than among the men of a few years back.
>
> I will conclude by showing the working of the lock-hospital for the past four years (the strength of the garrison remained nearly the same all along): -

Year	No. of admissions from Europeans
1874	407
1875	283
1876	144
1877	175

> These figures speak for themselves, and taking the fact into consideration that only 82 cases were contracted from the registered women during 1877, I think the lock hospital may fairly claim to have done good service to the state (Annual Report on the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1877).[35]

Through the adoption of the theory by Foucault and the historical literature available, the work will be a study of policy-formulation around venereal diseases and the public health measures adopted for its control. Unlike what the reports suggest, the attempt will be to point out that the concern of the public health of the "natives" was secondary. The attempt will be to focus on colonial concern as a hegemonic one. The body's health and its medicalization hence, becomes the locus for the construction of the empire's authority and control. This work hence will also be based on the study of the relationship between knowledge, power and sexuality and on sexuality as surveillance. Surveillance and control over the body constructed the "ideal social behavior". Law-taboo-censorship worked together as tools of control to examine the sexuality of individuals. Control of women, in particular prostitutes requires particular attention. The feminine body during the colonial era came to be evaluated (qualified and disqualified) as one that was completely saturated with sexuality. This meant the medicalization of feminine sexuality. The native woman's body was to be kept under close watch and hence, came to be integrated into the sphere of medical practices. Foucault terms it as the "hysterization" of women's bodies. This medicalization of the female body was often very invasive.

I delve deeper into the issues around sexualities and body politics taking into consideration alternate sexualities in chapter 4. In order to do so, I will attempt to look beyond archival resources for they provide limited information around this theme. Ronald Hyam and Anjali Arondekar have termed it as "the politics of the archives" for there has been a deliberate omission and an invisibility of alternate sexualities (as it disturbed the image of colonial heterosexual masculinity). In that case, in the

absence of official records I will be using the unofficial cultures of sexuality, i.e., the fictions of the British raj as well as "footpath" magazines as my supplementary sources. The complex encodings of fears, fascinations and anxieties in the British raj fiction reflect gender as well as colonial masculinity and masculine desire as a constitutive category of colonialism along with race, class and caste. Masculinity in the British official, British fiction as well as nationalist writings represented colonialism, anti-colonialism and nationalism.

Masculinity seemed to be imperative towards constituting a virile nation. Such assumptions dominated the nationalistic ideology too in Colonial India. According to Mrinalini Sinha – in the nationalistic ideologies - moral, cultural, social and sexual components merged together in a way that the body came to be envisioned as the sign and metaphor of the embryonic country striving to resist the oriental stereotype of the 'effeminate' male. This stereotype was a by-product of the colonial strategy of domination, power and subordination. Anxieties about male sexuality and manhood were a part of this process. Such anxieties meant it was essential to control women through the concepts of obscenity, immorality and the "other". There was a need to construct tougher masculine bodies, which implied strength and hence, power. This was an attempt undertaken by both the colonists as well as the nationalists. In the former years of the twentieth century sexuality was simultaneously brought together with *swarajya* (self-rule) and eugenics. For instance, N.S. Phadke in his book *Sex Problem in India: Being a plea for a eugenic movement in India and a study of all theoretical and practical questions pertaining to eugenics* draws our attention to the fact that his argument was primarily concerned with the issue of how to maintain the vigor and the vitality of a 'declining race'. He writes 'who could deny that physical strength and military power will be for us an indispensable instrument to keep *swarajya* after it is won' (Phadke 1929: 7) [36]

Edward Said's *Orientalism* suggested that the sexual subjection of Oriental women to Western men "fairly stands for the pattern of relative strength between East and West and the discourse about the Orient that it enabled" (Said 1978: 6).[37] In Said's work gender is not examined as a constitutive category of colonialism, sexuality here appears as a metaphor for more important dynamics that are exclusively male. Feminization of Otherness therefore emerges in Said's work as an unchanging rhetorical phenomenon that is integral to the masculine imperial venture.

During the early period of colonial rule in India, when the rulers came primarily from a feudal rather than a middle-class background, the notion of colonial rule as a "manly" or "husbandly" prerogative was very much present in the colonial culture. It became stronger in the early decades of the nineteenth century, when the middle-class evangelical spirit took hold and the British rulers began to draw an equation between sexual, political and moral hegemony. What followed was the feminization of colonized culture which aimed to constitute indigenous men as sites of contradiction: superior sex but inferior race. Said's interpretation of colonial erotics assumes that feminization of colonized territory established male ownership over a female body. However, this is often more about emasculating a male than about possessing a female. The eventual objective of permitting European claim to ownership through feminization of India was to demonstrate the supremacy of the white male not over brown women but over brown men. In other words, the goal was effeminization – a process in which colonizing men use womanhood to disempower colonized men. British colonial discourse hence, constructed an image of the weak ineffectual Hindu devoid of any form of masculinity and thereby, destined to be colonized.

In response to this discourse, Swami Vivekananda's rhetoric emphasized a form of Hindu masculinity which was grounded in spirituality and body discipline, which, in turn would help contribute to nation-building (Sen 2006).[38] Vivekanda's conception of manliness was linked to celibacy. Therefore, his version of manhood entailed strong advocacy of celibacy. In a letter to one of his disciples, Vivekananda wrote "every fool is married. Marriage! Marriage! Marriage!... the way our boys are married nowadays!" Unlike in contemporary times when Indian nationalism is constructed upon hypermasculinity, Vivekananda's notion of masculinity was based on spiritual qualities (Sen 2013). [39] Rustom Bharucha opines the posture of masculinity played a huge role in Vivekanda's promotion of 'organisation'. Masculinity was some kind of performance on his part, something that he had to display to the world at large. Vivekanada was at ease in a large 'asexual' world which included exceptionally close friendships with women. Homosociality, at least in the Bengali context of his close interaction with fellow monks, was the norm. However, we need to be careful about what we ascribe to colonial subjects from an earlier time.

Hence, the cult of masculinity was a historical product determined by intersecting ideologies which were metropolitan as well as colonial. From the

eighteenth century itself, English masculinity grounded itself in a paternal code of hygiene and was expressed in terms of energy (sexual, economic and political).

However, the narratives of late nineteenth century British imperialism fail to reproduce this omnipotent image of imperial masculinity. A reading of Rudyard Kipling demonstrates that the white man was emerging as a divided figure whose authority was constantly being undermined by a sense of futility. These tales of transgressions and breakdowns display the colonial body as revolting against the rigid imperial technologies of discipline and surveillance through behavioral excesses which were seen as unmanly hysteria and unacceptable sexuality. The resistant and inassimilable modes of desire in Kipling's narratives deconstruct the above-mentioned colonial opposition between English manliness and Indian effeminacy. *Kim* is perhaps one of the richest cartographies of colonial male homosociality. In this predominantly male space it is safe for men to explore the terrain of masculine desire.

Public deliberations on sexuality came to have a direct linkage with the people, the society and the nation altogether. These themes were common in journals of sex- education as well as 'advice' and 'discussion' publications, the most widely circulated of which were *Nar-Naaree* and *Hum Dono.* An entire range of experts (doctors, psychiatrists, and teachers) turned their attention to the family and advised against the dangers of "bad" sexuality and ensuring its "good health".

[b]

Review of literature suggests women's sexuality, eugenics and racism were predominant themes in the discussions of both the colonialists and the nationalists. The women's body in India during the colonial rule became the focus of debates. However, the issue of women's health was never brought up. Despite, the growing middle-class anxiousness to establish its own standards of moral conduct for its national interest and well-being, the well-being of the women continued to be ignored. Maternal health became a subject of genuine concern only in the early twentieth century. We do find evidence of an initiative that had been operational in the late nineteenth century - the Dufferin Fund. However, despite the initiative being meant to improve medical conditions for women, the state had transferred its responsibility on to a non-governmental organization. The Dufferin fund functioned only as a means to provide for British female doctors and mid-wives to work in *zenana* hospitals in

colonial India. Specific outlines to manage the lock hospitals were laid out by the colonial government to control venereal diseases. Neither do the Sanitary Commissioner Reports mention the need to address reproductive health. The sanitary reports do not even mention the wives of the Indian soldiers. The Contagious Diseases Act brought into effect in 1868 was probably the only state medical initiative prior to the 1880s which directly dealt with the women. The Contagious Diseases Act was evidently designed to address the issue of venereal disease amongst the British soldiers alone. It had nothing to do with the health of the wives of the soldiers or the prostitutes. There seems to have been lack of any serious deliberation around venereal diseases affecting women in India prior to the 1920s.

The principal sphere of state medicine in the early years of the nineteenth century, for instance - the military, the prisons and the hospitals – were chiefly male arenas in which women had little role to play. The mortality rate of other contagious diseases like cholera was higher than venereal diseases. The mortality rate of venereal disease was actually reducing from about the 1860s when they began to garner a lot of public and medical attention (Levine 2003: 2).[40] There were other diseases which required public health measures to be taken as they were of a more epidemic variety and had a higher mortality rate. Hence, it is worthwhile to discuss what about venereal diseases kicked off this kind of attention.

We gather that it was the association of venereal diseases with degraded morality, the need to regulate women's sexuality, and the prerequisite to assert inter-racial divide (even more so after the 1857 rebellion). The nineteenth century was a period where the police came to be involved in matters of sex. It was desirable to have control over one's sexuality for a variety of reasons. This was an era dominated by discussions of eugenics, racism, creation of a virile race, healthy offspring and an ideal family. Interestingly, juridical and medical regulation became the most effective means to execute control over sex and sexuality. The family was idealized. It was considered a taboo to indulge in any kind of sexual behavior that did not involve reproductive purposes. Law-taboo-censorship together became means of regulation to analyze the sexuality of those that fell outside the ambit of an ideal family. Prohibitory law and the imminence of punishment became measures of sexual control. One such law was the Contagious Diseases Act of 1868. The law by all means targeted women for it regulated only the sexuality of the "native" woman. On top of

which, the law had a very limited scope for it was concerned with only the health of the troops.

We have discussed earlier the hysterization of women's bodies. The feminine body came to be understood as one that was completely immersed in sexuality. The integration of the feminine body into the sphere of medical practices meant her being kept under close scrutiny. Binaries between the nurturing mother versus the fallen sexually explicit woman came to be created. The negative representation of the nervous or the mad woman (to be read as the fallen woman) became the most evident form of this hysterization. The Indian prostitute came to be scrutinized. Judy Whitehead opines that the sanitary legislations brought in as public health measures, for instance, the Contagious Diseases Act were merely ways of instituting disciplinary ideas of Victorian respectability to the Indian body of law via the colonial state (Whitehead 1995: 41-63)[41] – "the ideal Victorian woman was one whose upbringing had enabled her to completely sublimate sexual and aggressive impulses... ... unlike middle class Victorian ideology however, women in North India were not thought to be passive, repressed beings, either creatively or sexually" (Whitehead 1996: 32).[42] The Indian prostitute became the antithetical site of pleasure and disease, of sexual threat and desire. She figured as the complete contrast of the obedient, familial, submissive, virtuous woman of the home. The reformers of the social movement in the nineteenth century too came to distinguish her as "the fallen" woman. As opposed to the *bhadramahila* she was the "sexually perverse woman".

Native women were being represented as a threat to military men; their promiscuous sexuality was seen as one that demasculinized the soldier. Attempts were made officially to regulate sexual relations between the European race and native women. The soldiers could satisfy themselves in the regimental bazaars (*lal bazaars)* which were present in every cantonment (Ballhatchet 1980). [43] The main challenge was to regulate the movement of soldiers outside the restrained environment of the military station which made them more vulnerable to contracting diseases. It was in the lock hospitals where suspicious women were inspected closely and infected women were admitted, sometimes forcefully, in order that they be cured. The medical examinations were embarrassing as it involved the genital area. There was a lot of resentment towards such intrusive examinations. On the basis of mere suspicion both chaste as well as unchaste women could be examined. The respectable women came

to resent being treated as prostitutes. It seemed the purpose was limited to providing soldiers with safe pleasure (Hyam 1991).[44] The health of the woman was not of much concern. The Acts did not penalize the soldiers; for it was the prostitute alone who was criminalized. According to a report of the Royal Commission,

> ... 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 (Walkowitz 1990: 71).[45]

This era also saw intensified legislations on prostitution. Though it was the fear of contracting the disease that had generated a response in the form of legislations, the governing practices of British officials, military medical examiners, police inspectors and constables, had very limited health concerns and were purely administrative. The legislations did not bring an end to the practice of soldiers buying sex. The prostitutes continued to operate for the laws merely reworked the relative power of the two groups involved. The objective of the laws was to preserve public health and maintain public order, which necessarily meant that any common prostitute operating outside of the state sanctioned form of the profession was to be seen as a criminal. Since it was the prostitutes who were sources of venereal contagion and it was them who were disobeying and committing the crime, it was them who were supposed to be penalized. These laws which punished and fined prostitutes in the nineteenth century have been understood as laws that were borrowed from the metropole to the colony. Judy Whitehead understands this process as an export of Victorian sexual restrictiveness. The laws were comparatively much more biased against the prostitutes in the colonies than in Britain. They had to be controlled for they were the sources of the disease and hence, a major cause of terror to the military strength of the empire. Public health hence, was an initiative confined to the soldiers. The laws were much more concerned about preventing ill-health among the white population than among the prostitutes. This is what Radhika Ramasubban points out as "the colonial mode of public health" (Ramasubban 1982: 9-10).[46]

Britain in the eighteenth century had lock hospitals which came to be borrowed in India. The system came to be borrowed in the colony towards the end of the eighteenth century when the European soldiers contracted venereal disease in

large numbers. The incidence of venereal diseases amongst the white soldiers was on a rise. Observing the need for such hospitals, the Governor-general in council sanctioned the construction of "hospitals for the reception of diseased women" at Kanpur, Behrampore, Fatehgarh and Dinapur (Kenneth Ballhatchet 1980: 11).[47] Their rationale was to ensure that the spread of venereal disease be brought under control among British soldiers. Nevertheless, it is fascinating to make a note of the fact that the term "Lock Hospital" was not used, even when, it was operational. Patients were not allowed to go until they had been completely cured. Women found to be "disordered" on "the customary days of inspection" were to be admitted in the hospital at once (Ballhatchet 1980: 11-12).[48] At this point, the institution of Lock Hospitals was specific to the regiment. Lock Hospitals were approved for only those regiments which complained of a rising incidence of venereal diseases. The military officials could regulate the movement of only the cantonment prostitutes as they exercised control only over the Lock Hospitals. These procedures reveal the vigilance with which the establishment wanted to tackle the crisis of venereal disease.

The measures to control venereal disease started in India in 1816. Through a succession of regulations issued from the Governor-general of India, the medical inspection of women in *lal bazaars* was ordered. Regular examination and forced cure of diseased women were to take place. Diseased women were to be confined in Lock Hospitals till certified treated of venereal diseases. Lock Hospitals were started at sixteen of the most important stations of the military. The employees of a lock hospital consisted of a matron and peons, who were responsible for taking up infected women to the hospitals (Office Memorandum No. 528 1864).[49]

Missionaries instantaneously reacted to such procedures.[50] They pointed out that whereas the procedures in England wanted to rescue the prostitutes and rehabilitate them; in the colony the concern for the wellbeing of the prostitute was merely to sustain the immorality of the army. As one archdeacon wrote:

> 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 woman 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 men offend with official facility, and official sanction, and that the woman is the protégé of the state, that she may enter on and conduct her nefarious work with what advantage she may to herself, and without injury to her licensed customers (Report on Lock Hospitals Bombay 1864).[51]

Despite the fact that the criminalization of prostitutes in colonial India has been considered as an export of Victorian sexual prudery, we cannot ignore the fact that the regulations operated in different ways in the metropole and the colony (Harrison 1994).[52] Tactical administrative needs and not healing and rehabilitation of the Indian prostitute was the agenda. The colonial supposition that prostitution was documented in Hindu law books also led them to believe that there would be no opposition to medical examinations-

> For the confirmed prostitute no further degeneration is possible. And even if they were any deteriorating moral influences they were more than counterbalanced by good moral and physical results (Home Sanitary Files 1888).[53]

The authorities approached the issue of venereal disease as a "matter of police than of medicine", to nearly all the officials it seemed to be a known 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" (Ballhatchet 1980).[54] This approach seems to be predominant given the state of curative care at that point in time. The community dispensaries and the Lock Hospitals were ever more seen as spaces where the diseased women could be restrained and hence, separated from the armed forces. This would reduce the chances of intercourse with the diseased women. This approach of policing shows coercive actions like prohibiting prostitutes from taking leave from the hospitals until they were certified free of disease.

The stress on the continuance of a special law enforcement to identify and bring the diseased prostitutes to the lock hospitals appeared to be a common necessity during this phase. It so happened that the military officials generally saw the "vagrant

women" – those who resided beyond the parameters of the cantonment and practiced clandestine prostitution, as the actual sources of venereal contagion and hence a threat to the health of the soldiers. Authorities often categorized the prostitutes as "clean" or "foul" objects, thus making it clear that the objective of medical concern was restricted to the notion of making available safe pleasure to the client soldiers. Authorities saw prostitutes as those that formed "ordinarily, a separate well-organized class or profession, recruited according to certain fixed customs, and they have often their rules of caste like other people" (Home files Legislative Branch March 1864).[55] This sort of opinion appeared as tactically easier for the authorities whose apprehension for the prostitutes were defined through the soldiers' sexual desires. Moreover, these notions barred the chances of concerns like well-being and healing of prostitutes as the colonial state's obligation and responsibility. A crucial and somewhat constructive characteristic of this classificatory method was that it helped the officials in distinguishing the women of reputable households from the prostitutes.

The cantonment authorities were instructed by the cantonment committee to get the professional prostitutes registered who would then be provided with printed tickets in a prescribed form on which the outcome of their medical inspection would be entered. On being found infected with venereal disease, the prostitute was to be held in custody in the lock hospital until declared cured. Registered prostitutes had to present themselves every seven days for medical examination. On being examined as diseased, she would be kept in a licensed hospital until medical authorities certified her fit to be discharged. The Contagious Diseases Act also gave immense authority to the special police. They had the power to ask the prostitutes to show their registration tickets and fine them on not being able to produce the same. The Contagious Diseases Act in both the metropole and the colony triggered a political debate. Their criticism was that the forced medical inspection increased the authority, control and the intervention of the state. The special police that acquired the role of moral policing would arrest only criminal prostitutes and not their white clients as they inspected only women. "Compulsory and painful examination by vaginal speculum was held to constitute 'instrumental rape by a steel penis', and the operation dwelled upon "medical lust in handling and dominating degrading women" (Hyam 1991: 64).[56] The most repugnant component of the Contagious Diseases Act was the part which involved forced medical examination at regular intervals. This clause of regulation

and surveillance in the Contagious Diseases Act was considered humiliating and infringed upon the fundamental liberties of women. The Act was biased for it did not have an effect on the whole populace; the very framing of the Act appeared to hold women's bodies responsible and not men. Women in India could be punished for a number of "crimes" under the Contagious Diseases Act. Not being able to produce printed tickets of registration was reason enough to arrest them for a month and/or charge a penalty of hundred rupees. On refusing to produce her ticket, a woman could possibly be fined a sum of fifty rupees along with jail for a fortnight. As opposed to this, the measures taken to punish the soldiers were limited to suggestions outlined by military officials. It was suggested that the salary of those be stopped, that were admitted in the hospital for being found diseased (Home files Legislative Branch March 1864).[57] These suggestions came to be rarely implemented.

The punishment for the kind of "crimes" committed by the prostitutes illustrates the degree of intervention in their day to day actions. They being arrested and penalized suggest a lot regarding the Lock Hospitals. These did not operate as centers of curative care and healing; on the contrary the hospitals functioned as lock houses. The Contagious Diseases Act worked as an obstruction between the criminal prostitutes and the soldiers engaging in sexual activities. The reports barely bring up instances of soldiers being condemned, jailed or being penalized.

The Act was unpopular and ultimately failed, for the women managed to flout the rules and escape the regular medical examinations. This problem of venereally infected women escaping state surveillance was a common occurrence throughout the colony. The diseased women in India escaped the system by taking a train to the neighboring areas whenever the regulatory examinations were due. Thus, they effortlessly used the new means of communication by hopping on a train to challenge the system. To deal with the situation, the purview of the Contagious Diseases Act was extended beyond the city of Bombay to the outskirts of Bandra by the Bombay Surgeon General towards the end of the 1880s. "Cheap railway fares exist between these two places, and… women on finding themselves diseased, resort to this suburb to evade the police, coming into Bombay at night by the trains" (Levine 2003: 311).[58] They dodged the system quite frequently, for there is proof of a similar case, from India's north-west provinces, where prostitutes in Kanpur managed to evade registration adopting similar means, "when… to avoid interference (they) retired

temporarily to other places, for which they have every facility by the East Indian and Oudh railways" (Levine 2003: 311).[59] The legislations eventually came to be understood as failed attempts. Victims of the laws frequently took to means to evade medical examinations and imprisonment. There were countless examples of prostitutes violating the laws.

However, the Contagious Diseases Act succeeded in criminalizing the prostitute and portrayed her as the unchaste Indian woman. It was this Act which gave rise to deliberations around the new definition of immoral Indian femininity in the nationalist discourses too. The term "common prostitute" began to be used in the reports of the committee. However, it is difficult to point out who was a "common prostitute"? Sumanta Banerjee discusses the multi-layered order of the occupation as well as differences based on class amongst prostitutes. They belonged mostly to the lower castes, were widows and hence, often referred to as the "fallen women". Banerjee stresses the fact that not all of these could be strictly put in the category of professional prostitutes – there were some involved in other occupations such as flower-sellers, milk-women (clandestine prostitution was a common problem). Another category was that of the displaced musicians and dancers of the Mughal era, who due to loss of patronage, had migrated to Delhi, Lucknow, Agra, Benares and had taken up prostitution (Banerjee 1993 and Oldenburg 1990).[60] Hence, to view prostitutes as a homogenous category would mean overlooking the differences of caste, class and their histories. Their clientele was stratified class-wise. In fact, there are instances of categorization in official records along linguistic and religious lines too.

> The first category – small in number- consisted of 'Hindoo women of high caste who live a retired life, and who are kept or supported by rich natives,' residing between Chitpore Road, Cornwallis Street, Baghbazar North and Manicktollah Street. The second category comprised 'Hindoo women of good caste, who, being possessed of small means, live by themselves, receiving a limited number of visitors of their own, or of a superior caste.' The third group was formed by 'Hindoo women living under a bareewallah (house owner), either male or female, who make advances to them for board and lodging. These women receive Hindu visitors only, without distinction of caste.' The latter two groups had no special locality, and lived 'everywhere in the native town.' The fourth category consisted of 'dancing women, Hindoo or Mussulman, living singly or forming a kind of chummery… … receiving visitors without distinction of creed or caste,' living mainly on Chitpore Road and adjacent streets and by-lanes. The fifth, sixth and seventh classes comprised respectively 'Mussulman public

prostitutes, low caste Hindoos and low Christian prostitutes; and European prostitutes [61] (Report cited in Banerjee 2000: 82).[62]

This came to influence discussions around the chaste *(bhadramahila)* versus the lower caste unchaste woman. The authorities found it necessary to identify prostitutes who could be brought under their administrative and medical supervision. Clare Anderson discusses the methods used by colonial officials to identify and describe criminal bodies (in this case that of the prostitutes) (Anderson 2004).[63] Césare Lombroso's nineteenth century study of the cranial features of prostitutes outlining characteristics of prostitutes came to be used (Cullen and Wilcox 2010).[64] Poor women became an easy target in this process of identification (Guptoo 2001: 4).[65] Veena Oldenburg argues that *tawaifs* came to be clubbed in the same degraded category of petty bazaar prostitutes (Oldenberg 1990: 16).[66]

The discussions around unrespectable Indian feminity came to spark other debates around social reforms with reference to women, for example, educating girls, the marriageable age and the question of remarriage of widows. The image of the prostitute shaped by the colonial regime, at that time, stood for an extensive variety of problems such as immorality, the deviousness of prostitutes, male control, and poor public health – the above-mentioned issues came to influence the prostitutes as well as policies around venereal diseases. The regulations which started with controlling the sexual dealings of the prostitutes and monitoring them medically came to involve armed force officials, the clergy as well as the nationalist social reformers. Themes around women's sexuality, eugenics and racism influenced the debates of colonialists as well as the nationalists. Regulation over reproduction became a cause of worry for the British as well as the *bhadralok*. Though the female body under the colonial state became a site for discussions; the question of reproductive health was never brought up. The communicable epidemic illnesses drew medicinal attention in the nineteenth century. Any disease that made the Europeans vulnerable, or affected military vigor and male productive labor had to be controlled. Thus, it was these male spaces such as plantations, civil lines and cantonments that came to be closely guarded. It is certainly astonishing that in spite of focusing on venereal diseases, investigating women, observing them under close surveillance for cure - the wellbeing of the female was ignored. In the face of talks of eugenics and healthy procreation, maternal health was neglected.

The report of the Sanitary Commissioner in 1868 is thought of as the most significant one, for it is in the following year that the Contagious Diseases Act came to be introduced and the study around venereal diseases began in full swing. This phase also saw a rise in utilitarian thought. However, the scarcity of finances often limited the sanitary measures undertaken by the colonial regime. Hence, the regulation of venereal diseases (the purview of which was already limited) marginalized the health and well-being of the immoral "criminal" prostitute further still. The 1868 Annual Report of the Sanitary Commissioner clearly mentioned the lack of ability to check venereal diseases amongst the natives. The extract beneath from the Sanitary Commissioner Report of 1868 gives a clear insight into the measures taken for the prevention of venereal diseases in the colony. The limitations have been mentioned in the reports. This coincides with the period when the measures to regulate the spread of venereal diseases were at the utmost level, and it is also during this time that the Contagious Diseases Act of 1868 got introduced in colonial India.

> With regard to paragraph 9 of the Resolution of the Government of India, I should wish to have all available information regarding Lock Hospitals now in operation in the Lower Provinces. I do not quite know where to obtain such information; and perhaps it is not the wish of the Government that I should myself call for it.
>
> If this be the case, I hope the Lieutenant Governor may see fit to issue such orders as may be necessary under the circumstances… … … ... It should be here observed that Indian Lock Hospitals are, as a rule, within the limits of military cantonments, regulated by a Cantonment Board of Health, and supported from cantonment funds… … …
>
> If on the other hand, it is desired by the Government, that the lock hospital system should be extended generally beyond the limits of military cantonments, the greatest difficulty in the way of success will be the question of available public funds. The expense of effective establishments, organized for the protection of the general community must be considerable.
>
> It seems, nevertheless, necessary to point to the fact that an absolute want of local funds may, in many cases, explain, why prophylactic measures, against contagious disease, are not effectually organized and carried through.
>
> This one difficulty of "want of local funds" is forever in the way of the Indian sanitarian, and it is but right that the fact should be fairly acknowledged… …. It is important to note that the funds at present allotted in India for the general protection of public health are altogether insufficient for the great object in view.

> Perhaps His Honour the Lieutenant Governor may be pleased to call for information as to the amount of available funds in the districts of the lower provinces for such a purpose as the prevention of venereal disease amongst the masses… … ... need to bring about enactments and specially to allot such imperial resources as to render it practicable for public hygiene to be worked in a manner which, under existing circumstances is quite beyond the scope of possible fulfillment. (Sanitary Commissioner Annual Report 1868: 23) [67]

[c]

Nara-Naree (Man-Woman) was a "footpath" journal on health, hygiene and sex, published in Calcutta between the years 1939-40 (twelve issues).The contributors varied from nationalist social reformers to scientists, to expert doctors, psychologists, eminent social critics, poets, and essayists, philosophers, esteemed litterateurs, artists, columnists, swimmers, athletes, and numerous other scholars both western and Indian. The issues cover detailed sections on adornment and make-up, physical training, movies. Counseling, sex and health linked questions were found under the heading "Doctor" or "Prescription". There were also bits and pieces on important information, new scientific inventions, and humour under the column titled "Sankalan".

Nara-Naree presents the intrinsic contradiction in the framework of gender, health and sexuality in colonial India. It does so by referring to the "Indian" and "western" discussions around the body which came to be expressed by the British officials and the *bhadralok*. The public deliberations came to involve discussions around the socio-political and epistemological challenges faced by the colonial regime. The nineteenth century saw an "extraordinary proliferation of associations" within the influential well-read groups in India. There arose a "new spirit and access to the means to try out new ways of living" (Kaviraj 2002: 117-330).[68] Towards the end of the colonial period the political culture around public health underwent a change. The importance of public health came to be recognized. There was greater awareness regarding the inequalities that Indians faced in terms of accessibility to healthcare. At the same time, there was a lot of discussion around their deep-rooted negligence towards health. "Effeminate" men, lack of knowledge regarding sanitation, cleanliness and sexual awareness were the most important criticisms which were pointed out as reasons for declining health. The *bhadralok* started to blame themselves for their infirmity and incapability to defend their land. The educated elite resorted to self-criticism which resulted in the redefining of the representation of post-

colonial modern India as a progressive and scientific nation. Body was at the focus of the larger social structure and came to be incorporated into the public sphere very overtly. *Nara Naree* too, hence, focuses on the creation of such ideal Indian male and female bodies. However, there are snippets here and there in the letter pages of *Nar Naaree* as well as *Hum Dono* regarding sexual intimacy between adolescent men and men and boys before marriage. Though this does not automatically result in the confirmation of gay identities, we do acknowledge the fact that male homoeroticism had been quite an acknowledged deed.

Premender Mitra in the 1940 issue of *Nar-Naree* in his article "Pratikir Bhul"- nature's error sees cloth as defining nature and identity: the third gender (Mitra 1940: 123-127).[69] There were cases of men dressing up as women for stage shows as well as the other way round. Premender Mitra hence, blurs the boundary between sexes. He points out the narrative of Gretna who had concealed "her" gender identity beneath long tresses and the clothes of a woman. It was only accidentally that the medical staff found out about "her" identity of a man. There were similar instances of women in army camps disguised in a man's vesture and camouflaged in military uniforms. Quite a few males (especially those in acrobatics) during theatre performances swapped roles and could not be separated in terms of their "reel" and "real" identity.

Yashoda Devi, an ayurvedic practitioner in colonial north India wrote extensively on family, gender and sexuality in medical and moral terms. In her writings there was an excessive pre-occupation with reproduction, where she insisted that sex was mainly meant for procreation (Gupta 2012: 330).[70] Male sexuality too occupied her attention. The Hindu male was inundated with sexually moralizing treatises (against homosexuality and masturbation) (Gupta 2012: 330).[71] These came to be linked with the national rhetoric and came to be blamed for the collapse of Indians and of the nation.

The official and unofficial sexual cultures were getting translated into heterosexual and homosexual cultures. M.E. John and J. Nair have pointed out that queries around male sexuality have hardly ever been at the centre of scholarly studies, apart from celibacy which was revered (John and Nair 1998: 1).[72] In the colonial era too, while the heterosexual family was serving as a model for colonial authorities, non-heterosexuality was proving to be a subversive force. Despite the deliberate

omission in the archives, traces of homosexuality have not gone unnoticed. The use of "boys" in the army, male nautches and government brothels in Karachi during colonial times has found some documentation in the literary archive available. It is therefore important to measure these silences, whether acknowledged or unacknowledged. The fictions of the Raj are such works where an elaboration of the utterance is carried out, in a sort of journey to silence.

The discussion of heterosexuality/homosexuality in nineteenth century psychological, medical and anthropological discourses intersects with the colonial explanation of Indian effeminacy. The first British writer to explicitly identify the East as a homosexual terrain was Sir Richard Burton. In his essay *Thousand Nights and a Night*, Burton talked of a "Sotadic Zone" (Burton 1886: 63)[73] running through the tropics and semi tropics, representing the regions of the world where "pederasty" was as common as heterosexuality. In the Judeo-Christian and Ottoman tradition sexuality between men had been infamous among those who knew about it at all precisely for having no name (Ze'evi 2006).[74] What allowed Burton to speak the unspeakable then was the historical opportunity made available to him by the empire. Homosexuality could be named more safely in an anthropological discourse about the colonized "Other". An elaborate private report that he had written on the "eunuchs of Karachi" on arrival before the Bombay government has gone missing now. An important aspect of Burton's theory of Oriental homosexuality is its emphasis on ecology. Burton insists that the influence of the Sotadic zone on the "vice" is "geographical and climatic" (Burton 1886: 206-207).[75] Hence, it is the contaminated climate, and moral ethos (described in racial terms), that is actually responsible for the contagious nature of the 'vice'. The influence of Burton's ideas is also evident in *The Underworld of India*, an account by Sir George MacMunn (MacMunn 1933).[76] He refers to the aborted eroticism between Fielding and Aziz in *A passage to India* (Forster 2005).[77] While in the west homosexuality or pederasty was the sign of the degenerate or mentally unstable, and accompanied the disappearance of manliness and self-respect, in Asia, it was often the vice of the most resolute characters. In Europe, homosexuality almost always included effeminacy. India, on the other hand, presented a paradox, for homosexual practices were most commonly attributed not so much to the effeminate Bengali but, rather, to the more virile and "martial" races.

Indian masculinity hence, meant a fearful indeterminacy (homosexual yet manly, heterosexual yet effeminate), which did not fit into the economy of colonial desire.

Burton and MacMunn were drawn to the Indian male nautch, who came to be seen as a greater threat and source of cultural decadence than the female prostitute. The female prostitute's threat to white purity was controlled through the importation of English women to the colony. On the other hand, the sexualized racial male body that functioned as a viable medium for economic as well as erotic exchange remained unassimilated in the gendered configurations of the empire also it came to provide a disturbing allegory for disguised homoeroticism in British fiction.

This homosexuality of the Orient presented the colonizing male imagination with dangers such as male rape. Reflecting on the dangers of the Sotadic zone for western travelers, Burton writes "A favourite punishment for strangers caught in the harem or Gynaeceum is to strip and throw them and expose them to the embraces of the grooms and negro-slaves" (Forster 2004: 190).[78] This theme of interracial male rape gets reflected in an account of a real rape in T.E. Lawrence's *Seven pillars of wisdom*. Lawrence charts out the geography of male homosociality in Arab culture. Lawrence himself had moved from unfulfilling bonds with English men to bonds with Arab men that for political reasons had more space for fantasy. The rape in the account occurs at a point when Lawrence is taken as a prisoner on charges of being a possible spy, and refuses the advance of a Turkish commander, who "half-whispered to the corporal to take me out and teach me everything" (Lawrence 1935 : 194-195).[79]

By focusing on the rape of a white man, the version conceals a different scene of homosexual exploitation in which the subaltern Oriental male is ravished by a European. Such an account of rape is available in E.M. Forster's *The Hill of Devi* where the portrayal of a homosexual is metaphorical and symbolizes the nature of homosocial spaces within colonialism which was primarily based on the economic and political exploitation of the brown male by the white male (Forster 1953).[80] Thus these are direct representations where the theme of white male penetration is expressed through metaphoric images of invasion, possession and decline of the empire.

E.M. Forster's *A Passage to India* is an exploration of colonial relations. It deals with colonial desire, a narrative that takes into account an entire spectrum of

intra interracial male relations, from the most obvious homosocial to the subtlest homoerotic relations. The novel questions the racialized opposition between English manliness and Indian effeminacy, it also draws the homosocial into the sphere of the homoerotic, thereby allowing us to draw a potential link between the homosocial and the homoerotic, between the sanctioned and the tabooed, between the speakable and the unspeakable in colonial culture. E.M. Forster's text focuses quite explicitly on the ambiguous beauty of the racial male body "The last horrid meal on the horrid ship ended as we reached Bombay, and we went ashore in style in a native boat, an ugly crew but beautiful skins" (Forster 1983: 125).[81] This homoerotic male gaze generates one of the most eye-catching imagery of male nudity. The ultimate fate of Aziz and Fielding "kissing and separating all at once" portrays homoerotic desire both as a possibility and unachievable in colonial society.

J.R. Ackerley's *Hindoo Holiday* written in 1932 was again a text which shows pressure of authority, sexual anxieties and colonial power. Ackerley joined as an 'English tutor' in the household of the Maharaja of Chattarpur (a position which put him in the midst of the political, cultural and sexual interactions between the metropole and the colony). Irrespective of Ackerley's efforts to pose as someone who was far-off from the power structure of colonialism because of his alternate sexuality, he continued to echo the structural matrix of colonial supremacy in his works. His writings always portray the white as the one in control of all dealings that happen with the colonized, sexual or otherwise. Thus, imperial power does not get dissolved due to his 'marginal' sexuality but only gets transformed within colonized spaces (Chaudhary 2001: 47-57).[82]

Kathryn Hansen has worked on The Nautanki Theatre of North India wherein she delves into 'the buried trove of theatrical transvestism that existed in western urban India in the Parsi, Gujarati and Marathi theatres between approximately 1850 and 1940' (Hansen 2004).[83] The theatre in urban spaces emerged to be a reputable alternative of the vulgar 'folk' form. It emerged as a space for discourses on politics of the elite castes, nationalism, and the political views around 'ideal' gender and sexuality. The theatre also introduced the female impersonator and hence opened up a new space of homosociality. Hansen points out that there was a demand for female impersonators. This was a result of not just lack of women to act on stage; rather she

points out there might have been a preference for them. Such spaces of homosociality then were very much the 'norm'.

It is also useful to study the Urdu genre of poetry called *Rekhti* (impersonating the feminine in Urdu poetry) which flourished under Sa'adat Yar Khan Rangin, a well-renowned literary figure. Rekhti was different from the more popular ghazal as it involved the use of a female narrator, despite its public spectators and composers being men. Scholars do point out the 'female-to-female' content of the rekhti poetry. Carla Petievich has pointed out that rekhti questions the normalization of male homoeroticism at the expense of female homoeroticism, it does so by clearly letting us know the gender of the narrator and the beloved (Petievich 2008).[84]

Also, as Sanjay Srivastava points out, there was constant sexual stereotyping of the Muslim and tribal populace in the colonial era. It was opined that the sexual peculiarities of the Muslim and the tribal populace had to be cautiously projected and redefined. Hence, they came to be seen as deviant. The deliberations preceding the passing of the 1872 Criminal Tribes and Castes Bill reflect the stress on the criminalization of the tribal population and how it was best that they be checked via legal measures. Also they felt the need to bring in an act which would ensure the registration of the *eunuchs* and the criminal tribes. This would render them liable to punishment for possession of a minor. They would also be barred from adopting a minor or from being a guardian (Srivastava 2004).[85]

Kenneth Ballhatchet points out that the military officials understood the presence of a huge Muslim population to be the primary factor behind the high incidence of venereal disease. General Sir Lionel Smith laid emphasis upon the need for a lock hospital at Ahmadnagar in 1830 to keep the diseased women, who according to him had been infected by Muslims 'the most debauched of any caste in this part of India' (Ballhatchet 1980).[86] These sentiments, as also pointed out by Srivastava, echoed the opinion of the colonial regime and came to be articulated in other spheres as well. The government proceedings prior to the 1872 bill seem to project that those examined for 'unnatural' sexual offences happened to be Muslims.[87] What was central to the arguments was the sexual excesses of the lower caste and of the Muslims, their unrestrained sexuality, and the need for control (the need to desexualize them). It was noted in 1871 by the Magistrate of Mathura that Moolah, a

twelve-year-old boy had been adopted by Fyeman (a eunuch) during the Bengal famine. Police records show that Moolah identified an associate of Fyeman's, Eliah Jan a musician to whose tunes Fyeman had performed wearing anklets and women's clothing. Moolah was closely examined by medical officers. Another famous case is that of Queen Empress Vs Khairati, where Khairati is deemed a criminal under section 377 of the Indian Penal Code.[88] On January 3, 1884, the High Court of Allahabad called a case in which one Khairati had been previously convicted by Mr. J.L. Denniston, sessions judge of Moradabad, of an offence under section 377 of the Penal Code. The charge on which the appellant was tried was "that he, within four months previously to the 15th June (1883), the exact time it being impossible to state, did in the district of Moradabad abet the offence of sodomy, by allowing some unknown person to commit the offence of sodomy on his person, and was at the time of the commission of the offence present, for which reason he must, under section 144 of the Indian Penal Code" (Indian Law Reports 1884: 204-206).[89] In an extract from the judgement of the sessions judge it is revealed that Khairati was at first imprisoned for "singing in women's clothes among the women of a certain family" (Indian Law Reports 1884: 204-206)[90] and had to undergo a physical examination by the Civil Surgeon. On inspection, Khairati seemed "to have the characteristic mark of a habitual catamite- the distortion of the orifice of the anus into a shape of a trumpet- and also to be affected with syphilis in the same region in a manner which distinctly points to unnatural intercourse within the last few months" (Indian Law Reports 1884: 204-206).[91] Denniston pointed out that neither of the three evidences individually (dressing up in female attire, subtended anus and the diagnosis of syphilis) were enough to prove Khairati a criminal, however put together there was no "doubt that the accused had recently been the subject of sodomy" (Indian Law Reports 1884: 204-206).[92] Medical jurisprudence is involved in both the cases to deem an individual a criminal under section 377. Thus, with criminalization, homosexuality also entered the realm of medical interrogation without treatment.

The current attention towards sexuality in South Asia results from the quick and uncontrollable spread of AIDS as well as the recent perceptibility of erstwhile marginalized sexual and transgender groups. The newly sparked debate over the British inherited section 377 of the IPC that criminalized them also drew much attention. There has been an inclination towards incorporating these discussions into

the discourse of public health. “Men having sex with men” have been projected as a risk group for HIV transmission. Sexuality and gender continue to be persistently characterized in terms of cultural nationalism.

Section 377 was often justified as a preventive measure, by the jurists of colonial India, to keep in check “the Oriental disease”. The irony is that an outdated and obsolete regulation which borrowed the notion of sexual restrictiveness from the Victorian Age is being defended by the modern Indian state. Arvind Narrain opines that these are archaic Judaea-Christian values and are cultural imports. Criminalization of target groups continue, as well as the categorization of tribal and Islamic communities as being inclined to overindulgence in sexual desires and being coarse and vulgar in their interactions with Muslim as well as upper caste women.

CHAPTER II

PUBLIC HEALTH, VENEREAL DISEASES AND CODES OF MISCONDUCT IN THE RAJ

Venereal diseases and the problems related to it were an omnipresent, impending threat for the colonial regime. Attempts at control of syphilis and gonorrhea came to be intensified by the army. It was the preservation of the European soldier that dictated the actions of the military, the regulations of the medical body and the requirements of an increasing political power. Attempts at regulations should be understood through the vision of the Company and its dealings. The approach of the imperial state to venereal disease and the wider context helped frame the policies. The disease governed actions both inside and outside the cantonment. The actions taken by both the military authorities and medical superintendents towards regulation of venereal disease show the recalcitrant disposition of the state itself. Doctors and military officials repeatedly disobeyed commands pertaining to venereal disease and the regulation of the barracks. Divergent views of the white armed forces dictated health policies. Prostitutes seen as sources of contagion were portrayed as potential danger that would compromise the health of the soldiers and hence, the vigor and vitality of the colonial state itself. Military concerns regarding the well-being of the White soldiers came to shape the reactions to such 'threats' (many a times being knee-jerk reactions).

Erica Wald opines that in the nineteenth century, soldiers that held positions in India were not held in high regard. The situation of the white soldier was pitied and was compared to a similar plight of the 'Qui Hi'[93] of the 1816 in Rudyard Kipling's *Barrack Room Ballads*[94](1892). Such imaginary depictions were created out of the narrations of the commanding officers and army surgeons who increasingly regretted the immoral everyday reality of the white soldier in India.

The narrative built was that soldiers were often forcefully tricked into consumption of alcohol which became an addiction, and were lured to the regimental bazaar where the men were provided with prostitutes registered with the cantonment to have their sexual desires met. Thus, this was the pattern of life for a white soldier

stationed in India. The heat and humidity contributed to disintegrating morals. It was believed that the high temperature of the Orient caused the young soldiers to behave recklessly. The vice assumed a more virulent form in the tropics than in the metropole. Immoral self-indulgence in the colony was projected as a substantial threat that lurked around the barracks.

Joseph Sramek argues that drunkenness and misconduct became a major cause of concern as well (Sramek 2011: 71).[95] Joseph Sramek in this book looks into the dynamics of colonial anxieties pertaining to individual conduct, gender, moral integrity and imperial rule under the East India Company. Sramek discusses in detail the early nineteenth century colonial anxieties about British military officer and soldier misbehavior in India. They drank excessively. Medical and Sanitary Reports have constant reference to drunkenness amongst the troops as being the key factors behind venereal disease in the military (Report of the Commissioner 1864).[96] Hence, alcohol, aggressive behavior and sexual indulgences came to be repeatedly linked with the white soldier and was a common problem in barracks throughout India. Therefore, the crown and company officials came to have a very low opinion of soldiers (Strachan 1984: 50).[97] The higher officials looked down upon the lower ranked European soldiers (Omissi 1994: 27).[98] David Omissi with regard to sepoy troops stresses on the fact that the high percentage of sepoy illiteracy was an outcome of deliberate policies and not a chance consequence. This portrayal of the animalistic, over-sexed brutes allowed officials to ignore the importance of fulfilling fundamental necessities pertaining to their families, their social needs and educational growth, while being posted in the colony.[99] The company was clearly functioning as a profit-making unit that was only concerned with maximizing revenue. The Company did not have the will to maintain the increasing numbers of local wives, keeps and the offsprings of the ever-expanding military.

S. M. Edwardes *Crime in India* 1924, a brief review of the more important offences included in the Annual Criminal Returns has chapters on prostitution and clearly shows the widely held belief that prostitution had been practiced in the colony from ancient times and, that specific 'castes' of prostitutes find mention in the Hindu law books (Edwardes 1924: 79).[100] Right until the Second World War, legislations existed that criminalized the prostitute - the established source of venereal diseases - rather than recognizing the soldiers' part in the spread of disease (Marshall 1994:

260).[101] In *Fallen Women and the London Lock Hospital Laws and By-Laws of 1840* Maria Ruiz discussed that the men obtaining treatment from Lock hospitals could return back to their work without any stigma attached. On the other hand, women coming out of Lock-Hospitals would be sent to asylums for moral treatment and even after leaving would be under constant surveillance (Ruiz 2010).[102] The Lock Hospitals had a double standard of morality which established separate spheres of morality for men and women. Regrettably this prejudice between the sexes resulted in the portrayal of the male as a victim of venereal infection, a tragedy brought upon him by the criminal prostitute (Fessler 1951:157).[103] As a consequence, women and not men were the objects of discrimination. Because venereal disease came to be seen as a "moral" problem, it was expected that the social order and the establishment were strongly prejudiced against the female sex. This bias shaped up the legislations too therefore; the Contagious Diseases Act targeted only women.

The Contagious Diseases Act sparked a political battle both in England as well as in the colonies. The opposition began in England and soon it spread to the colonies, particularly India. The difference however being that while those who opposed were successful in bringing about the repeal of the Acts in England in 1886, in India the Acts continued to operate with minor changes in response to the degree of opposition at that particular point of time. When imperial interests did not seem compelling it was "good politics" to be sensitive to parliamentary criticisms; when it seemed that imperial interests were at stake, particularly during times of war, the elements of compulsory registration and supervision were reintroduced (Kaminsky: 1979).[104] Philippa Levine characterizes venereal disease as reflecting "Constitutional Crisis" in Britain and British India (Levine 1996).[105]

In the UK, two Commissions were set up to enquire into the working of the Contagious Diseases Act – an Imperial Commission which had been established in 1870, as well as a Committee of the House of Commons in 1879. The parliamentary debates took place between 1870 and 1886, when the Act was finally repealed. The persistence and reputation of the advocates for abolishment helped in achieving it. James Stansfeld, Harcourt Johnstone, William Fowler and Jacob Bright were the opponents of the Acts in the House of Commons. Outside parliament, resistance came from some prominent women –Elizabeth Blackwell, Harriet Martineau, Florence Nightingale, Mary Carpenter and Josephine Butler. Their criticism was that the

enforced medical inspection augmented the control and the intrusion of the regime, so far as to give power of detaining prostitutes to a “moral police” that criminalized only prostitutes and not their white buyers of sex. “Compulsory and painful examination by vaginal speculum was held to constitute ‘instrumental rape by a steel penis’, and the campaign harped upon ‘medical lust in handling and dominating degrading women” (Hyam 1991: 64).[106] John Stuart Mill also defended the cause. His objections were that it legalized the ‘double standard’ and assumed prostitution was necessary. The compulsory examination system tended to professionalize it. Many clergymen as well as doctors also pressed for repeal. Hence, from the point of view of those in opposition the reasons for repeal were varied. They included medical, moral as well as constitutional arguments. Working men were also opposed to the Act. It was women of their class who had to be on the streets late in the evenings when they went out for work (Hamilton: 1978: 17).[107]

The most despised element of the Contagious Diseases Act was the aspect of regular medical examination which was considered humiliating and one that violated the basic liberties of women. For many, the Act implied legislation of prostitution. The Act was also unjust in the way that it targeted only women. This targeting was based solely on suspicion. Protests in India were equally loud. In India, this discrimination against one section of people heightened because, also brought in were the issues of - the colonizer and the colonized, of race. The Indian press was vocal in its criticisms, and cantonment residents, concerned that the new regulations would act as an “engine of oppression” petitioned against the Act. The Anglicans in India, in late 1893, added their voice against the Act. The Calcutta Missionary Conference called a massive meeting in 1893, hence, bringing together in protest people from all classes and ranks (Levine 2003).[108] Levine makes mention of an interesting alliance between the repeal activists in UK and the Indian nationalists. Josephine Butler and James Stuart mediated with the Indian National Congress in 1888; in exchange for standing by, the Congress would keep an eye on abolishment in the cantonments. At its 1892 meeting, the Indian National Congress adopted a resolution against state regulation of prostitution (Levine 2003).[109] As stated earlier, David Arnold opines that apart from the immediate sphere of health, western medicine also represents a wider domain of cultural and political hegemony (Arnold 1993).[110] We will see how the officials continued to hold on to this public health tool of regulation and control

despite opposition. The parliamentary debate called for a revision of the rules in India too, such that there would be no requirement of compulsory examination as well as registration of women. The Contagious Diseases Act came to be repealed in 1888, and the Cantonment Act was revised in a way that venereal disease was more or less accorded the same status as other infectious diseases and so also to be cured in a similar way. Local governments however were supposed to operate Lock Hospitals on a voluntary basis. However, the catch is that clauses 4(a) and 4(b) of the new Cantonment Act made provision for expulsion from the cantonment, a fine of Rs.50 or both under the following conditions:

> if a person suffering from an infectious or contagious disorder refuses to go to a hospital… or, having gone to the hospital, leaves it before the medical officer in charge thereof pronounced him to have recovered from the disorder, or if a person suspected to be suffering from such a disorder refuses to afford to the medical officer in charge of the hospital all facilities necessary for enabling him to determine whether such a person is suffering from the disorder (Kaminsky 1979: 79).[111]

The new Act, then, although not compulsory, did not seem voluntary either. The coercive element was distinctly retained.

On the other hand, supporters of the law were of the opinion that these concerns were of secondary nature as against the necessity of having the highest state of efficiency in the army. This debate then was proving to be a clog in the smooth running of the wheel of the colonial state and hence, of the consequence of a "constitutional crisis" (Levine 1996).[112] It becomes clear from various reports- the GOI and India Council continued to act against the resolutions of the House of Commons by proving through the use of statistics the need for regulations to maintain the health of the army. Depending on the pressure from the Parliament the acts continued to operate with a varied force across regions. There were times when the state regulation of vice was withdrawn only to be re-introduced again when military requirements gained strength over home politics. In India, officials continued to resist agitation and allowed the operation of compulsory health controls in and around the barracks.

Prostitution in India, as well as sexual intermingling between the two races was quite acceptable until early nineteenth century. It was only in the latter half of the nineteenth century that it came to be viewed with contempt. It was a deliberate

reversal of relations between European men and Indian women. Monogamous long-term unions between the two races came to be discouraged; instead the officials encouraged the idea of buying sex from prostitutes. It was not a ‘natural’ shift, and came to be shaped by the debates on racism and eugenics and hence, a result of the anxieties of the company officials, military authorities, doctors and the clergymen. The sexual intermingling between the European male and the native woman came to be detested and was seen as burdensome.

This gradual change in perception of the officials and the authorities was a result of their own change of notions regarding the lower ranked European soldiers. This perception placed the rank and file soldier at the very base of the newly projected moral order. Right until the twentieth century, the soldiers stationed in India in the eighteenth century were seen with contempt and as low and vile disorderly group of rogues, alcoholics and thieves (Watteville 1954: 78).[113] In fact, the majority of soldiers were from the proletariat laboring section. The soldiers in the 4th Bombay European Regiment in the year 1786 had previously worked as laborers, craftsmen and butchers (James 2010: 136).[114] They had probably joined the army in hopes of a respectable dignified life (Stanley 1998: 21).[115]

The soldiers continued to be seen with contempt. The military authorities continued to see the rank and file as lowly and degraded individuals. It was commonly felt that due to their temperamental attitude and rough nature they ought to be patiently handled. The military authorities felt that it was best to not upset the soldiers for if this were to happen it could result in a mutinous situation which would have been financially burdensome. Military and medical measures to control venereal diseases were influenced by these considerations as well. It was the responsibility of the company to provide safe sexual pleasure to the soldiers for otherwise their sexual needs which was one part of their alleged nature would be disregarded. Since the soldiers could not take their wives with themselves due to financial constraints, there had to be another way to satisfy their sexual urges. If not, it was believed that the soldiers would indulge in sexual excesses and take to immoral activities such as masturbation, or even worse still, engage in homosexual activities, in addition to rape or assault. It was the prostitutes residing in the neighboring areas that needed to be registered in order to provide safe pleasure to the soldiers. These measures however had complications and contributed to a venereal army.

The above-mentioned portrayal of the soldier fit perfectly well with the overall attitude of the company that had its financial profits as a priority in maintaining the empire. It wanted to spend as little as possible on its soldiers. The situation got worse with the expansion of the empire which limited the efforts taken by the company towards the maintenance of its soldiers and their families. Both the company and the crown came to a consensus regarding adopting the most economical option. The soldiers were poorly paid and did not have very many benefits from the colonial state.

The Company had to spend a significant amount on each European soldier. The reports suggest an estimate of around £100 spent annually on each soldier to cover the cost of his recruitment, equipment and pension in the colony (Report of the Commissioner 1860: 21).[116] On the other hand, the soldiers received only a fifth of this amount as their salary which amounted to £20 per annum, that is, one shilling a day (Chamber's Encyclopedia 1863: 645).[117] The number of British soldiers in India had expanded from 13,125 to 45,000 in 1857 (Marston and Sundaram 2007: 3).[118] Clearly, it was a sizeable amount that needed safeguarding for it weighed down heavily on the finances of the East India Company. The time spent by the soldiers admitted in hospitals due to illness, that is them being off duty meant a huge loss for the Company.[119] They were often admitted due to fever, dysentery and venereal diseases. The military authorities came to be very upset with the soldiers that contracted venereal diseases as they had been diseased due to their own sexual recklessness. Apart from the amount of time the soldier had to spend in the hospital getting treated which incurred a loss for the Company, it was dangerous for the virility and stability of the army itself. The number of soldiers admitted to the hospital for venereal disease could vary from year to year as well as from regiment to regiment. The Madras regiment in 1802 had an average admission of soldiers inflicted with venereal diseases as low as 5 percent (Annual Report 1871),[120] whereas in 1805 at Trichinopoly, the HM's 12th Foot, showed average admissions that went up to 78 percent (Board of Commissioners Collection 1807-1808).[121] As a whole, the European troops in Madras between the years 1802 – 1835 had 24 percent, as the average rate of venereal admissions. Mercury was used for treatment of venereal diseases (primarily in the case of primary syphilis) which could take as long as four to six weeks. The treatment of the diseased soldiers had to be borne by the Company and was burdensome. The Company saw it as a problem related to military security and

the safeguarding of its political and commercial interests. The pay that the company had to waste for the percentage of troops incapacitated with venereal disease at a particular time and unable to serve for a period of four weeks accumulated to an enormous amount. On top of the pay that was going waste, the Company had to also pay for the soldier's hospital expenses and medicines. The Company's stability came to be compromised as a result of the numerable cases of hospitalization of soldiers for long periods. Erica Wald points out that at any given point of time, roughly one fourth of the soldiers were rendered incapacitated due to venereal diseases, a situation which could have been avoided if they had been more careful. The company had been expanding, it had territories both under direct and indirect control (subsidiary allies),[122] for the control of which the company relied on its military absolutely. An incapacitated army translated into an incapacitated regime. It just added to the financial burden that the company was already incurring due to its involvement in wars for expansion. Clearly, the military authorities saw this as an expense that was unnecessary and unaffordable at the same time. The moralists suggested recreational activities and religious institutions to control the soldiers' vice (Sramek 2011).[123] The pragmatists, on the other hand, knew that the attention had to be diverted from soldiers to controlling bodies of the native prostitutes.

The solution which gained popularity in the late eighteenth century was to combine the *'lal bazaar'* with the lock hospital. The women recognized as prostitutes would be regularly examined and their movement controlled to ensure a safe supply of women to the soldiers. The women found diseased would be restrained in lock hospitals where they would be cured and were not allowed to leave until they were certified to do so. There were numerous challenges and loopholes in the system. The surveillance and medical examinations were embarrassing and intrusive as the speculum was regularly used. The use of mercury for treatment in high dosages was dangerous. As a result, the measure came to be detested. The women found new ways to avoid examination and hospitalization which added to the woes of the military surgeons and army generals. The women managed to evade hospitalization post the regular examinations by hopping on a train upon being detected with any signs of illness (Scott 1985).[124] James Scott points out that these were passive forms of resistance and hence, the new means of transport came to be the 'weapons of the weak'. There have also been found records of petitions by the prostitutes which are

proof of the more direct means of resistance. The flouting of rules by the prostitutes resulted in the failure of the lock hospital system and the Contagious Disease Act. The military generals and surgeons in their reports blamed women for breaking the rules and women's bodies for the venereal scourge.

The working of the lock hospital system was not uniform as the measures were very often dictated by the whims and fancies of individual military authorities and doctors. It was the anxiousness to deal with the problem of venereal diseases amongst the troops (despite the many limitations) that shaped up the lock hospitals in a particular manner.

The metropole in the 1830s underwent an intellectual revolution which had its impact in the legal sphere as well. The phase has been termed the 'Age of Reform'. A wide array of colonial ideologies came to shape policies in the colonies as well. The liberal thinkers, the evangelists and the utilitarians came to influence the political debates. The impact of the ideologies in the shaping up of the policies in India came to be seen as an export of the 'Age of Reform' in British India as well. Apart from the ideologies, there were concerns of the military as well as financial considerations which would have influenced the Company to ensure the security and stability of its army and expansive empire. Thus, economic concerns, health concerns and the need to generate revenue for the maintenance of the army dominated all decisions.

To address such specific concerns, a specific set of reforms would also be needed. Very often, it was the demands and concerns specific to the colony that dictated the policies of the Company. This would very often mean that the policies were not in line with the dominant ideology prevalent in Britain. For instance, during the phase of liberalism majority of the reforms were directed towards maintaining the military and fiscal stability of the empire. Though the health of the soldiers superseded all other concerns, it would be problematic to say that the reforms did not come to have a significant impact on the natives. The anxieties of maintaining a healthy army brought about considerable changes in the organizational structure of the military, civic and medical bodies. Dewey points out certain colleges came to be funded by the Company such as the Fort William College and colleges at Addiscombe and Haileybury, where men would be trained to serve in colonial India (Dewey 1993).[125] The medical profession too underwent changes to specifically prepare

doctors for what they were to face in the colony (Chakrabarti 2011: 83).[126] Hence, one notices that there were compromises reached between the liberals and the company officials. The Company was anxious about the well-being of its officials but at the same time did not wish to incur huge costs. The medical colleges in India came to be founded along the same lines where the Indian medical officers were to be trained, which meant the company would be spending half of what it would spend to pay the European doctors (Peers 2000: 233-238).[127] This coincided with the tradition of learning about natives. The Europeans came to project the Indian as traditional, superstitious and ignorant. The ignorance of the natives seemed to also influence legal and medical decisions. Sanitation and segregation were the measures adopted by officials to ensure the control of venereal diseases. The bodies of women came to be scrutinized heavily; but the 'brute' soldier also needed disciplining. There were rules laid down to restrain the soldier from over-indulgence in the cantonment space. Moral and medical concerns for the white male were of critical importance.

The chief problem was the source of contagion, that is - the prostitute, however there were other problems, for instance, that of drunkenness among the European soldiery (Stanley 1998: 7-21).[128] Alcoholism came to be blamed by both the military officials and medical officers for flouting of regulations. The rank and file soldiers were difficult to manage because of their lowly nature however; they were required for the maintenance of the empire in India. Colonial masculinity came to be constructed along this idea of the European soldier's brute strength. This formation of heterosexual masculinity came to rationalize the brutal nature of the soldier as normal; it was only homosexuality and effeminate behavior that challenged the idea of colonial heterosexual masculinity. Regulations in the cantonments to prevent the soldier from losing his vitality came to have an impact on the natives and the empire as well. For instance, the cantonment space itself came to be reorganized on the basis of measures adopted to keep in check the overindulgence of the soldiers. Very often the area of surveillance extended much beyond the cantonment space and hence, impacted the daily life of those residing in and around the cantonments as well. Hence, we see an extension of the military space. Surveillance (a result of an obsession with the masculinity of its soldiers) was often biased and came to be carried out along class lines.

The anxiety around the health of its soldiers gave rise to lock hospitals and cantonment regulations. The prostitutes came to be seen as a threat for soldiers. Venereal diseases unlike other illnesses could weaken the colonial state. Contraction of Gonorrhea or syphilis meant the soldier was rendered useless for weeks, if not longer, for it drained the Company of its resources. The source of contagion, that is, the prostitute was considered to be a social and military threat. They needed to be controlled for it was them that tricked soldiers into drinking and buying sex. If not checked early on, it would come to impact the discipline and order of the army itself. The authorities were also afraid of drawing the ire of the *bhadralok*. It was argued in military and political circles that the risks needed to be dealt with effectively and immediately. The lock hospital and the Acts came to be introduced for the above reasons but as seen in the reports they failed. Despite its failure, the authorities continued to ask for the continuance of the regulatory measures. They believed that it was the only means to check the venereal menace. The 1857 rebellion erased any doubt whatsoever pertaining to the continuance of the system. This pro-regulation attitude of the military authorities ensured that the lock hospital system was never abolished.

The white soldier emerged as a contradictory figure in the empire. While he was detested for his lowly nature and class, he was also crucial for the maintenance of racism in the army. Probably, it was the requirement of his presence in the army that forced the authorities to be concerned about the health of the soldier. It was impossible for the company to expand aggressively without the European soldiers. The health-related problems slowed down this expansive imperialist expedition. Diarrhea, malaria and fevers were rampant. Soldiers incapacitated for weeks due to venereal diseases could roughly go up to one-fourth of the total number of soldiers. Hence, despite the mortality rates being lower for venereal diseases the threat of the disease had an additional consequence.

The regulations had been introduced in order to preserve the vigor of the army. Financial considerations as well as the character of the soldiers determined military regulations. The authorities could not be too strict with the European soldiers for the fear of open mutiny. It was mutiny by the European soldiers that was feared more than a sepoy mutiny. There was a contradiction in the orders that came from the metropole and the implementation of it. The local concerns would often result in

breaching of civil law and hence, would compromise the attempts of the colonial state in the regulation of venereal diseases. The fear of the European soldiery that shaped the lock hospital system highlights the precarious control of officers over their European troops.

The lock hospital system came up to shorten the period of hospitalization and grew out of a desire to spare the European troops the strain of lengthy periods of treatment. In the case of venereal disease, the Indian bazaar 'prostitutes' could be treated at a fraction of the cost of the European men. It was also assumed that the women would be easier to control and any 'mutinous' behavior on their part could be immediately repressed, without any fear of repercussions. On the contrary, the women targeted by the system did rebel, perhaps not active forms of resistance, but with tactics of everyday subtle resistance, most commonly with evasion or concealment, refusing to produce the registration ticket. There were cases of the signing of petitions by the prostitutes to the government complaining of the reckless behavior of the drunken soldiers. The system was abhorred by these women. It was only the woman that faced the brunt of the measures. The aim was to provide a steady safe supply of women to the soldiers. However, we do see there were loopholes in the design which become very evident in the annual reports on the working of the lock hospitals. Despite being aware of the invasiveness of such a system and the fact that it could upset the natives, medical and military officers quickly sought to establish a medical and moral barricade around the women targeted by it. This targeting forced certain women into the category of 'prostitute' who had never previously been considered as such (for instance, the milk-women and the coolie women).

E. E. Prebble, M.D. Assistant Venereal diseases Medical Officer, Liverpool Royal Infirmary; Senior Assistant Venereal diseases Medical Officer, Seamen's Dispensary, Liverpool; late Brigadier, A.M.S., Consultant Venereologist, India Command expressed his dismay at the lack of adequate public health facilities in a densely populated territory (Prebble 1946: 55-62).[129] According to him, the lack of facilities was not merely the sole responsibility of the medical authorities. There were much deeper concerns that needed to be taken into consideration. Various inflictions plagued the territory such as – malaria, cholera, typhoid fever, dysentery. In such a scenario – venereal diseases were grossly neglected, which he considered unfortunate. His observation was based on the information that he gathered in his residency period

of three years in the sub-continent. Though his work was limited to the military side; with the support of the Director-General of the Indian Medical Service and the Surgeons General and Civil Surgeons in the Provinces, he visited all civil clinics in which the treatment of persons suffering from venereal disease was undertaken. Thus, he looked at both venereal diseases in the army and venereal diseases in the civilian population. Prebble's study on venereal diseases in the army is an analysis of over 70,000 cases.

In an eastern country in which amenities-particularly so far as British troops were concerned-were totally inadequate, it was to be expected that the incidence of venereal diseases would be great. In the case of Indian troops, other factors came into play. The incidence of these diseases in Indian troops in peacetime was exceptionally low, owing to the fact that the troops were specially selected recruits, who enjoyed regular leave and were frequently stationed near their home. In wartime, however, the standards were much lower, leave was very irregular and troops were frequently stationed far from their homes; for example, Madrasis might be stationed in Assam or on the North-west Frontier, and in either case were over 1,500 miles from their homes. Troops in wartime were in receipt of considerably more money than in normal times, and (apart from certain compulsory deductions) the average Indian soldier seldom saved money; consequently, the Indian soldier fell an easy prey to the prostitutes who abound all over the country. As no real facilities existed for the treatment of venereal diseases in civilians, a considerable proportion of these prostitutes were infected with venereal disease.

According to Prebble, the following were the sources of infection: -

> (1) Brothels - Almost all towns-and even the largest villages-had varying numbers and types of brothels. These houses varied in type - from the exclusive brothel of the large cities, in which cleanliness existed and some form of unofficial medical examination took place regularly, to the very lowest types, which were filthy and in which no precautions whatsoever were available, not even simple sanitary arrangements. Needless to say, it was not considered that the so-called medical examination was of any real value; but the visit of a medical officer probably at least ensured ordinary- cleanliness, which was most desirable. In one street with its small side courts in Calcutta there were hundreds of brothels with approximately 3,000 prostitutes regularly plying their trade. In Bombay there existed a street of brothels in which the women displayed themselves behind bars, rather like goods in a shop window or animals in a zoo. Various laws existed which prohibited brothels, but they were almost never invoked,

chiefly on account of difficulty in accurately defining a brothel. The fees charged in the brothels varied from as much as 500 rupees to 2 annas.

(2) Native women in country districts - In the remoter districts there were numbers of women who acted as clandestine prostitutes. Many, as for example, the Khasi women in the hills near Shillong in Assam were heavily infected with venereal disease. They were under the impression that if they became pregnant as a result of intercourse with Europeans they would strengthen their race; as a result, an incredible situation arose in which they offered monetary inducement to the British troops who were stationed at or on leave in Shillong. This town was a delightful hill station at about 5,000 feet elevation and was a most popular leave centre. When the incidence of venereal disease reached quite considerable proportions, a civil clinic was opened and was heavily subsidized by the military authorities.

(3) Public solicitation - Solicitation by women street-walkers, as we know it in the West, was very rare in India. The soldier, British or Indian, had very little difficulty, however, in finding the brothels. All were out of bounds, but they were so numerous that the Military Police were unable adequately to deal with the situation. Pimps and touts abounded wherever the troops were stationed or on leave, including those who sheltered behind their occupation as drivers of conveyances, as well as the more blatant type who strolled about the streets looking for likely customers (Prebble 1946: 56). [130]

Prevention of infection was the policy in India, as in other theatres of operations, to place all brothels out of bounds, on the assumption that such a step lead to a fall in the incidence of venereal disease. It was not possible to close all brothels or adequately - to prevent access to them by the troops, for the reasons given above. Certain other factors, however, had to be taken into consideration if a low rate of incidence of infection was to be achieved. These were as follows.

(1) Good discipline and morale.

(2) Adequate amenities and facilities for recreation.

(3) Education.

(4) Instruction on the prevention of venereal diseases.

(5) Abolition of drunkenness.

(6) Free distribution of preventive appliances.

(7) Efficient Provost-Marshal staff.

(8) Cooperation of unit officers (Prebble 1946: 56-57).[131]

Amenities in India lagged far behind. There was not much for the entertainment of European troops in India. Education and instruction were carried out by means of

lectures, posters and films in English and in Urdu, the films being made in India specially for British and Indian troops serving in that country (Prebble 1946).[132] Special treatment centers for the diagnosis and treatment of venereal diseases by specialists were opened throughout India Command. These were geographically situated with a view to reducing, so far as was possible, the amount of travelling necessary to reach them. They were situated in Rawalpindi, Karachi, Bombay, Poona, Deolali, Secunderabad, Bangalore, Ernakulam (Cochin), Waltair, Avadi (Madras), Aurangabad, Lucknow, Lahore, Jullunder, Delhi, Jubbulpore, Bareilly, Calcutta, Ranchi, Asansol and Dacca ; centers in Gauhati and Chittagong were added later, when these areas returned to India Command (Prebble 1946: 57).[133] There were 103 medical officers employed whole time in the direction and treatment of venereal disease patients throughout India Command (Prebble 1946: 57).[134] They included a Consultant Venereologist stationed at G.H.Q. Delhi, and four Advisers in Venereology (one to each Army or Command) each of whom was attached to a large centre in his Army or Command, in which clinical work was undertaken by him in addition to his duties as Adviser to the Deputy Director of Medical Services, these entailing touring throughout his areas. There were also 20 Recognized Specialists, 48 Graded Specialists and 30 Trainees (Prebble 1946: 57).[135]

Prebble points out that prior to November 1944 methods of treatment were as follows - Gonorrhea was treated with sulphapyridine until, as supplies became available, sulphathiazole was gradually substituted. Syphilis was treated with intravenous neoarsphenamine, together with intramuscular bismuth, either once or twice each week. From the end of 1944 onwards limited supplies of penicillin became available for the treatment of venereal diseases. In the first instance, it was decided to use penicillin only in cases of chronic resistant gonorrhea. Many of the treated patients (all sulphonamide-resistant and complicated cases) had been in hospitals for long periods of time. The results of penicillin therapy were dramatic, a very large proportion of these patients being cured in two or three days. It was obvious that they were dealing with a very potent substance. The situation in regard to supply improved rapidly; within a month they were able to treat all cases of gonorrhea with penicillin from the commencement of the disease (Prebble 1946: 57).[136] Results were again dramatic and the length of stay in hospital dropped from at least twelve days to two days, resulting in a great saving of hospital beds. Within another month or so it was

found that the stock of penicillin was sufficient to justify its use in cases of syphilis. At first all early cases were treated and then, gradually, late cases were treated experimentally with increased dosage. The short-term results were excellent, but it was not possible to follow up the cases for a sufficiently long period of time to enable them to assess the long-term results. A little later on, large numbers of patients were admitted for penicillin therapy who had been given arsenic and bismuth but who had not completed the course of treatment (Prebble 1946: 58).[137] These patients included many whose treatment had been grossly irregular on account of active service conditions; in many other cases neglect on the part of the patient or others had led to this irregularity. Patients with gonorrhea were treated with 100,000 Oxford units of penicillin, given as 10 injections of 10,000 units, or 5 injections of 20,000 units, at three-hourly intervals (Prebble 1946: 58).[138] Patients with syphilis were given 2,400,000 units in 60 doses of 40,000 units every 3 hours (Prebble 1946: 58). In addition, a large-scale investigation was conducted to assess the value of various courses of treatment with penicillin alone, penicillin with arsenic and bismuth, and penicillin with bismuth (Prebble 1946: 58).[139]

TABLE 2.1 - ADMISSIONS TO MILITARY TREATMENT CENTRES IN INDIA

DISEASE	NUMBER OF PATIENTS		PERCENTAGES	
	BRITISH	INDIAN	BRITISH	INDIAN
Syphilis	2,179	17,087	12	31
Gonorrhea	5,051	10,012	28	18
Chancroid	3,969	17,070	22	31
Urethritis	2,416	3,250	13.5	6
Lymphogranuloma inguinale	332	284	2	0.5
Balanitis	738	473	4	1
Phimosis & Paraphimosis	73	169	0.4	0.3
Genital Warts	301	215	1.7	0.4
Stricture of the Urethra	13	48	0.1	0.1
Prostatitis*	83	73	0.6	0.2
Epididymitis*	89	136	0.6	0.4
Orchitis*	37	114	0.3	0.3
Others	2,441	5,240		
Total	17,722	54,171		

*Not due to venereal disease. Source: Table from E. E. Prebble (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22 (2) p 58.[140]

From the accurate returns received for the nine months ending 31st October 1945, it was found that a total of 71,943 patients were admitted for diagnosis and treatment to the venereal diseases treatment centers in India Command during that period; of this number British and Allied troops accounted for 17,722 cases and Indian troops for 54,171 cases (Prebble 1946: 58).[141] From Table 2.1 it is seen that syphilis was responsible for 12 per cent of all admissions to venereal diseases treatment centers in the case of British troops, and for 31 per cent in the case of Indian troops. Gonorrhea, on the other hand, was responsible for 28 per cent of all admissions in the case of British troops and only 18 per cent in the case of Indian troops. Expressed somewhat differently, this calculation shows that in the case of British troops there were 2.3 cases of gonorrhea to each case of syphilis, whereas in the case of Indian troops there were 1.7 cases of syphilis to every one of gonorrhea. The explanation for this difference was somewhat obscure, but it was well known that the British soldier frequently made use of prophylaxis (although it was often inadequate), whereas the Indian seldom did, also that the prophylactic packet afforded a fair degree of protection against syphilis but little against gonorrhea (Prebble 1946: 59).[142] Syphilis reached the secondary stage in 11.2 per cent of British cases and 15.2 per cent in Indian cases before the patient reported at the treatment centre (Prebble 1946: 59).[143] These figures were disappointingly high. The incidence of secondary cases was due for the most part to lack of regular medical inspection, although it was quite probable that a certain proportion of the delay in treatment was due to actual concealment or to ignorance on the part of the patients. The relapse rate for all patients treated for gonorrhea with penicillin in the dosage was 5.2 per cent in the case of British and 4.1 per cent in the case of Indian troops, giving an over-all average relapse rate of 4.4 per cent (Prebble 1946: 59).[144] The tendency was to treat gonorrhea with a total dosage of between 150,000 and 200,000 Oxford units[145] of penicillin. It is questionable whether larger dose was really necessary. The substitution of penicillin for sulphathiazole resulted in an immediate and very considerable reduction in the total number of beds occupied by patients with venereal diseases.

TABLE 2.2 - INCIDENCE OF SYPHILIS IN THE ARMY

STAGE	NUMBER OF CASES		PERCENTAGES	
	BRITISH	INDIAN	BRITISH	INDIAN
Primary	1,827	13,852	83.8	81
Secondary	244	2600	11.2	15.2
Late	108	635	5	3.8
Total	2,179	17,087		

Source: Table from E. E. Prebble (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2).

TABLE 2.3 - INCIDENCE OF GONORRHOEA IN THE ARMY

STAGE	NUMBER OF CASES		PERCENTAGES	
	BRITISH	INDIAN	BRITISH	INDIAN
Fresh	4,686	9,125	92.7	91.1
Relapse	266	409	5.2	4.1
Complicated	99	478	2.1	4.8
Total	5,051	10,012		

Source: Table from E. E. Prebble (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2).

TABLE 2.4 - RATIO OF SYPHILIS, GONORRHOEA AND CHANCROID IN THE ARMY

STAGE	NUMBER OF CASES		PERCENTAGES	
	BRITISH	INDIAN	BRITISH	INDIAN
Syphilis	2,179	17,087	19.5	38.7
Gonorrhoea	5,051	10,012	45.1	22.6
Chancroid	3,969	17,070	35.4	38.7

Source: Table from E. E. Prebble (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2).

What was not generally recognized was the enormous concentration of work that also resulted; consequently, frequent demands for drastic reductions in staff had to be strongly opposed. Prebble praised the excellent work (often under difficult and trying conditions) performed by the Advisers in Venereology, Venereologists and Trainees working in the venereal diseases wards, as well as that of the Special Treatment Orderlies.

In the context of treatment of venereal diseases in the civil population, Prebble stated, there were very few clinics in India in which patients with these diseases were treated adequately and efficiently. One clinic alone, in the entire country, was found which could compare favorably with the better type of those existing in Great Britain. This clinic was adequately staffed, suitably housed and properly equipped, and it had a keen and experienced specialist in charge. The standard of work was high and the clinical material for teaching purposes was excellent. For the most part the very few clinics which existed appear to be serving little or no useful purpose whatsoever. In support of this statement two examples may suffice.

> In a large and important city in India there existed a venereal diseases clinic which formed a part of a large general hospital. The clinic building was of considerable size and had an imposing exterior. On entering the building one could not help but notice the filthiness and the obvious signs of complete lack of administrative experience in those responsible for its organization. The ground floor was occupied by small treatment rooms, a very large irrigation room and an equally large dressing room; there were no adequate waiting rooms. The upper floor consisted of a large medical officers' room with the usual verandah on either side. The verandahs served as waiting rooms for new patients, male on one side and female on the other. As the room was well provided with windows and as separate clinic hours for males and females did not exist, the resulting lack of privacy might have been considered to be embarrassing. The irrigation room was dirty, and the entire lack of sterilization facilities was obvious, that in any patient submitting to irrigation a secondary infection of the urethra would be certain to develop very rapidly. The dressing room had a concrete floor with open drains, and in it about fifty patients were seen soaking penile sores, for which purpose they used tin cans, chiefly of the cigarette variety; the process was entirely without supervision (Prebble 1946: 59).[146]

Arriving in the medical officers' room, Prebble prepared to see some patients who were reporting for the first time. The first patient complained of a urethral discharge and the case was promptly diagnosed as gonorrhea. An inquiry was made to find out whether or not a smear was to be taken, but he was informed that it was only of academic interest to do so, and that time did not permit of such refinements. The treatment ordered consisted of irrigations of a 1 in 8,000 solution of permanganate of potash (Prebble 1946: 59).[147] As the year was 1944, he asked whether sulphapyridine or sulphathiazole was not being given, but was informed that these medicaments were too expensive and that the hospital would not supply them (Prebble 1946).[148] The next

patient reported with a penile sore, which was carefully palpated and immediately diagnosed as syphilitic. He again asked whether a microscopic examination was not considered to be essential and was informed that, as the sore was hardened, this was not necessary and that in any case there was no time. A tentative suggestion was then made that perhaps a Wassermann reaction might give useful information, but Prebble was informed that such a test cost 5 rupees and that the clinic could not afford it (Prebble 1946).[149] The treatment ordered was 0.45 gram of neoarsphenamine alone, by injection, and he learned that bismuth was not given in addition, as the clinic could not afford to give both (Prebble 1946).[150] It was further argued that, in any case, arsenic was more potent than was bismuth; his informant reluctantly agreed, however, that a combination of the two did act better than either alone. On proceeding to the injection room, he discovered that the entire supply of neoarsphenamine for the morning's injections was already mixed and in solution, standing ready for use in a large open dish. A query concerning the wisdom of this practice elicited the reply that they never had any trouble. From the above account it will be clearly seen that a patient reporting at this clinic could not hope to be cured, for the average Indian suffering from gonorrhea would never attend for a sufficiently long period of time to be cured by irrigation alone and a sufferer from syphilis would certainly cease to attend immediately his lesion was healed.

In another clinic, in a smaller but very well-known town, Prebble was shown by a young and inexperienced doctor "an interesting case of secondary syphilis". The patient was stated to have had the lesions for six months. On inquiring whether or not scrapings from the lesions had been examined, Prebble was informed that they had no facilities for such an examination. It was then suggested that a Wassermann reaction might be a useful diagnostic guide, but again he was informed that it was too costly and was made use of only in doubtful cases. An examination of the patient soon showed that the alleged secondary syphilis was, in fact, seborrhoeic dermatitis; it was therefore suggested that arsenic was not the ideal form of treatment for such a case (Prebble 1946).[151] It was further recommended that a Wassermann test should be performed, regardless of expense, before arsenic or any other antisyphilitic treatment was undertaken (Prebble 1946).[152] These two examples are not isolated cases, which made it obvious that treatment facilities in India were entirely inadequate for the control of venereal disease.

Up to the year 1943 no adequate treatment facilities existed in the city of Calcutta for the treatment of venereal diseases, a city with a population of not less than 4,000,000 (Prebble 1946).[153] This city was a very popular leave centre with the large numbers of troops who were serving in the immediate neighborhood and with those coming from all over Assam, Eastern Bengal and the borders of Burma. Amenities were totally inadequate, and it is not to be wondered at that large numbers of men contracted disease under these circumstances. Vice flourished almost unchecked in the second most populous city of the British Empire. It had been estimated that not less than 40,000 prostitutes lived in the city and, because they were scattered over a very considerable area, it was impossible for the provost-marshal's staff to deal with the situation (Prebble 1946).[154] As a result of propaganda in Bengal, the Government of the Province, on 15th January 1944, decided to open seven clinics for the free treatment of venereal diseases for the civil population of Calcutta (Prebble 1946).[155] A Director was appointed to supervise the working of the clinics and to be responsible for the training of medical officers to staff them. Five clinics were opened for the treatment of male patients, at the Medical College Hospital, Campbell Medical School Hospital, Sambhunath Pandit Hospital, Carmichael Medical College Hospital and the Chittaranjan Hospital, respectively (Prebble 1946).[156] Unfortunately, it had not as yet been possible to obtain beds for in-patient treatment. In addition to the above, two clinics were opened for the treatment of female patients, one at the Lady Dufferin Victoria Hospital and the other at Alipore Voluntary Venereal Hospital; six beds were available at the former and 82 at the latter hospital for in-patient treatment of female patients (Prebble 1946).[157]

TABLE 2.5 - ATTENDANCESAT CALCUTTA CML CLINICS, YEAR ENDING 31st DECEMBER 1944

	Males	Females	Total
New cases	26,337	4,265	30,602
Total attendances	181,872	24,619	206,491

Source: Table from E. E. Prebble (1946) ‘Venereal Disease in India’, *The British Journal of Venereal diseases*. June issue. 22(2).

The Venereal diseases Centre at the Medical College Hospital was a large, light and airy building, with separate cubicles for examination of patients in complete privacy, good waiting-room accommodation, an irrigation room, a minor operation room, a

clinical side-room and other facilities (Prebble 1946).[158] It was by far the largest of the clinics and dealt with a considerable number of patients. The other clinics were, for the most part, very small and required extension. The Alipore Voluntary Venereal Hospital was, in fact, an ad hoc clinic for the treatment of venereal diseases in women, and it appeared to be doing excellent work (Prebble 1946).[159] The treatment rooms were adequate and well-furnished, and the wards were comfortable and were bright and cheerful. This was a matter of considerable importance in a city like Calcutta, which for ten months in the year had a hot and humid climate. A large proportion of the patients admitted for in-patient treatment were prostitutes from the local brothels, and many were found to be suffering from at least two of the common venereal diseases. The standard of work at this clinic appeared to be high, most difficult problems were being tackled expeditiously and well. There was still room for improvement in all the clinics in Calcutta. Working, as they were, under incredibly difficult conditions, their results had been most gratifying, as the figures for the year ending 31st December 1944, given in Table 2.5, show. This was a most encouraging start and set an example for other Provinces to follow.

However, there were problems of organization. Unfortunately, all public health problems were the prerogative of the Provincial Governments, and the Central Government merely acted in an advisory capacity, thereby making a coordinated policy almost impossible (Prebble 1946).[160] A very great effort would be required if these entirely preventable diseases were to be brought under control. The great difficulty in the past had been the lack of suitably trained medical officers and medical orderlies. During World War II large numbers of Indian officers and orderlies were trained in the army in modern treatment centers with adequate supplies of equipment and using the most modern forms of chemotherapy. For the most part; their services would not be required in the peace-time army and they would be available for service in a post-war medical program for the civil population of India. It would be a tragedy and an inestimable loss to India if they were not usefully employed. In the past remuneration had been pitifully small; this had to be altered in the future. Various estimates had been made of the incidence of venereal disease in the country generally, but none were in any way accurate. That the incidence was great can hardly be doubted. In one Province it was suggested that legislation should be introduced to make treatment compulsory. However, it appeared to be of little use to introduce

legislation into a country which had almost no treatment facilities and in which the population was entirely ignorant of the nature of venereal diseases. It would appear, rather, to be necessary first of all to open free treatment centers on a large scale. In the first instance these should be in the larger cities, particularly the seaports; later on provision for treatment in the smaller towns and villages, probably by means of travelling clinics. Secondly, it was essential to attempt to educate the people. This could be done by means of films and of radio talks and by eliciting the help of the newspapers. The uneducated Indian was much more likely to be influenced by films, which could be simple and of slow pace.

Clearly, the measures adopted to cure natives afflicted by venereal diseases seem to have been inadequate. In the absence of effective curative medicine, the focus had to be on preventive measures. The key was to control the sexuality of the poor. They had to be taught moral restraint and self-reliance. This also gave rise to the nineteenth century sanitary policies. The sanitary policies sought to control both bodies and spaces, through quarantines and segregation of diseased individuals.

CHAPTER III

EXPLORING LOCK HOSPITALS IN NORTH-WESTERN PROVINCES AND OUDH

There have been varying opinions on the Contagious Diseases Act (1868-1881) and the working of lock hospitals. Some have looked at it as a part of the public health policy of the colonial government, while others choose to place it within the standard framework of military medicine. Policing which could have a wide purview, in this case, came to assume specific functions, such as maintaining public order and public hygiene. Maintenance of public order ensured surveillance of dangerous and disruptive elements. Maintaining public hygiene would ensure checks of cleanliness, water supply for ablution, sewage disposal and so on. Laws and institutions such as the lock hospital came to be used to perform the above functions which meant prostitutes were now put under increasing surveillance. Descriptive rolls of each prostitute came to be maintained. These measures were undertaken to keep a check on the growing incidence of venereal diseases. Thus, the measures clearly demonstrate the governmentalizing agenda of the colonial state.

The Annual Reports on the working of the lock-hospitals describe conditions, staffing and expenditure of lock hospitals. Statistics reveal data on registration, attendance and punishment of the prostitutes. Also, they provide a clear picture of venereal disease (syphilis, gonorrhea) in women and troops. It is through the comments of the staff that one gets to evaluate the lock hospital system. The reports also give an insight into the Imperial attitude towards prostitutes.

The report from 1877-1883 for North-Western Provinces and Oudh outlining the working of the lock hospitals came to be published in Allahabad and contained a detailed analysis of the working of the lock hospitals here (Cawnpore, Agra, Lucknow, Benares and so on). The proceedings of the Cantonment Committee considered the medical officer's report to be very satisfactory, as one that resulted in reduction of venereal disease with each passing year, an improvement achieved due to the city having been placed out of bounds, and due to greater alertness on the part of the cantonment police. Clearly, the agenda was to justify the existence/efficacy of the lock hospitals. However, on reading between the lines, one does find reference to these regulations being flouted at various levels. I will be tracing the functioning of

the lock hospitals chronologically which will make it easier to follow the trajectory of their working.

CAWNPORE

The annual report on the Cawnpore lock hospital for 1877 suggested no change in the hospital accommodation during the year. In fact, the hospital was found to be sufficient and satisfactory in all respects. The extent of venereal disease among European troops as indicated by the weekly returns were as follows :- 49 cases of primary syphilis and 117 cases of gonorrhea were admitted from the 1st battalion, 3rd (the buffs) regiment, and four cases of syphilis primary and five cases of gonorrhea from F-5 (late F - 19), Royal Artillery (Wheeler 1878: 1).[161]

Of this number, ten cases of syphilis primary and 21 cases of gonorrhea among the men of The Buffs were contracted out of the station and six relapses of gonorrhea; and 17 cases of syphilis primary and 32 cases of gonorrhea were contracted by the men of the same regiment from unregistered prostitutes, i.e., women lurking about the roads and cantonments at night and in the city (Annual Report on the Cawnpore Lock Hospital 1878: 1).[162] From F-5, Royal Artillery, three cases of syphilis primary and four cases of gonorrhea were contracted out of the station, and no cases of syphilis primary and gonorrhea were contracted from unregistered women (Annual Report on the Cawnpore Lock Hospital 1878: 1).[163] Among the men attacked all the cases were imported, but they were included in the above returns. Thus leaving 23 cases, of syphilis primary and 59 cases of gonorrhea to be attributed to the registered women of the city and cantonment, or a total number of primary cases of disease 82 (Annual Report on the Cawnpore Lock Hospital 1878: 1).[164]

The venereal returns were regularly received weekly from the senior medical officer, British troops. The Cantonment sub-committee composed of the officers commanding the British corps, the cantonment magistrate, the senior medical officer, British forces, with the officer in medical charge of the lock-hospital, met on the last Monday in every month and submitted their report. The magistrate and collector attended when specially required to do so.

A variety of measures were adopted for the control of prostitutes. All women practising prostitution were registered and regularly examined, either in the city or the

cantonments. Getting the prostitutes to register was more important than placing the city out of bounds. In the case of unlicensed prostitutes, the police were successful in arresting eleven unregistered women in the cantonments, all diseased (Annual Report on the Cawnpore Lock Hospital 1878: 2). [165] The registration of women had been quite efficient in the cantonments, and was extended to a circle of five miles radius. The city being out of bounds to the troops was of much less importance than formerly, and no doubt the greater number of women who allowed soldiers to visit them were now on the register. No registration fee was levied. The attendance had been on the whole very regular. Eighty-one women were reported for absence, and fines to the amount of Rs. 135–140 were levied and recovered (Hamilton 1878).[166]

The city women were examined in the city by the civil surgeon, and all diseased women were sent in to the cantonment lock-hospital. The examinations in cantonments were conducted by the officer in medical charge of the lock-hospital, and the women were assembled an hour before his arrival, and seated in a row under the supervision of police, to prevent their cleaning themselves immediately before examination. The speculum was used regularly. All cases of disease, or suspected disease, were at once admitted and treated till cured. The women were dieted according to scale, and were supplied with cots, and bedding if they were not provided with the latter. Condemned bedding and clothing were obtained from the commissariat for the latter purpose. 230 cases of syphilis primary were admitted during the year, against 259 in the previous year, showing a decrease of 29 (Annual Report on the Cawnpore Lock Hospital 1878: 2).[167] 127 cases of gonorrhoea were admitted in the same period, against 53 during the previous twelve months, showing an increase of 74 (Fourth Annual Report on the working of the lock hospitals in North-Western Provinces and Oudh 1878).[168] Only two cases of secondary disease were admitted, showing that the primary cases were of a mild type (Annual Report on the Cawnpore Lock Hospital 1878: 2).[169] According to the report, the increase of gonorrhoea was hard to account for, but the vast majority of the cases were contracted by city prostitutes from intercourse with natives. On the whole, the cases had all been of a mild type, scarcely a case of true infecting syphilis having been seen, and very few of those of gonorrhoea could be called virulent.

For supervision a "dhai" or "mahuldarni" was employed in the regimental bazaar. In case of the "dhai" being unfit for her post, she would be imprisoned for

harbouring diseased prostitutes. In December, 1876, a "dhai" in question was recommended to be dismissed, as being unfit for the post, by the lock-hospital sub-committee; this was not done, and the sub-committee noted the fact in January 1877 "No doubt some of the disease was due to her incapacity and connivance" (Fourth Annual Report on the working of the lock hospitals in North-Western Provinces and Oudh 1878).[170] The report also suggested that if the police did their duty properly venereal disease could be kept down in Cawnpore, but if the police neglected the work and allowed unlicensed prostitution, the disease would rapidly increase and assume alarming proportions.

During the year 1878, a monthly average of 161 women remained on the register against 135 in 1877 (Annual Report on the working of the Lock Hospitals in NWP & Oudh 1879: 1).[171] The result of the management was unsatisfactory. The ratios of admissions to hospital amongst the European garrison for the five years (1874 to 1878) had been 439, 266, 201, 212 and 303 per 1,000 respectively (Annual Report on the working of the Lock Hospitals in NWP & Oudh 1879: 1).[172] The medical officer reported that the comparative increase of venereal disease amongst the soldiers during the year could be accounted for by the number of unlicensed women who came from the city to visit the soldiers, and from famine-afflicted women who had practiced prostitution as a means of livelihood. There was an exceptional amount of venereal disease amongst the native population of Cawnpore city, and until the soldiers were forbidden to enter the city, or the city women to visit cantonments, the rate of venereal disease amongst the former could not be lowered. The cases of syphilis seen during the year were not of a virulent character. The Cantonment Committee considered the report satisfactory, notwithstanding the increase of disease recorded, this increase had been due in all probability to the fact that many women of the poorer classes were driven in time of unusual scarcity to eke out a livelihood by prostitution. All registered women reported absent from inspection had been punished when found. The committee recommended the establishment of a separate city lock-hospital, or that, at least, the cantonment funds should be relieved from the expense incurred in maintaining city women while in hospital. The Magistrate noted that although disease had increased, its type had been mild. He thought some portion of the increase may have been due to the influence of high prices upon women not usually addicted to prostitution; but pointed out other probable causes, such as the

happening of a local fair in February, when the admissions to hospital were most numerous: the complete change of garrison which occurred in October, when the admissions were next highest in number, and when the wholesome rule placing the city out of bounds was lost sight of for a short time. The police arrested 65 unlicensed prostitutes during the year (Annual Report on the working of the Lock Hospitals in NWP & Oudh 1879: 1).[173] The Commissioner thought the result of the management unsatisfactory, and concurred with the Magistrate in thinking that famine prevalence did not account for all the increase of disease recorded. He thought the complete change of garrison, and the changes of management which occurred during the year, must have contributed to the unfavorable result. The Commissioner thought commanding officers of regiments on arrival at Cawnpore should be informed of the injurious results invariably attending the granting of passes to visit the city, and be warned to take special precautions on the occasion of large local fairs. The 65 women arrested by the police were found to be diseased. The Commissioner thought they should have been registered if they solicited soldiers to prostitution. The small increase of registered prostitutes recorded seems to show that this was not done. Also the Magistrate's attention was directed to the propriety of registering city women who consorted with European soldiers.

During the year 1879 a monthly average of 145 women remained on the register against 161 in 1878. The results of the management had been unsatisfactory. The Medical Officer reported that venereal disease prevailed amongst the troops in greatest measure during the first six months of the year; 197 cases having occurred in those months, against 100 cases in the last six months of the year (Sixth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1880: 3).[174] All women practicing prostitution were registered, and now there were few unregistered prostitutes as compared with the great many formerly existing about the station. Yet it was reported that much of the disease of the year amongst the troops was caused by unlicensed women prowling in *nalas* and fields. The attendance of the women for examination had been very regular. A considerably increased amount of disease was discovered amongst the women, as compared with the amount of disease in the previous year. The type of this was as a rule mild, but some very virulent cases were discovered amongst the city women. The Dháis in the Regimental and Artillery bazaars neglected their duty, and for that reason were frequently changed. The

medical officer thought that although the results of the year's working were unfavorable as compared with those of 1878, yet the prospect was encouraging, by reason of the very considerable decrease of disease during the last quarters of the past year. During the first quarter of 1879 as many as 123 cases were under treatment, but in the last quarter of the year only 29 cases were treated, and in the last week of the year only one new case occurred amongst the soldiers (Sixth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1880: 3).[175] The causes of this improvement, as the year advanced, were: - 1st, the withholding by Commanding Officers of all indulgences to men who had contracted disease from unlicensed women; 2nd, the employment of men who had suffered from venereal disease for the detection of unlicensed women; 3rd, the increased diligence of the native police; 4th, frequent careful examination of the registered women (Sixth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1880: 3).[176] The Cantonment Committee recorded the opinion that the number of registered women was very small for so large a city and *sadar bazaar* as Cawnpore. Although disease amongst the troops was greater in 1879 than in 1878, yet the gradual decrease of disease, as the year advanced, was very satisfactory. The Magistrate thought the working of the hospital had been most satisfactory as shown by the decrease of disease, as the year advanced. Punishments under the Act had been few, 12 by fine and 17 by short terms of imprisonment (Sixth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1880:4).[177] As regards the reported prevalence of very virulent disease amongst city prostitutes, and its, probable cause, the Magistrate asked attention to the opinion of Ghulam Haidar, Inspector of the City Police, to the effect that the registered women of the city were not visited or supported by European soldiers, and were objectionable to higher class natives, because European soldiers visited these ticketed women (Sixth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1880: 4).[178] As a result of this neglect the registered city women were visited and supported only by natives of the very lowest order, and suffered in consequence from the worst forms of disease. The Commissioner pointed out that the results of the year's working could not be considered satisfactory, as the ratio of disease amongst the soldiers was higher in 1879 than in any of the previous four years. He thought, however, that the military and medical authorities be congratulated on the encouraging results of the working as the year advanced. This encouraging result was doubtless due to the greater restrictions placed on the soldiers' liberty by

Commanding Officers, as the year advanced. The Commissioner regretted the increase of disease recorded amongst the registered women. He thought, the medical officers statement, that few unregistered women remained about the station now, was satisfactory, and quoted the Kotwal's opinion to the effect that very few European soldiers visited the city women. It, therefore, seemed likely that if the present strict rules as to the liberty of the soldier be maintained, the improvement in regard to disease prevalence during the latter portion of 1879 may be continued in 1880.

During the year 1880 a monthly average of 19 women remained on the register against 145 in 1879. The results of the management had been very satisfactory. During the earlier months of the year disease was contracted by the soldiers from unregistered women lurking at night-time about cantonments, especially in the neighborhood of the parade-ground and commissariat godowns. The soldiers concealed the true source of their ailments, often unjustly blaming the registered women. By punishment and by inspections of the soldiers and increased vigilance of the police the disease quickly could be abated. In August, cholera broke out, and two companies of soldiers were sent into camp; at once venereal disease appeared amongst those soldiers (Seventh Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1881: 2).[179] The increase continued amongst companies of soldiers living in camp at the rifle range. This disease was virulent and undoubtedly contracted from women of villages neighboring the camps, there being no police supervision or possibility of carrying out lock hospital regulations at or near these camps (Seventh Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1881: 2).[180] The Cantonment Sub-Committee assembled on the last Tuesday of every month throughout the year. The attendance of the women for examination had been very regular. In all, 54 cases of non-attendance were reported, and fines were levied amounting in all to Rs. 5-8 (Seventh Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1881: 2).[181] Amongst the registered women there was an increase of disease as compared with the previous year—an increase attributable to infection brought by soldiers through indiscriminate consort with unregistered women. *Dhais* were employed in each regimental bazaar and were useful, but required careful control. The Medical Officer believed that under proper lock hospital supervision, the prevalence of venereal disease could be kept down to a minimum. But as one feature of this proper supervision, the soldiers must be induced to co-

operate, by avoiding unregistered women. Police supervision was effectual at Cawnpore to prevent illicit intercourse in cantonments, but beyond cantonments the police were of little use. The city was a main centre of disease; the outlying villages were localities fertile of contagion. From camps the soldiers roamed for considerable distances, and the police could not protect them against unregistered women, more especially as many of the soldiers were young men, disliking the restraints of camp life and prone to contract disease from village women. An endeavor was made to prevent this by confining the soldiers to camp under a Brigade order. Taking into consideration the circumstances of the year, and especially the residence of soldiers in camp, the Medical Officer thought the results of the year's management favorable and productive, of good to the State. If importation of disease from unregistered women could be prevented, the residue of disease likely to affect the soldiers would be very small. The Colonel Commanding at Cawnpore recorded the opinion that the management of the year was comparatively successful, but that a great measure of success could not be looked for so long as the villages near cantonments were not brought effectually under Lock Hospital Rules. The existence of numerous ravines and *nallahs* at Cawnpore too greatly facilitated illicit intercourse. The Collector and Magistrate thought the Medical Officer's report was satisfactory, as it showed that all disease of severe type suffered by the soldiers was contracted from unregistered women. The important requirement was the detection and punishment of the unregistered females who caused this disease. The existing orders on this subject were inadequate. The Magistrate suggested a medical inspection of all women suspected on good grounds of consorting with soldiers. The results of the management had been satisfactory, as the returns showed a considerably decreased prevalence of disease amongst the soldiers in 1880 as compared with previous years.

During the year 1881 a monthly average of 108 women remained on the register, against 159 in 1880 and 171 in 1879. The Medical Officer reported that accommodation for the lock hospital establishment was provided during the year, meeting a want long felt. The hospital buildings required repairs, which were to be commenced quickly.

A large proportion of the cases of disease contracted by the soldiers resulted from their intercourse with unregistered women lurking about the cantonments. Over and over again, when several cases of disease had occurred during two or three days

amongst the soldiers, the Medical Officer had at once examined all the registered women and found them all free from disease. As a rule, registered women accused of causing infection had, upon examination, been found free from disease. The police had been vigilant all-round the year. In February, three women were arrested for loitering as prostitutes in the neighborhood of the barracks; upon examination they were found badly diseased (Eighth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1882: 3).[182] Again, during January and February, the police brought nine coolie women for examination, they were all found to be suffering from syphilis of severe type (Eighth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1882: 3). [183] During the months in question a considerable number of soldiers were infected, by reason of intercourse with these women— for, at the same time, the registered women were healthy. The venereal returns had been received weekly from the senior Medical Officer. The Lock Hospital Committee had assembled once in every month for the transaction of business. The registered women were quiet, orderly, and obedient. The women were in charge of two matrons or *dhais*, who examined them daily or every second day, and had instructions to send every doubtful case for inspection at once —a system which according to the officials had worked well.

The Medical Officer was of opinion that unregistered prostitutes were few in number in the cantonments, and the police had exercised a careful scrutiny over them, to the prevention of unlicensed intercourse with soldiers. But in the city many unregistered prostitutes resided, and against harm in this direction there was no practical remedy.

As regards the cantonments the registration was complete, and during the last six months of the year only two unregistered prostitutes were discovered (Eighth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1882: 4).[184] In June, 1881, the Medical Officer of the lock hospital relieved the Civil Surgeon of the duty of examining the city women, under the orders of the Commander-in-Chief (Eighth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1882: 4).[185] Disease amongst the registered women in 1881 was considerably less than in 1880, and generally their diseases were mild in character and easily cured (Eighth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1882: 4).[186]

The Medical Officer was of opinion, that the existing plan of keeping the registered women in three separate localities was better, than bringing them all to live in one place, as tending to prevent the disorderly scenes which might arise from the congregation, at one place and hour, of men of different corps (Eighth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1882: 4).[187] He strongly recommended a grant of rent-free quarters to the women, who earned only enough to feed and clothe themselves properly (Eighth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1882: 4).[188] This concession was greatly required at Cawnpore, where the existing accommodation enjoyed by the women was thoroughly unsatisfactory. The Cantonment Committee considered the result of the year's management satisfactory. They concurred with the Medical Officer in thinking the women should be provided with rent-free quarters, which should be located in three separate places far apart.

The Magistrate of the District noted that the satisfactory results of the year's management had been due to Dr. Seaman's assiduous attention to his duties as Medical Officer (Eighth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1882: 4).[189] The Magistrate approved the activity displayed by the police for the prevention of forbidden intercourse. The Commissioner of the Division noted a decrease in the number of registered women, which could not be considered quite satisfactory, in view of the unlicensed prostitution known to prevail. Special explanation had to be been given in regard to the fact, that while 59 names were removed from the register, only 39 were added to it (Eighth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh 1882: 4).[190]

Without doubt most of the cases of virulent venereal disease affecting the soldiers were communicated to them from unlicensed prostitutes; for, at a period of the year when the soldiers were most diseased, the registered women were entirely free from disease. The Commissioner accorded praise to the police for the activity displayed in arresting the unregistered women who had caused this disease amongst the soldiers. He thought the results of the management were favorable in regard to the working of the system during the period of report.

AGRA

The lock hospital committee's report for Agra 1877 was found unsatisfactory by A. J. Lawrence, Esq. Magistrate, Agra (Lawrence 1878).[191] It was not a satisfactory one, partly owing to the views held by the late medical officer of the committee's duties, partly owing to the pressure of the times, which had no doubt driven village women to prostitute themselves for almost nothing, and partly due to the lax way the regimental police had been working. The committee had been called only when special circumstances arose; the consequence was increase of venereal disease among the European troops. The increase was in each corps. It was established that it was the unregistered coolie woman who diseased the men.

On the 3rd of August 1877 the lock hospital was removed from the building formerly occupied in the Boileauganj area to another in the same locality of a much superior description as regards size, ventilation and arrangement (Annual Report on the Agra Lock Hospital 1878: 6).[192] The total average strength of European troops of the Agra garrison during 1877 was 838; and the total number of cases of venereal disease admitted among them during the same period 218, from which latter number must be deducted ten "contracted at other places," leaving a balance of 208 case at contracted at Agra, giving a ratio of 247 admissions per 1,000 of strength (Annual Report on the Agra Lock Hospital 1878: 6).[193] When compared with the previous four years the figures show a very great increase in the prevalence of disease.

TABLE 3.1 – PERCENTAGE OF ADMISSIONS TO STRENGTH

	1874	**1875**	**1876**	**1877**
Percentage of admissions to strength	18.17	10.12	9.16	24.79

Source: Table in the Fourth Annual Report on the Agra Lock-Hospital for 1877, No. 16, 28th January, Allahabad NWP & Oudh Government Press 1878. p 6.

The question which hence, arose was why the amount of venereal disease should for a succession of years gradually diminish, and then in one year suddenly become doubled. A.J. Lawrence (Magistrate, Agra) suggested the following as among the probable causes contributing to the result: -

a) During the year under review no regimental police were employed for the detection and suppression of illicit prostitution, while in the former years they were.

b) On account of the scarcity of food, and consequent distress which prevailed in the district, large numbers of starving women were driven to practice unlicensed prostitution, which from the absence of regimental police they had greater opportunities of doing. That the men in the majority of instances have contracted disease from unregistered women may be inferred from the fact that among the former the number of admissions was more than doubled, while a slightly larger number of registered women were found to be suffering from venereal disease than in 1876.

c) During the year under review the practice of detaining women in hospital while menstruating was discontinued, and this may possibly account for a certain number of cases of gonorrhea (Lawrence 1878).[194]

The cantonment prostitutes in Agra were located in three "*chaklas*" as follows: in the *sadarbazaar*, where a '*dhai*' was appointed and paid by government to exercise supervision over them; in the British infantry *bazaar*, where a woman was entertained by private arrangement to perform the same duty; and in the Chipitolah *bazaar*, where no such provisions were made (Annual Report on the Agra Lock Hospital 1878: 6).[195] The city prostitutes had no fixed place of residence, and were subject to no immediate control. As regards illicit prostitution, almost the whole of the venereal disease observed among European troops was due to this cause, and that in very rare instances in which the registered *bazaar* women were found to be affected, they were the victims, and not the propagators of the disease. In Fyzabad, it was invariably noticed that outbreaks of disease among the women was found to be subsequent, and not antecedent, to outbreaks of disease among the men. Therefore, the need to exercise control over unlicensed prostitutes and the men who consorted with them. The former was carried out in the most perfunctory manner and the latter not at all, which came to be seen as the primary cause of the prevalence of venereal disease. It was observed that venereal fluctuation in any station was regulated, not by the frequency of registered women, but by the circumstances favoring or otherwise the practice of unlicensed prostitution.

The temptations to the soldier to have intercourse with unregistered rather than registered women could be various: -

Firstly, he obtained the former at a much lower cost than the latter. Secondly, registered women were forbidden to solicit publicly, while the others were constantly on the watch to waylay the soldier in his weaker moments. Thirdly, there was a greater amount of privacy and "romance" in meeting a woman whom he did not look upon in the light of a regular prostitute than in going to the bazaar with deliberate intent and consorting with women whom he knew were being visited by a number of his comrades (Annual Report on the Agra Lock Hospital for 1877: 8).[196]

The need of the hour therefore was to institute a system of intelligent and trustworthy lock-hospital police, for exercising supervision over unregistered women, and with regard to the men stoppage of pay while in hospital and while suffering from primary venereal affections (it must be noted that these remained only at the level of suggestions). Such steps had been taken in England with positive results in terms of the diminution of the disease; and it was believed that if a similar system were put in force in India it would have a similar effect. At present the soldier was financially at gain, and on his discharge found himself provided with a store of accumulated pay wherewith to begin a fresh debauch.

Registered women were frequently reported to the medical officer as having communicated disease to certain men, and in such instances after careful examination they were almost invariably found healthy. The only explanation of this circumstance seems to be that men contracted disease from other sources to which they did not wish to confess, and to avoid doing so attributed the infection to bazaar women whose names they knew. Such a habit not only caused a great amount of trouble and annoyance to the women concerned, but also tended to conceal the true origin of the evil, and some means had to be taken to verify or prove the falseness of their statements. Various suggestions were put forth in this regard, for instance, each prostitute could be provided with a book in which her visitor would be requested to enter his name, with the date and hour of his visit (Annual Report on the Agra Lock Hospital for 1877: 8).[197] However, no suitable check could be provided. Registration was carried out efficiently in cantonments among those who practiced public prostitution. In the city, however, only a very small proportion of such women were

on the list; 49 names were added and 69 removed from the register in cantonments, leaving a balance of 75 at the end of the year (Annual Report on the Agra Lock Hospital for 1877: 8).[198] In the cantonment, the number added was 10, and 23 deducted – thus, leaving a balance of 56 (Annual Report on the Agra Lock Hospital for 1877: 8).[199] The numbers on the register at the beginning of the year for cantonments were 95 and the city 69 (Annual Report on the Agra Lock Hospital for 1877: 8).[200] There had thus been a decrease of 20 and 13 in cantonments and the city respectively (Annual Report on the Agra Lock Hospital for 1877: 8).[201] Registration fee was not levied during the year. In terms of attendance at periodical examinations – the number of absentees from the cantonment examinations was 22, causing 72 absences. In the city the respective numbers were 32 and 44 (Annual Report on the Agra Lock Hospital for 1877: 8).[202] In cantonments fines to the extent of Rs. 28 were levied, and in the city to the extent of Rs. 15, making a total of Rs. 43.8 (Annual Report on the Agra Lock Hospital for 1877: 8).[203]

In terms of examination and treatment of women – the cantonment prostitutes were examined once a week, and the city prostitutes once a fortnight, during the year. In the former instance the examinations were made by the medical officer in charge, and in the latter by Assistant – Surgeon Johns in a room hired for the purpose in the city (Annual Report on the Agra Lock Hospital for 1877: 8).[204] The speculum was invariably used at both places of examination, and therefore making it impossible for diseased women to escape detection. The amount of disease in women had not been at all in proportion to the amount of disease among the troops. Although in the latter the number of admissions had more than doubled as compared with the previous year, in the former there had been an increase of only one in the class of venereal affections.

TABLE 3.2 - A COMPARATIVE STATEMENT OF ADMISSIONS FROM ALL CAUSES (NON-VENEREAL AS WELL AS VENEREAL DISEASES.[205]

Year	1876	1877
Strength of both cantonment and city prostitutes	153	148
Admissions from venereal diseases	73	74
Admissions from non-venereal diseases	93	57
Total admissions	166	131

Source: Statistics provided by A. Scott, M.B., Surgeon, In medical charge of Lock-Hospital, Agra, Annual Report on the Agra Lock Hospital for 1877. 1st January, 1878. p 9.

The average daily sick figures for 1876 and 1877 were 8 and 11 respectively (Annual Report on the Agra Lock Hospital for 1877: 9).[206] The diseases prevalent among the women had not been of a severe type, the duration of treatment being on an average 29 days (Annual Report on the Agra Lock Hospital for 1877: 9).[207] One *dhai* was to be attached in the *chakla* in the *sadar bazaar*. In the regimental *bazaar* a woman was entertained by private arrangement to look after the women, while in other localities they were not subject to any such supervision.

During the year 1878 a monthly average of 144 women remained on the register against 148 in 1877 (Fifth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh for 1878: 4).[208] The results of the management had been unsatisfactory. For the five years 1874-78, the ratios of venereal cases per 1,000 of the European garrison at Agra had been 181, 101, 91, 247, and 397 respectively (Fifth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh for 1878: 5).[209] The Medical Officer reported that the increase of disease had been general in all corps comprising the garrison. Soldiers in cantonments suffered mostly from gonorrhea. Soldiers in the fort suffered mostly from syphilis. The prevalence was excessive in all months of the year. The causes of the disease prevalence were, primarily, widespread unlicensed prostitution and the insufficiency of the police to deal with it; secondly, the youth of the garrison, and the consequent incontinence of the soldiers and their lax discipline. Often soldiers under the influence of drink were now seen cut of barracks, and many admitted on being questioned that, having drank much, they could not say with whom they had cohabited. Of 46 registered women reported as giving disease, only three were found diseased on examination (Fifth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh for 1878: 5).[210] Of 67 unregistered women examined, 53 were found diseased (Fifth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh for 1878: 5).[211] The attendance of the registered women for examination had been, regular. Women on the cantonment register were examined weekly, on the city register fortnightly. Disease amongst the registered women had doubled since last year, especially from syphilis (Fifth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh for 1878: 5).[212] The source of this disease could not be determined, but the women complained that the soldiers did not support them, and probably the disease arose from intercourse of natives and half-caste men with the registered women. In many

instances soldiers, having contracted disease from vagrant women, conveyed it to registered women. The syphilis seen in registered women had not corresponded in severity with the syphilis seen amongst the soldiers. The medical officer could not point out for want of experience how illicit prostitution was to be prevented. The existing system of police was considered useless to deal with the evil. According to the medical officer, soldiers who had contracted venereal disease be treated very stringently after discharge from hospital, or, better still, their pay might be stopped while in hospital. Some unregistered women were brought for examination, they had been found so fearfully diseased that the thought of cohabitation by any man with them was disgusting, that the soldier did it accounted for his high living and want of employment (Fifth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh for 1878: 5).[213] The Cantonment Committee concurred with the remarks of the medical officer excepting as regards the soldier's laxness of discipline. They were firmly convinced that disease, to a great extent, was contracted from unregistered women. Of 67 unlicensed women arrested during the year four only were reported by the regimental police (Fifth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh for 1878: 5).[214] The remaining women were arrested by the cantonment police. The committee thought that a greater number of city women and women of the suburbs and villages near cantonments be registered. The Collector noted that, bad as the results were last year, they were worse this year. The regimental police had not improved. Unregistered women were still said to be the cause of evil. An endeavor had been made to effect a complete city register of prostitutes. But the Collector doubted whether the preparation of a register was sufficient, and suggested that the city might be put out of bounds to the soldier. As regards, the registration of women in 36 villages about cantonments which were brought under the action of lock-hospital rules in 1872, no women of these villages had been registered, it was probable the rules had not been applied; their application lay with the Secretary of the cantonment committee (Fifth Annual Report of the Working of the Lock Hospitals in the NWP & Oudh for 1878: 5).[215] The Agra and Muttra reports proved, the effectual suppression of venereal disease would result from increased vigilance and care on the part of the regimental police, and not from extended registration of women. Especially a considerable restriction of the men's right to wander at will through native cities and bazaars had to be effected.

During the year 1879 a monthly average of 139 women remained on the register against 144 in 1878 (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 4).[216] The Medical Officer reported that the newly built lock hospital at Agra was occupied during the year from the 15th of March. It was well situated, and the buildings were well adapted to their intended purpose. Only there was necessity for a better water supply (a well within the enclosure) (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 4).[217] As compared with previous year's results, disease was less amongst the soldiers in 1879, but still remained extraordinarily prevalent (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 4).[218] The prevalence decreased as the year advanced, 189 admissions having been recorded during the first six months of the year, and only 78 during the last six months (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 4).[219] The extraordinary prevalence of disease in 1879 as in 1878 was due chiefly to the general prostitution of people impoverished by famine (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 4).[220] The sub-committee had met whenever there was anything special to bring before it. No effectual means had yet been devised for the suppression of illicit prostitution. By the native police, 49 unregistered women in all were arrested, of whom 44 were found diseased, but not one woman was arrested by the military police of the 60th Rifles or of the Artillery (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[221] Although a daily average of seven military police were employed in the former, and one permanent and seven periodically employed police in the latter (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[222] Soldiers had given no information leading to the apprehension of the women from whom they contracted disease. No registered woman had been willing to give information as to the source of her disease, and this, it was believed, through fear of the results of informing against Europeans who supported these women. The unregistered women on the contrary, when found diseased, readily gave the information required, and there was no doubt that 20 cases of syphilis, which occurred amongst the soldiers in April, were due to intercourse with a gang of such women (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[223] The registered women had been regular in their attendance for examination. In the cantonment the women were

examined once a week, in the city once a fortnight. Disease, as a whole, amongst the women diminished, from 303 cases in 1878 to 262 in 1879 (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[224] But the cases of syphilis were 115 in 1879 against 94 in 1818 (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[225] The cause of all this disease was obscure, but it was likely that the disease may have been conveyed to the women by natives as well as Europeans. The medical officer thought that although the results of lock hospital working had lately been unsatisfactory and disheartening, yet the scheme could not be abandoned without the certainty of enormous increase and severity of disease amongst the soldiers. The cause of recent failure, as regards good results, had been the shameless conduct of crowds of destitute women, so poor as to court sexual intercourse with a soldier for a reward of two and four paisa (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[226] The medical officer thought it difficult to devise a check for prostitution so cheaply sold, but was of opinion that the occupiers of land where a diseased woman was found ought to be punished, as they would be, for harboring a dangerous animal. The regimental police or soldiers gave no help towards the detection and arrest of these women. And the native police alone were unable to affect it, or were willing to forego the arrest when affected for two *annas*. To counteract this custom rewards were offered for the arrests. Further experience had shown conclusively that nearly all the venereal disease contracted from unlicensed women by soldiers was contracted when the soldier was drunk, and, therefore, the medical officer favored the punishment of the diseased soldier by stoppage of his pay while sick, and the subsequent making up of duties escaped during the time of sickness. The Magistrate thought that the record was an improvement on that of last year (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[227] The Artillery appeared to have been most troubled by disease (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[228] The diminution of disease as the year advanced, and the prospects of the agricultural classes improved, seemed to support the view that the impoverishment of the people may have helped to swell the venereal returns (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[229] The regimental police had been useless for the purpose of arresting unlicensed women. The arrest of such women as a fixed duty of the ordinary police could not be

recommended as tending to demoralize the force. Occasional action of the police was advisable, and would be more effective if rewards for arrests were authorized. The medical officers complained that women infested the vicinity of the soldiers lines pointed to a faulty regimental police. The Magistrate supposed that under the short service system these police were young soldiers, whereas the duties of regimental police were best performed by soldiers of mature age. Indeed, the general youth of the soldier, and the comparative fewness of married soldiers, probably accounted for much of the prevalent venereal disease. With reference to the medical officer's remark that the sub-committee assembled whenever specially required to do so, the Magistrate remarked that at one time of the year the meetings were regularly held (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[230] The regularity of the meetings depended on the action of the Cantonment Magistrate. It seemed ridiculous to call meetings without special object, still the Magistrate thought that when the meetings were irregular, the supervision of the work became slack (Sixth Annual Report of the Working of the Lock Hospitals in NWP & Oudh for the year 1879: 5).[231] The Commissioner stated that the reports showed that little or no improvement had taken place since last year. The offer of a small reward for the arrest of an unregistered woman might be effective, but it might be considerably abused. The punishment of the occupiers of lands on which a diseased woman was found was impracticable. The irregularity of the lock hospital committee meetings came to be noticed. The Commissioner again recorded the opinion that success in lock hospital management depended to a great extent on the action of Commanding Officers. The laws and rules of the system strongly supported the means controlling the movements of the soldiers when off duty, and their freedom to meet unlicensed women was reduced to a minimum.

During the year 1880 a monthly average of 116 women remained on the register against 139 in 1879 (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 3).[232] The Medical Officer reported a decreased ratio of disease during the past year as compared with previous years. This, however, arose from the ratio of disease informer years having been recorded with reference to the annual daily average strength. This in 1880 was 761. The cases of disease were 307; the resulting ratio was403 (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces

and Oudh for the year 1880: 3).[233] The Medical Officer had calculated the ratio upon the strength during period of occupation, or 1,378 men (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 3).[234] The 4-60th Regiment (525 men) were present only 36days during the year (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 3).[235] Towards the close of the year there was an enormous increase of disease amongst the young soldiers of the 5th Regiment. And in every instance it was proved that the disease had been contracted from unregistered women. In 40 instances registered women were accused of causing disease, but the accusation was found to be unjust in 38 and doubtful in two (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 3).[236] The Cantonment Sub-Committee assembled whenever there was anything special to bring before it. The efforts made to check unlicensed prostitution had met with no success. Sixteen soldiers were employed as regimental police, but gave no assistance in this direction. The unregistered women lurked after dark in the ravines near the Fort and in the outskirts of the city. It was calculated that there were 1,000 prostitutes in Agra city, but only 25 of them were registered (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 3).[237] Many of these city prostitutes were diseased. Those of their number who were registered were old, ugly, poor, ragged. Until more attractive women were registered, the soldier could not well be punished for preferring the unregistered class (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 3).[238] The Medical Officer recommended the establishment of a *chukla* or brothel, so that the registered women could be brought together. Now they resided wherever they pleased, and the soldiers found this an excuse for wandering all over the city at all hours of the day and even at night. Of 10 unlicensed offenders arrested, 8 were seriously diseased (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 3).[239]Amongst the registered women there was less disease in 1880 than in 1879 (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 4).[240]

For the improvement of the scheme the Medical Officer recommended improved police arrangements for the check of illicit prostitution, an increase to the number of registered women, and the establishment of a *chukla* (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 4).[241]The Cantonment Magistrate recorded the satisfaction of the Cantonment Committee at the comparatively favorable results recorded for 1880. To check the increase of disease lately established, a special police force had been appointed for the arrest of unlicensed offenders, the city had been placed out of bounds, and the soldiers restricted to passage on the main roads near the Fort. The Magistrate and Collector stated that disease amongst the soldiers was comparatively rare until a large detachment of young soldiers arrived from the front with their pockets full of money. These men were about at all hours, not in the city, but off the roads lying between the Fort and the barracks. These places were placed out of bounds after the close of the year. The Magistrate thought ordinary city prostitutes did not permit visits of soldiers. The *chamar* and coolie women of villages neighboring the city and cantonments were the source of the disease complained of. The city registration had been increased. The register ought to have included more names before, but the Assistant Magistrate was weak in accepting excuses. According to the Magistrate, the military authorities should have communicated with the Magistrate when the city registration was believed to be inefficient. A joint, continuous action of the Civil and Military authorities was essential for success in this matter. The Commissioner was of opinion that, having regard to the great increase of disease at the end of the year, there was not much cause for the satisfaction expressed by the Cantonment Committee, for it was clear that no definite check had been given to the spread of venereal disease amongst the soldiers (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 4).[242] As usual, the Medical Officer thought blame rested upon the civil authorities on account of insufficient city registration, and the Magistrate thought blame rested upon the Military authorities on account of imperfect police arrangements (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 4).[243] Soldiers frequently visited the city before it was put out of bounds, and it was pretty sure they knew some of the women there. These women needed to be registered.

During the year 1881 a monthly average of 133 women remained on the register, against 159 in 1880 (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 4).[244] The Medical Officer reported favorably concerning the lock hospital accommodation, but no well had yet been made for the supply of water, which had to be brought from a distance. The Medical Officer recorded a ratio of only 163 cases of venereal disease per 1,000 of garrison strength (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 4).[245] This very favorable result arose from the fact that, for the calculation, the daily average strength of the garrison had been taken to be 1,592 (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 5).[246] The true daily average of strength for the year was 1,114, and the ratio of cases 232 per 1,000 (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 5).[247] A large majority of the soldiers' venereal affections must have been contracted from unlicensed women, as out of 56 instances of reported infection by registered women; only in eight were there any grounds for the charge (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 5).[248] The Lock Hospital Committee met whenever there was anything special to bring before it. Measures taken to check unlicensed prostitution met with little success during the year. Twelve men were employed by the regimental authorities as a regimental police, but they could be of little use (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 5).[249] The unlicensed women did not live in the *sadar* or regimental *bazaars*, but lurked after dark about the outskirts of the city and near the fort. It was calculated that more than 1,000 prostitutes lived in the city, of which only 59 were registered (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 5).[250] These registered persons were generally old and ugly. A younger and cleaner variety was desirable. The registered women were divided into two sets—one of the city, an average of 59; the other of cantonments, average 74 (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 5).[251] The city women were examined once a fortnight and were irregular in attendance, 171 cases of absence having been reported (Eighth Annual Report of the Working of The

Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 5).[252] The cantonment women were examined once a week, and were more regular in attendance. Amongst the city women there was increased disease during the year. Amongst the cantonment women there was less disease in 1881 as compared with 1880. Registration was to be extended amongst city women—a measure strongly urged, as likely to be beneficial in arresting the progress of venereal disease generally in the station. A matron was employed at the hospital. The Cantonment Magistrate reported, that the Cantonment Committee desired to support the suggestion, of the Medical Officer; favoring an increased registration of city women known to the police as receiving the visits of soldiers. The results for the year were favorable, and they showed that success was due to the efforts of the local authorities to check disease. The Magistrate of the District forwarded the report, with the remark that it was a more satisfactory document than usual. The satisfactory result was due to the employment of a regimental police. The Magistrate was of opinion that the city prostitutes numbered about 300 (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 5).[253] Of the 59 registered, the majority were young, some old (Eighth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 5).[254] The Commissioner of the Division recorded a decided improvement in result for the past year, but thought it unsatisfactory that the Sub-Committee should assemble only when anything special had to be brought before it. So far as could be ascertained from the papers, no action at all was taken by the Committee during the year. The Commissioner agreed with the Medical Officer in thinking that the number of registered city women should be increased. He thought the Cantonment Magistrate ought to supervise this work. The registration of a more attractive class of women did not appear to have been attempted during the year. There were frequent changes of management that year, which could not have had a beneficial effect.

ROHILKHAND

R. M. Edwards, Esq., Commissioner, Rohilkhand Division submitted a report to the Secretary to Government, North Western Provinces and Oudh on the working of the lock hospital at Bareilly for the year 1877. As per the report the hospital accommodation appeared to be ample. As regards the registration of prostitutes, the number on the register at the close of 1876 was 89; number added during the year was

67 – making a total of 156. Of these 52 removed their names or absconded, leaving 104 on the register on 31st December 1876. The average number on the register for the year was 95 (Edwards 1878).[255] In the opinion of Dr. Triphook (medical in charge) this registration was insufficient, and the classes on the register were so loathsome that the British soldier managed to make other arrangements to his serious injury. It was useless retaining the old women on the register. It was suggested that these women be turned out from the cantonments, and a younger and less repulsive class of women be substituted with. According to Dr. Triphook until something of this kind was done the lock hospital was not likely to prove a success.

The average attendance at the periodical examinations was very good, being 90.58, with an average number on the register of 95 (Edwards 1878).[256] These examinations, held weekly by the medical officer, had been supplemented by daily examinations by the *dhai*. The average number of absentees was 4; 54 were reported for non-attendance, the actual number of absentees being 42. Women were punished for breach of rules. The fines imposed amounted to Rs. 84, of which Rs. 64 were realized, and 17 women were imprisoned for default of payment of fines (Edwards 1878).[257] Disease among the women had decreased and been less virulent: the number found diseased was 160, against 154 in 1876, but the ratio per 1000 of admissions was 1,838 for 1877 to 1,730 for the previous year (Edwards 1878).[258] No registration fees were levied. Rs. 64 was realized in fines and the total charges, amounting to Rs. 2,316, were met from the cantonment fund (Edwards 1878).[259]

The health of the European troops in terms of the ratio of admissions per 1000 of strength for the last five years were 126 for 1877, 89 for 1876, 107 for 1875, 165 for 1874 and 98 for 1873 (Edwards 1878) .[260] The increase of primary venereal disease during the year were attributed to the village women of the lowest classes by Dr. Triphook, who had during the last eight months resorted to prostitution as a means of livelihood, and had spread the disease among the European soldiers. Besides this a number of *Kunjar* women had been living in the *Kalasi* bazaar in cantonments, who came in as married women, but who eventually turned out to be prostitutes. Their real character and position was not discovered until the departure of the European regiment (Edwards 1878).[261] They had to be expelled, and a stricter watch was necessary henceforth. However, there was little chance of checking venereal disease as men could break out of barracks at night, and cohabit with any women they could

pick up in the bazaars or strolling about in search of the soldiers. Dr. Triphook (Surgeon, M.B., and A.M.D.) exerted that although the number of cases of disease among the men had increased, the number of cases among the women had decreased, and the type of the disease had assumed a milder form. Two necessary measures came to be proposed if the lock hospital was to prove really beneficial. Firstly, the class of women provided for the soldiers must not be old and loathsome. Secondly, the men must be kept in their barracks at night.

BAREILLY

The estimated hospital accommodation in the Bareilly lock hospital for 1877 was 25, and during the past year the largest number of patients in hospital at one time was 21, whereas the average was 12.8 (Triphook 1878: 16).[262] The grand total of admissions for venereal disease contracted at Bareilly during the year was 91 (Annual Report on the Bareilly Lock Hospital 1877: 17).[263] The average strength was 716, the ratio of admissions per 1000 of strength was 126 (Annual Report on the Bareilly Lock Hospital 1877: 17).[264] During the year 1877 an increase in the number of admissions from venereal disease among the European troops was recorded. The increase was not unexpected. Famine and distress caused a large flow of vagrant women from villages to pass through and practice prostitution to eke out a miserable existence. Ayahs belonging to soldiers' wives followed the same trade till they were discovered. The prostitutes set apart for European soldiers practiced their calling with diseased natives also. The married *Kunjar* women were found to cohabit with soldiers in the *Kalassi* lines of the 18th Royal Irish Regiment, and that with these the police were unable to interfere (Edwards 1878: 16).[265] The men broke out of barracks at night time and entered the various bazaars and cohabited with village and other women who were aware of this. The police had been negligent of their duties with respect to lock hospital rules, necessitating the degradation of a head constable in one case; and that regimental police, unless continually goaded, were averse to spying after men, with the discharge of their duties would entail and were very irregular in their efforts in the prevention of a matter in which they did not sympathize, and could see no good results there from. A large proportion of this disease was not contracted from registered women, and was the result of famine and its consequences.

TABLE 3.3 - STATEMENT SHOWING THE EXTENT OF VARIOUS FORMS OF VENEREAL DISEASE AMONG THE TROOPS IN THE CANTONMENT OF BAREILLY DURING THE YEAR 1877.

<table>
<tr><th>REGIMENT</th><th>PERIOD OF OCCUPATION</th><th>AVERAGE STRENGTH DURING PERIOD</th><th>NUMBER OF ADMISSIONS FROM VD DURING THE PERIOD OF OCCUPATION</th><th>RATIO OF ADMISSIONS PER 1,000 OF STRENGTH</th></tr>
<tr><td rowspan="5">1-18th, the Royal Irish</td><td rowspan="5">12 months</td><td rowspan="5">583</td><td>Primary syphilis 22</td><td rowspan="5">125</td></tr>
<tr><td>Gonorrhea 49</td></tr>
<tr><td>Bubo Gonorrheal 1</td></tr>
<tr><td>Secondary syphilis 1</td></tr>
<tr><td>Total 73</td></tr>
<tr><td rowspan="3">Royal Artillery</td><td rowspan="3">11 months</td><td rowspan="3">130</td><td>Primary syphilis 14</td><td rowspan="3">215</td></tr>
<tr><td>Gonorrhea 14</td></tr>
<tr><td>Total 28</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td rowspan="3"></td><td>Gonorrhea 1</td><td rowspan="3">311</td></tr>
<tr><td>Total 1</td></tr>
<tr><td>Grand Total = 102*</td></tr>
</table>

Source: Annual Report on the Bareilly Lock-Hospital for 1877.[266]

In looking over the ratio of admissions per 1,000 for the previous six years it was found that the year 1877 ranked fourth.

TABLE 3.4 - THE RATIO OF ADMISSIONS PER 1000 FOR THE YEARS 1876-1872.

Years	**Admissions**
1876 (ranked 1st)	89.4
1873 (ranked 2nd)	98.8
1875 (ranked 3rd)	107.9
1877 (ranked 4th)	126.6
1874 (ranked 5th)	165.5
1872 (ranked 6th)	228.0

Source: Table from the Annual Report on the Bareilly Lock-Hospital for 1877.[267]

It was hoped that as the causes of increase of disease were removed there would be a progressive improvement. Special measures were taken for the control of prostitution - detective Police, a detective *dhai*, regimental patrols and police, examinations of the women weekly by the medical officer, and every second day by the native *dhai* and a special endeavor to keep casual women away from the lines. The police however were inefficient in the discharge of this part of their duty. As a result of the dislike of their work, religious and public prejudice and the incentive of bribes, they could not be depended on, in a scenario where alertness was necessary. Many a times, native police officers had to be reprimanded for neglect of duty in this matter. The regimental police too were very lax in the discharge of their duty relative to prevention. They neither understood nor approved of the rules, which were looked upon by soldiers as tyrannical. The police were not fit to run. They were not capable of catching men or women, who ran away on the alarm being given. It was openly known that ayahs had caused disease in the lines, yet there were no cases of the regimental police discovering or reporting on the matter. The services of the detective *dhai* were also of little value. They were caught between the threats of male procurers and female prostitutes. On account of a small salary she had every incentive to take *dusturi* (bribe), and allow matters to quietly slide (Triphook 1878: 18).[268]

In a situation when most of the disease contracted could be attributed to unregistered women, the examinations of the registered, however often, were useless in checking the source of disease. Registration was inefficient. The classes on the register were the lowest of the low, old, ugly, deformed and seared by disease. The Act extended only in the cantonments and the city of Bareilly, in reality however it was supposed to extend to a radius of five miles from Bareilly. The number on the register at the end of 1876 was 89, the number added to the register 67, the number who removed their names or absconded 52, leaving a remainder of 104 on the register on the 31st December, 1877, or an increase of 15 over the previous year (Triphook 1878: 19).[269] This was a slight improvement. No registration fees had been levied. The attendance of the women at the periodical examinations was very good. The average number of prostitutes on the register for the year was 95.2, and the average attendance was 90.5, which was very good (Edwards 1878: 19).[270] There were eight cases of absence reported from the *sadar bazaar* during the year; of these there were seven individual cases of absence, and one woman twice. The number of cases of

absence reported from the city was 46; of these – 24 women were absent once, eight women were absent twice, and two women were absent three times (Triphook 1878).[271] The number of cases of individual absence was 34 (Triphook 1878: 19).[272] The number of women apprehended for practicing without a license was nine. Of these three were convicted and imprisoned (Triphook 1878: 19).[273] This does not take into account the number of women who were sent up for examination to the lock hospital, and being diseased were retained till well. The number of registered women punished for breach of rules was 38, against 18 the previous year (Triphook 1878: 19).[274] The punishments inflicted were 21 fines and 17 imprisonments. Out of Rs. 84 levied, the amount realized was 64 (Triphook 1878: 19).[275]

TABLE 3.5 - THE NUMBER OF VENEREAL DISEASE ADMISSIONS AMONG THE WOMEN FOR THE YEAR 1877

Primary syphilis	79
Secondary syphilis	02
Gonorrhea	53
Ulcer of Ob	13
Condyloma	06
Bubo	03
Leucorrhoea	04
TOTAL	160

Source: Table from the Annual Report on the Bareilly Lock-Hospital for 1877.[276]

Out of 160 admissions- it was witnessed that primary syphilis had for years given the largest number of admissions among the women, whereas among the men gonorrhea was more frequent. Secondary disease among men and women was almost absent, being only two cases among the former and one among the latter. The disease was therefore, mild in character.

During the year 1878 a monthly average of 109 women remained on the register against 95 in 1877 (Fifth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 8).[277] The result of the management was unsatisfactory as compared with that of previous years. For the five years, 1874-78, the ratios of venereal cases per 1,000 of the European garrison at Bareilly had been 165, 140, 89, 142, and 213 respectively (Fifth Annual

Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 8).[278]The Medical officer reported that at one time during the year, forty five patients were present in the lock-hospital, which contained proper accommodation for only twenty five (Fifth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 8).[279] This overcrowding of patients was due to the sudden admission of 22 unregistered prostitutes sent from the city for examination, and all found diseased (Fifth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 8).[280] The medical officer recommended the removal of these unregistered women to the poorhouse. The sub-committee had assembled regularly. The medical officer recorded the opinion that the venereal disease of the year at Bareilly had been mild in type; that the lock-hospital system had worked satisfactorily, the greatest portion of venereal disease amongst the soldiers having been contracted from unregistered women who abound in and about cantonments. Almost all the unregistered women examined during the year had been found diseased. Much still remained to be done for the prevention of illicit prostitution. The medical officer believed that few soldiers knew that a registered woman was in possession of a ticket proving her freedom from disease. The previous Medical Officer, on return to Bareilly, reported that the amount of disease amongst the soldiers had been overstated in the medical officer's report, as 10 cases of transfers had been entered as new cases (Fifth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 8).[281] Deducting these 10 cases and 20 cases contracted elsewhere, there remained a total of only 125 cases contracted at Bareilly, and not 155 as the report stated (Fifth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 8).[282] The statement that few soldiers knew of registered woman having a ticket was not in accordance with the fact, as printed notices calling the attention of the soldiers to the existence of registered women had been circulated to each regiment and suspended in the women's rooms. The Magistrate and Collector recorded that the year 1878 was one of great scarcity and distress, and consequently many coolie and low-class women naturally took to prostitution as a means of livelihood, meeting the soldiers in fields and groves, and becoming a cause of disease to them (Fifth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 8).[283] The Magistrate thought want of privacy and comfort in

the registered women's rooms deterred soldiers from visiting them. Better results, he thought, could be obtained by more stringent regimental police arrangements, and by continued endeavor to instruct the soldier as to the dangers of illicit intercourse. With regard to the 22 diseased unregistered women, whom the medical officer desired to send to the poorhouse, the Magistrate said that 200 such women could be found any day in Bareilly city, and that to accommodate them all, the lock-hospital accommodation would have to be increased a hundredfold (Fifth Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 8).[284] The civil dispensary had neither funds nor accommodation for such cases.

During the year 1879 a monthly average of 17 women remained on the register against 109 in 1878 (Sanitation 1879 Department 1879: 10).[285] The results of the management had been very unsatisfactory. The ratios of admissions to hospital for venereal disease amongst the garrison, for the six years 1874-79, had been 165, 140, 89, 142, 235, and 338 per 1,000 of strength respectively (Planck 1880: 10).[286] The Medical Officer reported that the hospital accommodation had been improved by the repair and utilization of certain outhouses formerly useless. The native doctor had given every satisfaction. The Matron, Mrs. Barrett, had been singularly efficient in the performance of her duties. The sub-committee had met regularly, and the weekly and monthly returns had been regularly furnished. Amongst the registered women the admissions to hospital increased very much immediately after the medical officer took charge, and, at the same time, venereal disease amongst the soldiers commenced to decrease steadily. In very few cases indeed were the registered women, pointed out as being a cause of disease, found to be diseased on examination. Many of the soldiers confessed to having contracted disease from unregistered coolie women or ayahs; and the police arrested some of these women. The increase of disease recorded for the year had been in great measure due to the increased strength of the garrison. For, venereal disease increased in compounded ratio to the occupying strength. About sixty nine of the cases recorded were imported into Bareilly by soldiers transferred from other stations (Planck 1880: 10).[287] The cause of excessive disease was the great amount of illicit prostitution practiced by the soldiers, who were led to this course by its comparative cheapness and increased element of temptation. The Medical Officer thought that the venereal picket had been useless, excepting as a means of punishment

for soldiers cured of venereal disease that had to serve on this picket. Punishment by having to make up arrears of duty could also have had a deterrent effect. The cantonment registered women had been examined every second day. The medical officer suggested that the soldiers should be confined to the registered women, and he thought the registered women should not be visited by native men. The Magistrate was of opinion that venereal disease at Bareilly had been contracted by the soldiers mainly from unregistered women, who were unusually numerous, as a result of the famine of 1877-78 (Planck 1880: 11).[288] Having taken to prostitution, these women had continued to practice it. And probably more of these women were diseased now than in 1878. The native population, as well as the soldiers, had suffered from this cause of disease. As regards the soldiers, effective measures of prevention could be taken only by Commanding Officers, who should limit the liberty of the soldier, and severely punish men who falsely accused a registered woman of being a cause of disease. The restriction of the soldiers' liberty would result in making unregistered women unpopular. However, they were popular with the soldier—a cause of hindrance to the arrest of these women by the police. The Commissioner noted the great increase of venereal disease amongst the registered women and the soldiers during 1879. He thought the Magistrate was correct in his opinion that the increase of disease had been due to the existence of many unregistered starving women, who took to prostitution during the famine of 1877-78, and had continued to practice it. This startling increase of disease seemed to make the curtailing of the soldiers' liberty a measure worthy of serious consideration by the military authorities.

During the year 1880 a monthly average of 15·9 women remained on the register against 17l in 1879 (Home Department 1880: 8).[289] The results of the management had been satisfactory. For the seven years 1874-80 the ratios of admissions to hospital for venereal disease amongst the European garrison had been 290, 244, 177, 185, 354, 241, and 215 per 1,000 of daily average strength (Home Department 1880: 8).[290]The Medical Officer reported that the situation of the hospital was inconvenient both for the women and for the Medical Officer. The accommodation, moreover, was insufficient in the cold season; three women having to occupy the space required by two. The accommodation was for 18 persons (Planck 1881: 8).[291] The daily average of sick women had been 25 (Planck 1881: 8).[292] The medical charge changed hands four times during the year. The management had been

fairly successful in preventing disease and, more especially, in preventing syphilis, the admissions for which amongst the soldiers numbered 173 in 1878, 123 in 1879, and, only 90 in 1880 (Planck 1881: 8).[293] There was a marked decrease of disease amongst the registered women also in 1880 (Planck 1881: 8).[294] A total of 194 cases of absence of women from the periodical examinations had been reported to the Cantonment Magistrate, but generally the attendance had been satisfactory.

The Native Doctor, Karim Bakhsh, was a thoroughly efficient and trustworthy subordinate. The matron was an excellent woman and commanded the respect of those under her charge. The Sub-Committee had assembled once in every month of the year. Amongst the registered women disease had been much less than in 1879. Very few of the women pointed out by the soldiers as causing disease had, upon examination, been found diseased. The disease from which the men suffered had been contracted from coolie and other unregistered women who went about at night and remained undetected. The Medical Officer reported the ratio of cases of disease amongst the soldiers to have been 189 per 1,000 of strength (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 8).[295] But the strength was taken to be 1,007 soldiers, or the number present for any period during the year (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 8).[296] The exact daily average strength was 720 men, and the ratio of disease 291 per 1,000 (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 8).[297] It was reported that an unusual number of regiments or detachments passed through the station during the year, all bringing with them venereal disease contracted on the rail or while on the march. In all, 112 cases of disease were believed to have been contracted from registered women (Seventh Annual Report of the Working of The Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 9).[298] Chiefly disease came from unregistered women who patrolled the roads at night and induced the soldier, often the worse for liquor, to illicit intercourse. But for the presence of these cheap wanderers, the soldiers would visit the registered women only. Shooting excursions also afforded an opportunity for dangerous illicit intercourse with women. For the prevention of this illicit intercourse the Medical Officer thought the "venereal picquet" useless, excepting as a measure of punishment for men who had contracted disease. And

punishment by making up arrears of duty was also useless to prevent disease. The receipt of a ticket by the soldier from the registered woman visited acted well, chiefly as a means of detecting a diseased woman. All the registered women of cantonments had been examined every second day. The Medical Officer praised the system in force, and thought nothing more effective against disease could be devised. As long as man was a free agent he could not be kept within the bounds of an institution, although it may be established for his benefit. The Commissioner noted a marked decrease of disease for the year amongst the women, and a great improvement in the health of the soldiers, as shown by the figures of the report. The main cause of disease was intercourse of the soldier with unregistered women. As a rule, the registered women were old hags, to whom the soldier would not confine his visits. Amongst the village women there was an enormous amount of venereal disease of a very bad type, and these women were ready to gratify the soldier for a mere trifle.

ALLAHABAD

The Allahabad lock hospital was situated in the *Katra bazaar* in the civil station, between the old and new cantonments. The hospital was in a good central position and consisted of a compound containing a row of nine small wards with a verandah in front. Each ward was supposed to contain two patients, and had a cubic space of 1,282 and a superficial of 192 feet, thus giving each patient 641 cubic and 95 superficial feet (Fourth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1877: 23).[299] The accommodation was insufficient for the number of women on the register. The average daily number of the patients had been 22, while there was accommodation only for 18 (Ashton 1878: 23).[300] The wards were ventilated by open doorways only. The establishment also contained an examination room, dispensary, cook house, native doctor's room, servants' quarters, and an open verandah which was used as an office.

According to the medical officer, Surgeon Major W. Ashton, M.B., there had been a slight increase in the number of total admissions for venereal disease among the European troops in 1877 as compared with 1876; but 1876 was a healthy year, and, with the exception of it, 1877 compared favorably with any year since the lock hospital was established, while the admissions for syphilis had been much fewer than they ever were before (Annual Report on the Allahabad Lock Hospital 1877).[301]

TABLE 3.6 - STATEMENT SHOWING ADMISSIONS FOR EUROPEAN TROOPS FOR 1875, 1876 AND 1877.

Years	Average Strength	Total Admissions	Primary Syphilis	Gonorrhea	Total admissions per 1000	Primary syphilis per 1000	Gonorrhea per 1000
1875	1053	257	121	136	244.06	114.90	129.15
1876	935	165	87	78	177.43	94.01	83.42
1877	922	171	63	108	185.46	68.33	117.13

Source: Annual Report on the Allahabad Lock Hospital 1877: 23[302]

This shows that there were six more admissions in 1877 than in 1876, but 85 fewer than there were in 1875(Annual Report on the Allahabad Lock Hospital 1877: 23).[303] The returns for the European troops had been regularly received during the year. A cantonment sub-committee held monthly meetings throughout the year, and consisted of the deputy surgeon-general, Indian medical department; the deputy surgeon general, British troops; the magistrate of Allahabad; and the cantonment magistrate. The register of women had been kept by the cantonment magistrate, and regimental arrangements were made by commanding officers to prevent unlicensed women frequenting the lines and bazaar.

Allahabad was a very difficult station to control prostitutes satisfactorily. There was no *sadar bazaar*, the city was situated near the new cantonments, and most of the numerous villages and bazaars in the neighborhood contained prostitutes. The three lines of railway meeting here also afforded great facilities for changing residence when a woman wished, by doing so, to avoid registration. If she became too well-known in any locality she could leave the station altogether. After a while she returned, selected some new abode, and was thus enabled to carry on her trade some time longer without being detected. The number of women on the register during that year had been on an average 129, much too small a number for such a large population; which suggests the women had a great dislike to being registered, and evaded it as much as possible (Annual Report on the Allahabad Lock Hospital 1877: 24).[304] Attempts had been made from time to time to increase the number on the register, but had always met with great opposition, the women frequently employed lawyers to defend. The area over which the lock hospital rules extended included the whole of the cantonments and the space enclosed by around the cantonments at a

distance of four miles. No registration fees were levied. The number of absentees from the weekly inspections during the year was 692 (Fourth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1877:24).[305] These were reported to the cantonment magistrate, and one was fined and seven imprisoned. The number reported included women who were reported week after week for absence, until they were struck off the register. The examinations were held weekly, both at the lock hospital and at a small house in the city, and were conducted on consecutive days, so that if a woman who would be unable to be present on one day could attend on the following, also for the convenience of those women who would have a long distance to travel if there were to be only one place for examination.

TABLE 3.7 - SICKNESS AMONG THE WOMEN AS COMPARED TO THE TWO PREVIOUSYEARS[306]

Year	Admissions	Average daily sick
1875	357	22.80
1876	438	22.24
1877	468	22.59

Source: Report by Medical in charge of Lock Hospital 1877.

There was not much disease of a serious nature among the registered women, though the numbers of admissions appear large. They were taken into admission for slight causes, and disease was thus often checked at its outset, which if not taken in time might have assumed a more formidable character. The worst cases of disease were almost always found in unregistered women, who plied their trade on the roads leading to the barracks (behind trees) and in the vicinity of cantonments. The difficulty of detecting these women was very great, but when caught they were almost invariably found to be diseased. *Dhais* for the purpose of giving information or detecting prostitutes had not been employed here. Fourth-class native doctor Hiralal had been attached to the hospital for nearly nine years (Annual Report of Allahabad Lock Hospital 1877: 24).[307]

During the year 1878 a monthly average of 136 women remained on the register at Allahabad against 130 in 1877 (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[308]

The results of the management had been very unsatisfactory. The ratios of venereal cases per 1,000 of the European garrison for the five years, 1874-78 had been 290, 244, 177, 185, and 354 respectively (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[309]The Medical Officer reported that accommodation at the existing lock hospital existed for only 18 patients, whereas 28 patients were the daily average number present for treatment during the year: so that for some portions of the year it was certain that more than 28 were present (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[310] The great increase of disease amongst the soldiers could hardly be explained satisfactorily. But the medical officer thought it may have been due to the fact that the European garrison was changed during the year, the new soldiers being allowed to wander to villages beyond the lock-hospital area, and to the fact that an unusual number of soldiers passed through the station going to Malta or to the front. This frequent passing of troops attracted vagrant women to the rest camp. At the beginning of the year, of 100 young soldiers of the 22nd Regiment, over 40 contracted disease either at Deolali or Allahabad (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[311] At the beginning of November over 200 men came for the 22nd, from amongst whom a large comparative average contracted disease (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[312] A large number of men of the field battery arrived from Benares diseased. The main cause of the excessive disease was the presence of a very large number of unlicensed women who were not interfered with or interrupted by the police. In so scattered a station, the regimental police could not prevent illicit intercourse. Indeed, at Allahabad, in certain roads near the new cantonments and the rest camp, and from the rest camp to the railway station, women openly solicited intercourse with Europeans, yet the medical officer had never heard of any one of these women being arrested by the police. The punishment of a woman practicing unlicensed prostitution was so difficult under the existing administration of the law at Allahabad, that the medical officer expressed wonder that any women would be found on the register there. The medical officer was of opinion that disease was not propagated by the registered women, but by unlicensed vagrant women plying their trade on roads and in groves of trees. These women were very well known to the police, but were seldom if ever arrested. Of 282

cases of absence from inspection, reported to the Cantonment Magistrate, punishment was administered in 19 only (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 7).[313] The sick amongst the registered women included some cases of very serious primary syphilis. The worst of these cases, however, were seen amongst unregistered women. The medical officer accorded much praise to Hira Lal, the medical subordinate attached to the lock-hospital, for his professional knowledge, good temper, and tact in management. The Cantonment Magistrate agreed with the medical officer in thinking that the excessive disease of the year was due to the change of garrison, and to the unusual number of vagrant women attracted to the rest camp by the large number of troops which passed through Allahabad during the year. Concerning the detection, punishment, and registration of these women, the Cantonment Magistrate showed that he registered more women in 1878 than in 1877 (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[314] Also, that the 282 cases of reported absence from inspection were devisable amongst 74 women only (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[315] Of these women 19 were punished, whilst in 1877, amongst a much larger number of women reported, only 6 were punished (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[316] Also in 1878 the *muharrir* (native police) in charge of lock-hospital cases, had been several times punished, for lax or suspicious action in regard to them. The Cantonment Magistrate acknowledged that the native police were useless for the detection of unlicensed prostitution by reason of their openness to bribery, or willingness to receive gratuitous favors from the women they ought to arrest. He would not counsel the arrest of suspected women by the police, by reason of the power they would acquire to practice a lucrative employment, by demanding money from innocent women on threat of unjust report. He acknowledged that the police had failed in their duty to bring up for punishment many women reported absent from inspection: Stringent orders had been passed on this subject, and the Superintendent of Police had been asked to aid in this direction. But the result had not been favorable: out of ten absent, perhaps one or two had been arrested. The Cantonment Magistrate thought the good or bad results of a year's management depended upon luck; explaining that a good-looking ayah could be a cause of much disease before detection, or that the source of the disease may be in

the very midst of the barracks. He thought much mischief resulted from barrack-ayahs and cantonment servants, who had better opportunities than vagrant women for meeting soldiers secretly. In view of the manifest failure of the police in this matter, the Cantonment Magistrate proposed the establishment of a scale of rewards to be paid to the policeman or *chaukidar* reporting or arresting a guilty woman. He gave Rs. 5 reward for the arrest of a woman diseased with syphilis; Rs. 3 if diseased with gonorrhea; Rs. 2 if guilty of unlicensed prostitution, but healthy—urging the proposal on the grounds that Government rewarded the destruction of wild beasts which caused less pain and suffering than a diseased woman (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[317]The Magistrate reported that as regards results the management had been most unsatisfactory. He thought the chief cause of this was the utterly corrupt and inefficient character of the police. He suggested that some portion of the increase of disease reported could be due to a stricter definition of venereal disease, by regimental medical officers in 1878, than in former years. He had no doubt that the registration of only 151 prostitutes amongst a native population of 155,000 was a partial measure and useless (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[318] Before, however, registration could be extended to all prostitutes, a new hospital had to be provided; and the Contagious Diseases Act (XIV of 1868) had to be enforced in the station, city, and within the 4-mile radius of the lock-hospital area (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 6).[319] However, the Magistrate believed registration never would touch the vagrant women of sorts about the barracks, who caused the greatest portion of the disease complained of. For the prevention of this, strong measures were necessary. The Magistrate did not say how these vagrant women about barracks were to be dealt with, but he urged that the city and its suburbs should be permanently put out of bounds to the European soldier at least out of bounds for six months to a soldier discharged from hospital after first cure from syphilis, and permanently after a second cure; and he urged strongly that a soldier in hospital for venereal disease should not receive full pay, for, so paid, the diseased soldier saved money during the time of his cure. The Magistrate thought half the patient's pay might with justice be credited to lock-hospital funds. The Magistrate did not doubt that the police had neglected their duty in not arresting women absent from inspection; and when the registration was

perfected, the *muhalla* police was made responsible for the production of all registered women. The scheme of rewards proposed by the Cantonment Magistrate did not meet with the Magistrate's approval. The lock-hospital management exhibited results more satisfactory than those of 1877 as regards the women. The undoubted cause of failure as regards the European soldiery was the entire change of garrison, resulting in relaxation of regimental rules as to the limits within which the soldiers were permitted to range. The Commissioner was strongly convinced that for the efficient working of the lock hospital system at Allahabad, the city and larger bazaars be placed out of bounds to the soldier, and that the regimental police be made more efficient. The Magistrate was required to arrest the women reported to haunt the rest camp and vicinity of barracks, and remove such of them as would not consent to registration.

During the year 1879 a monthly average of 171 women remained on the register against 137 in 1878 (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 1).[320] The results of the management had been fairly satisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison, for the six years 1874-79, had been 290, 244, 177, 185, 354 and 241 per 1,000 of strength respectively (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 1).[321]The Medical Officer reported that the lock hospital accommodation at Allahabad remained insufficient. The average daily number of patients during the year 1879 had been 34, whereas the existing accommodation was for from 18 to 20 only (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 1).[322] There had been a satisfactory decrease of disease amongst the soldiers in 1879. This decrease was due to the satisfactory results recorded during the last five months of the year. This satisfactory record resulted from the action of the Cantonment Magistrate, who offered a reward out of his own pocket for the arrest of the unregistered women who were believed to have been the cause of the excessive disease of the first two months of the year. As a result, a number of such women were arrested, and, on examination, nearly all were found diseased. The Magistrate of the district, however, did not consider it advisable to continue this system of rewards, and then very few arrests were made. The medical officer strongly urged the establishment of a system

of rewards for the arrest of unlicensed women. He also complained of the mischief effected by low caste Ayah women employed in the lines by married non-commissioned officers and men. There had been a considerable increase in 1879 of the number of registered women, and as a consequence an increase in the record of disease amongst them. An increase chiefly due to the discovery and treatment of many very serious cases of syphilis, the worst of which were found amongst the unlicensed women arrested by the police. The Hospital Assistant, Hira Lal, who had been attached to the Allahabad lock hospital for the last eleven years, was highly commended for his professional attainments, good temper, and tact in the management of the women. The Cantonment Magistrate called attention to the extraordinary difference in the results of the management of the first and last six months of the year. The arrests effected in March and April, under the system of rewards mentioned by the medical officer, could hardly have been the cause of the great improvement in results recorded in October; November and December. Under this system of rewards 52 women, of whom 43 were found badly diseased, were brought on to the register within eight weeks' time (Planck 1880: 2).[323] During the previous 12 months only one case of this kind had been reported by the police (Planck 1880: 2).[324] These facts spoke for themselves, and the Magistrate of the district admitted the previous lax action of the police, while deprecating the method of procedure established for its improvement. The Cantonment Magistrate believed the system in force for the detection of illicit prostitution and disease was a farce, and thought by the expenditure of a few rupees he could certainly obtain the arrest of 100 women, of whom probably 75 would be found badly diseased (Planck 1880: 2).[325] The improvement in the attendance of the women for examination during the last six months of the year had been due to the action of the Superintendent of Police in tracing out offenders in this respect, even to the effect of their arrest in other stations. Far from being unduly lenient in punishing absence from inspection, the Cantonment Magistrate had always punished every woman arrested for that reason. The difficulty formerly was to arrest the woman. The Magistrate of the district reported that the result of the year's management was very much more encouraging than those of 1878, and this result was due to the energetic action of the Cantonment Magistrate, aided by the more honest and thorough performance of their duties by the police. A permanent improvement in results could not, however, be looked for until a large lock hospital was provided in the city; until all prostitutes were registered; until the native female

servants and workwomen of the barracks were brought under control, and until the city was placed out of bounds to the soldier. The Magistrate was of opinion that the distribution of rewards for the detection of women consorting with soldiers led to gross abuses, out of all proportion to the benefits resulting. The Commissioner noted the improved results of the management in the latter portion of the year. This improvement could hardly have resulted from the action of the Cantonment Magistrate in the earlier months of the year. The Commissioner commended the energy of the Cantonment Magistrate, but agreed with the Magistrate of the district in thinking that the disadvantages of the reward system outweighed its advantages. The Major-General of the Division recorded the opinion that the annual report for 1879 was very satisfactory, as showing a great diminution of disease, in comparison with 1878. The action of the Cantonment Magistrate, in offering special rewards, resulted in the detection of a large number of diseased women, and thereby to a diminution of disease amongst the soldiers. The Major-General commended the energy and zeal of the Cantonment Magistrate, and the satisfactory performance of his lock hospital duties by the medical officer. Also he noted the favorable report of the latter on the conduct of the Hospital Assistant, Hira Lal. To the file was appended a long letter from the Cantonment Magistrate under date the 17th May 1879, in which he pointed out to the Magistrate of the district the success which attended the working of a temporary system of rewards (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 3).[326] The reward being only one rupee for each woman arrested and found diseased.

During the year 1880 a monthly average of 15 women remained on the register against 17l in 1879 (Home Department 1880: 1).[327] The results of the management had been satisfactory. For the seven years 1874-50 the ratios of admissions to hospital for venereal disease amongst the European garrison had been 290, 244, 177, 185, 354, 241, and 215 per 1,000 of daily average strength (Home Department 1880: 1).[328]The Medical Officer reported that the situation of the hospital was inconvenient both for the women and for the Medical Officer. The accommodation, moreover, was insufficient in the cold season; three women having to occupy the space required by two. The accommodation was for 18 persons (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 1).[329] The daily average of sick women had

been 25 (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 1).[330] The management had been fairly successful in preventing disease and, more especially, in preventing syphilis, the admissions for which amongst the soldiers numbered 173 in 1878, 123 in 1879, and only 90 in 1880 (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 1).[331] There was a marked decrease of disease amongst the registered women also in 1880. A total of 194 cases of absence of women from the periodical examinations had been reported to the Cantonment Magistrate, but generally the attendance had been satisfactory (Planck 1881).[332] The resident Hospital Assistant, Hira Lal, had been attached to the hospital for 12 years, had given every satisfaction and his management of the women could not be better (Planck 1881).[333]

During the year 1881, a monthly average of 137 women remained on the register, against 159 in 1880 (Eighth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 1).[334] The results of the management had been unsatisfactory. For the eight years, 1874-81, the ratios of admissions to hospitals for venereal disease, amongst the European garrison, had been 290, 244, 177, 185, 354, 241, 215 and 240 per 1,000 of average daily strength (Eighth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 1).[335] The Medical Officer reported that the lock hospital was inconveniently situated in the civil station, about 2.5 miles from the new cantonments (Eighth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 1).[336] The hospital accommodation was insufficient for the average number of patients admitted. Three patients, were, accommodated in space originally provided for two only (Eighth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 1).[337] There was a slight increase of disease amongst the women in 1881, as compared with 1880, but no severe cases of disease appeared amongst them. Amongst the soldiers also, a slight increase of disease was observed. The Medical Officer thought this may be due to the fact that a considerable decrease, in the number of women registered, occurred during the year. Very little disease was contracted by the soldiers from registered women. The register was kept by the Cantonment Magistrate, and 25 women were brought on to the register, against 59

who removed their names (Eighth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1881: 1).[338] The number of registered women was small in proportion to the number of unregistered prostitutes from whom nearly all the soldier's disease came. And the Medical Officer complained that the police too readily permitted a woman to remove her name from the register, and were not sufficiently alert in compelling well-known prostitutes to register themselves.

The Cantonment Sub-committee assembled once a month throughout the year. The registered women were examined weekly. The Hospital Assistant, Hira Lal, knew his work well, performed it most efficiently, and kept the hospital in satisfactory condition. The Cantonment Magistrate reported the results as less satisfactory than the previous year. The infantry suffered more than the artillery. During the months of September and December, the admissions to hospitals amongst the soldiers were abnormally high. It could not be denied that soldiers at Allahabad frequently had intercourse with unregistered women, for, the unregistered women were an unattractive lot, and lived in hovels not fit for a European to enter. *Dhais* were not employed, as they were useless at Allahabad, where the registered women, in varying proportions, resided in not less than 29 different villages, *muhallas*, or bazaars – 14 lived within cantonment limits, 84 in the city, 20 in Kuttra and Colonelganj (Planck 1882: 2).[339] The majority of them consorted with natives as well as Europeans.

MEERUT

The Meerut hospital was a building formerly occupied by a staff sergeant, and contained three rooms. The mean ratio of admissions for the previous nine years was 88 per 1,000 of the European garrison strength, and for last year it was 80, in 1876 it was 87 (Plowden 1878: 28).[340] The figures were obtained from the weekly returns of the European hospitals which were submitted from the Office of the Deputy, surgeon general, British troops. The statement showing the annual admissions from primary venereal diseases among the European troops at Meerut revealed - 126 cases of venereal disease, 36 cases of primary syphilis and 78 cases of gonorrhea contracted at Meerut, of which the European infantry bazaar contributed 50, the *sadar bazaar* 16, the artillery bazaar 27, the *Hussars bazaar* 1, barrack plains 1, public roads 5, unknown localities 14; there were 12 cases of secondary affections and relapses due

to primary diseases contracted at Meerut, making the total primary cases 114, and secondary 12 – grand total 126 (Annual Report on the Lock Hospital at Meerut 1878: 29).[341] These 114 cases give a ratio per cent of garrison mean strength of European soldiers equal to 8 admissions for primary venereal disease (Moir 1878: 30).[342] There were 43 cases of primary diseases treated in this garrison, but contracted elsewhere; there were 18 cases of relapse and 17 secondary affections, making a grand total of 78 cases attributable to other localities (Annual Report on the Lock Hospital at Meerut 1878: 30).[343] Among the Royal Artillery the percentage of admissions on account of primary venereal diseases contracted at Meerut (numbering 20 cases of primary syphilis and 35 of gonorrhea) was ten, while among the 15th *Hussars* there were only five cases of primary syphilis and 15 of gonorrhea, giving a percentage of 5.38, or almost just half that of the royal artillery; and among the 60th Royal Rifles there were 10 cases of primary syphilis and 29 of Gonorrhea, equal to a percentage of 7.37 of strength of the corps (Annual Report on the Lock Hospital at Meerut 1878: 30).[344]

The area of registration included the city and all villages within four miles of cantonment boundaries, and thus extended to a population of some 130,000 people (Moir 1878: 31).[345] On 1st January there were 86 women on the register, and on 31st December last 85. The average registered strength for the year 1877 was 84, including the city registered women, and for 1876, it was 92 (Plowden 1878: 31).[346] There was therefore no increase during 1877. Those registered in the city gave a monthly mean strength of 16, and in the cantonments 67 – total being 84. In 1871 the number on the register was 101; in 1872 it was 99; in 1873 it was 94; in 1874 it was 87; in 1875 it was 84; in 1876 it was 92; and in 1877 it was 84 (Annual Report on the Lock Hospital at Meerut 1878: 31).[347]

The attendance at the inspections had been fairly good. In cantonments, 26 cases of absence were reported during the year 187, all of whom were found by the cantonment magistrate (Moir 1878: 31).[348] Among those on the city register, six were absent (Moir 1878:31).[349] Both the city and cantonment women were examined and treated in the same hospital. There was a great decrease of admissions in 1876 – the total number of female cases admitted was 139, and the number of patients 75 (Annual Report on the Lock Hospital at Meerut 1878: 31).[350] In 1877 the female admissions were 79 and the patients were 51 (Moir 1878: 32).[351] In 1876 the female syphilitic admissions were 37 and the gonorrheal 102 (nearly in the ratio 1 to 3) while

in 1877 they were respectively 25 and 54, (in the ratio 1 to 2) (Moir 1878: 32).[352] The average number of days in hospital was in 1876 - 29 for each case and in 1877 - 56, from which it would appear that the female diseases treated were more virulent than formerly. The ratio of syphilis to gonorrhea among the soldiers stood almost as 1 to 2, or rather more, there being 35 cases of syphilis and 79 of gonorrhea admitted at Meerut among the European soldiers (Annual Report on the Lock Hospital at Meerut 1878: 32).[353] The amount of female and male disease bore a close relation, as among the women there were about two cases of gonorrhea for every one of syphilis, and so among the men. No women were admitted into hospital except on account of venereal disease. One *dhai* was employed in the hospital to aid the hospital assistant in dressing the patients, however she was not sent out to inspect the women in their own houses. The entire lock-hospital expenditure was borne by the cantonment funds, but the funds had not been able to afford any extra outlay on a project for encouraging women to be registered.

During the year 1878 a monthly average of 107 women remained on the register against 84 in 1877 (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 9).[354] The results of the management had been very unsatisfactory. For the five years, 1874-78, the ratios of venereal cases amongst the European garrison per 1,000 of strength had been 179, 159, 84, 144, and 243 respectively (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 9).[355] Omitting cases contracted elsewhere than Meerut, the ratio of 1878 fell to 202 (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 9).[356] Omitting cases of secondary disease, the ratio fell to 189 (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 9).[357]The Medical Officer reported of the increase of disease amongst the soldiers as most remarkable and unsatisfactory. The prevalence was principally in the artillery and infantry, the cavalry having comparatively fewer cases. The probable causes had been the employment of large numbers of coolie women on the public works in cantonments, and the high price of food, which had induced many begging women to come to cantonments. A stricter supervision by the regimental police was recommended. Extracts from the proceedings of the sub-committee during the year tended to prove that the disease

complained of was not contracted from the registered women. Nothing was left undone to check the prevalence of disease by the Cantonment Magistrate and medical officer, but without avail. Of 89 women added to the register 26 were found diseased on first examination (Planck 1879: 9).[358] And to these, and other women like them driven by famine and poverty to prostitution, the excess of venereal disease in 1878 was due. The medical officer brought prominently to notice the vigorous measures adopted by the Officer Commanding Her Majesty's 15th Hussars for the prevention of disease amongst his men, and with marked good result (Planck 1879: 9).[359] And the medical officer recorded the opinion that the marked good health enjoyed by this regiment in the present campaign had been due to the preservation of the men from venereal poison. A great increase of disease amongst the women was noticed in 1878, when 149 cases were treated against 79 in 1877 (Planck 1879: 9).[360]The Cantonment Magistrate reported that the sub-committee assembled during the year with great regularity for the purpose of watching the working of the rules. Four women were apprehended during the year for illicit prostitution, punished and registered. Fifty nine convictions for disobedience of lock-hospital rules were also effected (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 9).[361]The Magistrate and Collector reported that, as the result of careful enquiry, he was convinced that prostitution was not practiced in the villages around the cantonments. The police watched the villages, and the Superintendent of Police reported that soldiers did not visit them, although he could not state that the low-caste women of these villages did not cohabit with the soldiers, for they carried wood, milk, etc., into cantonments and worked as coolies there, and all low-caste women were more or less open to prostitution. The prevention of illicit prostitution within cantonments rested in the hands of the Military authorities. The Magistrate and Collector were also of opinion that no soldier visited a prostitute of the city, although 26 city prostitutes were registered (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 9).[362] Having himself enquired, the Magistrate maintained that not one of these 26 women was visited by soldiers (Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 9).[363] The result of the year's management had been very unsuccessful, and if in any way it was due to inefficiency of regimental police as regards the artillery and infantry, that was much to be regretted: for it was now generally admitted that the Military authorities exercised the

main check to venereal disease. Upon these grounds the Magistrate and Collector recommended that the whole control of the lock-hospital administration in cantonments should rest entirely with the Officer Commanding the Station and a medical officer under military orders. The fact that good regimental police in the cavalry regiment seemed to have prevented disease pointed to the fact that the prophylactic against venereal disease in the British soldier in India was avoidance of unregistered women. The Commissioner confirmed the Magistrate and Collector's view, that soldiers did not visit city prostitutes, and stated that there was no ground for the belief that city prostitutes came into cantonments to meet the soldier. The stray coolie women caused much of the disease seen, and the late bad times had extended the range of this source of contagion.

During the year 1879 a monthly average of 136 women remained on the register against 107 in 1878 (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 6).[364] The results of the management had been satisfactory. The ratio of admissions to hospital for venereal disease amongst the European garrison, for the six years 1874-79, had been 179, 159, 84, 144, 243, and 183 per 1,000 of strength respectively (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 6).[365]The Medical Officer reported that the weekly returns of venereal prevalence amongst the soldiers had been received with great regularity. And from the figures thus supplied it appeared that, excluding all cases of disease contracted elsewhere and all secondary affections, the ratio of cases contracted in Meerut itself was 137 per 1,000 of strength in the year (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 6).[366] Of a total of 159 cases of disease happening at Meerut, 31 were alleged to have been contracted in the *sadar bazaar*, 27 in the infantry bazaar, 10 in the Cavalry bazaar, 14 on the barrack plains, 50 on the public roads, and 27 in unknown localities (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 6).[367] Although the prevalence of disease was considerably less than in 1878, yet the medical officer thought the results in 1879 were unsatisfactory, as they did not compare favorably with the mean results of the previous working eleven years. And the cause of this high prevalence of disease in 1879 was without doubt due in some measure to the high price of provisions. A

considerable amount of disease, however, was contracted by the soldiers from European barrack women left behind when the corps to which they belonged were sent to Afghanistan. No special measures were adopted for the prevention of disease in 1879. The medical officer was of the opinion that the registration of prostitutes in the cantonments was incomplete. In the city the registration was merely nominal, although, as the result of observation, the medical officer believed that soldiers and city women met frequently. Disease amongst the registered women was greater in 1879 than in 1878 by 43 cases, and especially syphilis was more prevalent in 1879 (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 6).[368] Amongst the women two cases of syphilis and one case of gonorrhea having occurred. Of 56 women added to the register during the year, more than one-fourth were found diseased when first brought for examination (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 6).[369] Amongst the soldiers nearly two cases of gonorrhea occurred to one of syphilis. The medical officer was of opinion that the successful working of the system depended upon good police arrangements. Effective police arrangements, both general and regimental, were necessary for the prevention of unlicensed prostitution, and the realization of a more perfect registration. It was evident that the soldiers contracted little disease from the registered women, for amongst the soldiers gonorrhea prevailed, whilst amongst the women syphilis prevailed. Indeed, investigation showed that in all probability seven-eighths of the sickness amongst the soldiers in 1879 resulted from intercourse with unlicensed women. This could have been prevented by efficient police arrangements. More especially by military police management of the site around the barracks which unlicensed women had long being accustomed to frequent, and would continue to frequent until measures of prevention were adopted. As aids to the general police in this direction, the medical officer recommended the employment, under the Magistrates, of one or two steady and experienced European soldiers to report as to the working of the police in this matter, and to watch the places where disease was said to be contracted. The Cantonment Magistrate reported that the sub-committee assembled with great regularity during the past year to watch the working of the lock hospital rules and carry out any necessary improvements. Of 14 unlicensed prostitutes apprehended during the year, 12 were found diseased (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year

1879: 7).[370] 36 women were convicted of breaches of lock hospital rules and duly punished (Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 7).[371]The Magistrate of the district commended the ability displayed by the medical officer in the preparation of his report. He desired to reiterate the opinion expressed in the previous year that the vital error of the system, and the true cause of the unsatisfactory nature of the results, was divided responsibility. The military authorities had but to fill up returns and lament the prevalence of disease. The measures for prevention were in the hands of the civil medical authorities. The Magistrate however placed the measures of prevention, as well as the powers of lament, in the hands of the military authorities. Then they would be more likely to put the necessary pressure upon the soldier as regards his liberty when off duty. For upon this pressure the success of the management depended, quite as much as upon good lock hospital control. The Magistrate was still of opinion that the women of the city were not a cause of disease to the soldier. The Magistrate's opinion was founded on facts as detailed in last year's report, whilst the medical officer held his opinion solely on the grounds of personal belief. The Magistrate deplored the absence of efficient regimental police at Meerut, and believed that a better management in this respect would prevent much disease now contracted by soldiers from barrack women and unregistered women of cantonments generally. The Commissioner in forwarding the papers expressed the opinion that the medical officer's belief that soldiers contracted disease from city women could hardly be shown to be incorrect by facts recorded by the Magistrate. There was undoubted proof that seven cases of disease out of eight amongst the British soldiers at Meerut were contracted from women not protected by the lock hospital. And the only remedy for this state of things was a persistent stringent military police control exercised over the movements of the soldiers when off duty, and especially directed to the prevention of their intercourse with unlicensed women. The Commissioner did not look favorably upon the medical officer's proposition for the appointment of one or two steady soldiers to assist the general police.

During the year 1880 a monthly average of 112 women remained on the register against 136 in 1879 (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 4).[372] The results of the management had been satisfactory. The ratios of admissions to hospital

for venereal disease amongst the European garrison for the seven years 1874-80 had been 179, 159, 84, 144, 243, 183, and 149 per 1,000 of strength respectively (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 4).[373] The Medical Officer reported that the lock hospital accommodation was in all respects suitable. He noted that venereal disease, as a rule, was more prevalent in the months of cold season than in the months of hot season and rains. Of a total of 206 cases of disease, the locality of contraction was confessed to, in only 82 (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 4).[374] Of 68 women pointed out 38 were found diseased (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 4).[375] The Cantonment Sub-Committee existed throughout the year however; no special measures were adopted for the prevention of disease. The Medical Officer was of opinion that soldiers cohabited with prostitutes of the city who were unregistered. The attendance of the women for examination had been fairly good. Of 70 cases of absence amongst cantonment women, all were dealt with by fine in 66 and imprisonment in 4 cases (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 5).[376] The admissions to hospital amongst the women were 148 in 1880 against 192 in 1879 (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 5).[377] Of 38 women newly registered during the year more than 1/3rd were found diseased on first examination (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 5).[378] Amongst the women, cases of syphilis and cases of gonorrhea were in the ratio of 3:2 respectively; amongst the soldiers they were 1:2 (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 5).[379] The Medical Officer recommended improvement in the police arrangements at Meerut. Without good police arrangements, good registration, prevention of disease was impossible. In 1878 the Officer Commanding the Artillery at Meerut put venereal patients (after recovery) on guard, round the barracks and sickness of this class soon diminished to half the former prevalence (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 5).[380] Afterwards this guard was removed, and excessive sickness soon re-appeared. This system of guard was

necessary, for, without it, women would persist, as a matter of established custom, to frequent the neighborhood of barracks. Once the women learnt that their presence there was attended with risk of arrest, they would soon cease to haunt that quarter. For the better control of this matter in the bazaars the Medical Officer suggested the appointment, on a small staff salary, of one or two steady European soldiers able to talk the native language. They would keep an eye on places where disease was said to prevail, and report to the Magistrate as to the working of the civil police in regard to the prevention of illicit prostitution. The General Commanding recorded an opinion favorable to the management during the past year. He thought the proximity of the city and bazaars to the lines made the prevention of illicit prostitution very difficult at Meerut. Regiments had been ordered to employ extra regimental guards in the vicinity of barracks, to prevent the lurking of prostitutes there. This, the General believed, was not a circumstance existent to any great extent. The Collector and Magistrate thought that the records—showing excessive prevalence of syphilis amongst the registered women, and, on the contrary, excessive prevalence of gonorrhea amongst the soldiers—provided proof that much of the disease amongst the latter resulted from intercourse with unregistered women. The Superintendent of Police had been directed to discover and bring on to the register women of the city visited by soldiers. The Magistrate doubted whether good would result from the employment of European soldiers, in the bazaars, for police, as recommended by the Medical Officer. He anticipated good results from the employment of extra regimental guards ordered by the General, and recommended the patrol of such guards, after nightfall, on the plains beyond the cemetery and towards Buxa Khera (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 5).[381] The Magistrate concurred generally in the views of the Medical Officer as regards the necessity of a better police supervision over registered and unregistered women. He was convinced that much of the disease complained of was contracted on the plains towards Buxa Khera and Kankar Khera, villages containing many homes of domestic servants (Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 5).[382] These servants in many instances, during the past year, were absent in Afghanistan and often neglected to send money to their families. The female members of these families, therefore, resorted to prostitution as a means of livelihood. The Magistrate thought good results would follow if it was ruled that a soldier diseased with venereal, and failing to point

out the woman who caused his disease, was to be punished by the stoppage of the whole of his pay; while, if the soldier could point out the offending woman, he would lose only a half or a quarter of his pay while in hospital. The Magistrate had no doubt that soldiers consorted with low class city prostitutes. The better class of city prostitutes would not consort with soldiers on any terms; and if pressure was put upon the police to discover the women of the city who received soldiers' visits, a danger arose lest the police should seize the opportunity for extorting money from the better class mentioned, upon consideration of not reporting their receipt of soldiers' visits, which would necessitate registration. Therefore, the Superintendent of Police had been asked to employ only very trustworthy men in the enquiry before mentioned. The Magistrate enquired whether any European women—soldiers' wives or others—were found diseased during the year. If so, the fact should be communicated to the Lock Hospital Committee.

BENARES

R. Wall, Esq., Magistrate of Benares in the report dated nineteenth January, 1878 pointed out that the number of prostitutes on the register had fallen off by 9. Of the 65 registered, about two-thirds (43) had either absconded or withdrawn their names within the year (Wall 1878: 35).[383] Some of them had returned and had again registered, but the return appeared in most cases to have been due to police interference rather than to free will on the part of the prostitutes. The percentage of admission to hospital among the European troops, 47.8, shows that nearly half of them had suffered from some form of syphilis at one time or other during the year. The large number of admissions among the prostitutes, 167, the average strength being 71, was due to the precaution taken by the medical officer in sending to the hospital only slightly affected, in order to check the spread of the disease (Wall 1878: 36).[384]

The Cantonment Committee remarked that the number of women on the register at the end of 1877 appeared to have been 65, a falling off of 9 from the previous year (Lowther 1878: 36).[385] The average number attending the periodical examinations was 50.3 - those not attending were accounted for as on leave, excused on account of sickness, and absent without leave. The number of the latter was 56, or an average of two absentees at each inspection (Lowther 1878: 36).[386] As stated by

the medical officer in charge, some of the women were examined oftener than twice a month; the attendance was therefore considered satisfactory. 23 women absconded during the year and 19 withdrew their names, but several of these, as also of those who absconded, were brought back or returned of their own accord, and were re-entered on the register during the year (Lowther 1878: 36).[387] On a woman being absent without leave for 15 days she was struck off the register as absconded. There were 20 fresh entries during the year; most of them were sent up by the police, but in a few instances they voluntarily presented themselves for registration (Lowther 1878: 36).[388] Fifteen women were punished for breach of lock-hospital rules. The number seems small, but the cantonment magistrate explained that in all cases of first offences the women were merely warned; those punished were all fined, with the exception of one woman who was sent to jail in default of payment. The amount of fines realized was Rs. 28, the highest fine levied being Rs. 5, and the lowest 8 *annas* (Lowther 1878).[389]

The disease among the European troops appeared to have increased since the previous year, despite all efforts to suppress it, but there was no increase in proportion to the strength of the Europeans. The accommodation was suitable and sufficient, there was no overcrowding. There had been an increase in the admission among the European troops, as compared with the admissions during 1876, in the proportion of 260 to 230, or 100 to 89.3, as shown in the weekly returns regularly received through the cantonment magistrate (Dempster 1878: 36).[390] The majority of the cases were primary syphilis, of a mild form, which yielded to ordinary treatment, but in some cases the disease was associated with the suppuration of the inguinal glands, which necessitated a lengthened detention in hospital for treatment (Dempster 1878: 36).[391]The cantonment sub-committee assembled once a month during the year, and was composed of the senior officer commanding British troops, the cantonment magistrate, the district magistrate, and the senior medical officer, British troops. Extra police were employed as detectives for the purpose of preventing unlicensed prostitutes frequenting the lines and bazaars. A large proportion of the registered women in cantonments were clean in their persons and seldom diseased, and some of these had informed that they were each under the protection of one man (a native) and did not consort with Europeans. A small number of the prostitutes were prone to disease, and were often under treatment, and when out of hospital were made to

regularly attend at stated times for inspection. Unfortunately, two or three of this class were good-looking, clean in dress, and attractive in appearance, and had been frequently visited by some of the men. Taken as a whole however, the Benares prostitutes were anything but desirable or attractive in appearance.

In the majority of cases the disease was not of a virulent type, and several women were admitted for slight ailments in view of checking the disease, both among themselves and among the Europeans as a precautionary measure. This had beneficial results, and protected many men who would probably otherwise have contracted venereal. Hence, it was believed that the large number of admissions must not be taken to indicate any alarming increase in the disease among the prostitutes generally. Despite the numbers treated during the year, the lock hospital had been the means of limiting and checking the spread of venereal, both among the prostitutes and the European soldiers.

During the year 1878 a monthly average of 66 women remained on the register at Benares against 71 in 1877 (Fifth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 11).[392] The results of the management had been unsatisfactory. For the five years, 1874-78, the ratios of cases of venereal disease amongst the European soldiers at Benares had been 370, 341, 479, 479, and 333 per 1,000 of daily strength respectively (Fifth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 11).[393] The figures showed an improvement in 1878 by comparison with the previous years, but still the ratio remained very high. The Medical Officer reported three changes of medical management during the year. There was a marked diminution of venereal disease amongst the soldiers in 1878 as compared with 1877. The admissions to hospital for syphilis and gonorrhea were about equal in number; chiefly the diseases were of mild type, but a few were severe. The cantonment sub-committee assembled once in every month of the year. The medical officer deprecated the remarks of the Sanitary Commissioner, North-Western Provinces and Oudh, in the report for 1876. He could give no information to support the remarks that in 1876 the management was bad, or that extraordinary liberty was accorded to the soldier, or that the management of the women was lax. He was not in charge himself then. The medical officer thought the extent and ramifications of the city of Benares and its bazaars, which were not within the area of lock-hospital rules,

made it difficult to prevent disease at Benares station. There was no proof that soldiers visited the city without pass, or that disease was contracted at the railway station. Diseased women may have entered the lines, and soldiers may have visited prostitutes outside the lock-hospital area, but these were assertions without proof. The soldiers could not, on sanitary grounds, be confined to their barracks, from one end of the year to the other. The prevalence of disease amongst the registered women was greater in 1878 than in 1877, which may be accounted for upon the supposition that the women consorted with the lower order of natives, which could not be prevented. Every registered woman was examined weekly, and some twice a week. The medical officer believed that the proportion, 17 per cent, of registered women to soldiers was too great at Benares, and thought that if about 30 attractive-looking women displaced the large number of undesirable-looking creatures on the registers, the results of the management might be more favorable (Fifth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 11).[394]The Cantonment Committee recorded the opinion that the attendance of the registered women for inspection was very satisfactory. 14 were punished for breach of lock-hospital rules (Fifth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 11).[395] The very considerable decrease of disease amongst the soldiers as compared with the two previous years was satisfactory. The committee concurred in the medical officer's remarks regarding the Sanitary Commissioner's reflections on the management in 1876. The Magistrate recorded the opinion that little good could be effected, until a small monthly allowance was given to a registered woman - as only the scum of the bazaars would volunteer for registration. Registration was looked on as a stigma. In regard to lock-hospital management at Benares, great allowance had to be made for the peculiar condition of the cantonment immediately adjoining and overlapped by the bazaars of the most populous city in the province. It was next to impossible to prevent the access of soldiers to the city. A reduction in the number of registered women would increase the soldier's temptation to go into the city. The registration of a more attractive class of women would have a good effect, and the Magistrate referred to a somewhat similar suggestion he made in 1876. The Commissioner noted that the average of disease amongst the British troops at Benares in 1878 had been about double the ordinary average as given in the Sanitary Commissioner's latest report (Fifth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and

Oudh for the year 1878: 12).[396] Yet the average of 1878 was only 33.3 per cent against 47.8 per cent in 1877(Fifth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878: 12).[397]

During the year 1879 a monthly average of 75 women remained on the register against 66 in 1878 (Sixth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 12).[398] The results of the management had been very unsatisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison for the six years, 1874-79 had been 370, 341, 479, 479, 333, and 470 per 1,000 of strength respectively (Sixth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 12).[399]The Medical Officer reported that the lock hospital accommodation was amply sufficient. Amongst the registered women, syphilis was much less prevalent in 1879 than in 1878, and the cases of this disease seen in 1879 were mild in character amongst the registered women (Sixth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 12).[400] Amongst unlicensed prostitutes brought by the police for examination severe cases were seen. During the year 125 cases of absence from examination were reported against 53 in 1878; and 198 women had been found diseased against 136 in 1878 (Sixth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 13).[401] The greater proportion of the women added to the register during the year were unlicensed prostitutes captured by the police, and almost all these women were found diseased. A considerable increase of disease amongst the soldiers occurred in 1879; generally, the cases in the men were of a mild type, and few were followed by secondary symptoms. During the month of April the Medical Officer called attention to the fact that primary syphilis prevailed amongst the soldiers, while there was no disease of this form amongst the registered women (Sixth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 13).[402] As a result, a number of unlicensed prostitutes were registered after arrest by the police, and the soldiers were forbidden to enter the city. At first good results followed these measures, but afterwards a high admission ratio was again established. The Medical Officer had no doubt that most of the disease seen amongst the soldiers was contracted from unlicensed women of the population surrounding cantonments. He thought the

authorities (Civil and Military) had done all in their power to improve matters, but had failed in this object because it was probably impossible to prevent unlicensed prostitution by police regulation in the Benares cantonment. He therefore, recommended the trial of a new plan by which selected women were to act as courtesans to the soldiers only. The soldiers were to be warned against intercourse with other women, and punished by stoppage of pay or otherwise when found diseased. As things were now managed at Benares, the lock hospital, he thought, was a charitable institution, existing for the benefit of the registered women only, and not in any measure efficient as against the spread of disease amongst the soldiers. The Medical Officer recommended that, before further condemnatory remarks on the action of the local authorities were recorded, the Sanitary Commissioner should visit Benares to judge the management, and, if necessary, make suggestions for its improvement. The Cantonment Committee agreed with the Medical Officer that blame for the very bad results recorded were attached to the system (and not to the civil or military authorities). The police did their duty well, as shown by the fact that 47 new women were added to the register (Sixth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 13).[403] But the soldiers would not resort to registered women. The peculiar circumstances of the Benares cantonment, which was surrounded by crowded bazaars, made the detection of illicit prostitution extremely difficult, and the committee favored a trial of the plan recommended by the Medical Officer of subsidizing a few good looking women for the soldiers use only. The Magistrate thought that soldiers contracting venereal disease in India might be punished by stoppage of pay, as they were in England. The Commissioner noted that nearly every second European soldier at Benares had suffered from venereal disease during the year 1879, notwithstanding all the efforts of the civil and military authorities to prevent the disease. The Commissioner agreed with the Medical Officer in thinking that a better class of women should be subsidized for the soldiers use; soldiers visiting other women were to be punished. The compulsory registration of unlicensed women, arrested for prostitution with European soldiers, and their admission to the benefits of the lock hospital, was a mistake. These women should be punished by imprisonment, for it was believed that they intercepted gains that should come to the registered women, and shared the benefits of medical treatment which rightly belonged only to the registered women.

During the year 1880 a monthly average of 8 women remained on the register against 75 in 1879 (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 10).[404] The results of the management had been very unsatisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison for the seven years 1874-80 had been 320, 341, 479, 479, 333, 470, and 486 per 1,000 of daily strength respectively (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 10).[405] The Medical Officer reported the hospital accommodation ample and suitable. Necessary repairs had been sanctioned. Amongst the registered women 61 cases of syphilis and 85 cases of gonorrhea occurred (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 10).[406] Their syphilis was of mild type, easily cured, and not followed by secondary symptoms. As a rule, registered women accused of causing disease to soldiers were found healthy on examination. The registered women were as a rule old, ugly, dirty: therefore, not acceptable to British soldiers; chiefly they received the visits of native men. A change in these respects was desirable if the endeavor was to have a fair trial at Benares. The Sub-Committee recommended the purchase of a street in the bazaar, to be solely inhabited by the registered women. The women lived in scattered places of their own selection, and could not be hindered from receiving the visits of natives; and the soldier, knowing this, preferred to take his chance with village women, with a resulting excessive amount of disease. The Medical Officer recommended the subsidizing of a better class of women to live in the proposed street. Until something of this kind was done much of success could not be expected of the lock hospital system here. Disease amongst the soldiers in 1880 was slightly in excess of disease in 1879. Nearly half this disease occurred in the three months of cold weather—January, November, and December (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 11).[407] This was due in great measure to the fact that in those months the infantry were in camp at the rifle range at Harawah (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 11).[408] The soldiers would wander far from cantonments and contract a large amount of disease from village women. The Medical Officer was of the opinion that disease was contracted chiefly from unregistered women, and urged the adoption of the recommendations of the Sub-

Committee. The Cantonment Committee remarked that disease was very prevalent amongst the soldiers during 1880, and agreed with the Medical Officer that the extraordinary disease of the three cold months was due to the fact that the soldiers had access then to villages beyond the control and supervision of the Cantonment Magistrate, although within the area of lock hospital rules. Amongst the Artillery, those who did not visit Harawah, there was no excessive amount of disease. The peculiar situation of Benares Cantonment, in close approximation to large centers of native population, made the prevention of illicit prostitution extremely difficult. It was useless to expect co-operation from the soldiers in regard to this matter. As many as 40 women removed their names from the register during the year, which was proof that soldiers would not resort to registered women (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 11).[409] Sanction had been asked by the Officer Commanding the Station to the purchase of a street, and its use as a brothel, as recommended by the Sub-Committee. The Magistrate and Collector thought the report was a record of failure, they acknowledged that over the years the cause of this failure had been the intercourse of soldiers with unregistered women, and so it remained. The Magistrate thought it disgraceful that more than half the European soldiers at Benares every year suffered from venereal disease, and energetic steps had to be taken to stop the evil. All previous measures had failed. They could be described as attempts at extra supervision of the women by the Cantonment Committee and the Civil and Police authorities. And either the officers of the Committee and Departments had failed in their duty, or they had been helpless to do anything in this direction. Without doubt the failure had been due to the last-mentioned circumstance. Situated as the Benares Cantonment was; only supervision of the European soldiers could change the state of affairs, and this could be done only by the Military authorities. Supervision of the women had failed, and now it was time that the Military authorities took up the matter and put all possible pressure on the soldier. The keeping up of a proper supply of presentable women would not alone have the desired effect. The registered women had to of course be sufficiently numerous, and of such class and appearance as to leave no excuse to the soldier for resorting to unregistered women. But the soldiers had to be made to support the women, so that they may be able to make a good living, and not be driven to accept the visits of natives. As a commencement it was necessary to subsidize a proper number of women, and the Magistrate saw no difficulty in a

proper establishment of women being secured. The rest remained in the hands of the Military authorities, who insisted on weekly medical inspections of the soldiers, stoppage of pay during illness of a soldier who could not show that he had contracted disease from a registered woman, and compel the soldier to point out the woman who had caused his disease. A soldier who pointed out a woman unjustly was to be severely punished. A soldier who declared he did not know the woman from whom disease had been contracted was to be confined to barracks or otherwise punished. Benares was not a place pestered by vagrant women. The unregistered women had houses. From the day, the men could be got to point out the offending woman the matter would be simplified. There seemed no reason why the women should not be punished under sections 269 and 270 of the Indian Penal Code (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 12).[410] A person negligently permitting small-pox to be disseminated would assuredly be liable to punishment under these sections; and syphilis was a more dangerous disease than small-pox. Finally, the Collector recommended sanction for the expenditure necessitated for a subsidy, and the issue of stringent orders to the Military authorities to deal energetically with the soldiers. The Benares Lock Hospital endeavor had been a complete failure. For its improvement, some scheme was required. The barracks were situated near the native centers of population; hence, intercourse with unregistered women was the universal custom with the soldiers. The distasteful quality of the registered women helped to maintain that custom. The Commissioner was of opinion that improved results could not be expected until the Military authorities exercised some means of restraint on the freedom of the soldier. He did not think, unless a better class of women was provided, it would be useful to establish the proposed *chukla* street (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 12).[411]He was not in favor of a subsidy for the women but recommended a more stringent application of the measures now in existence, aided by stringent interference on the part of Commanding Officers.

MORADABAD

In Moradabad the building used as the lock hospital was situated in the city and afforded ample accommodation. The total number of admissions among the European

troops for the twelve months was 25 (Annual Report on the Lock Hospital at Moradabad for 1877: 40).[412]

TABLE 3.8 - THE NUMBER OF VENEREAL ADMISSIONS AMONG TROOPS

Syphilis Primary	10
Gonorrhea	14
Secondary Syphilis	1
Total	25
And Stricture	4

Source: Table from the Annual Report on Lock-Hospital at Moradabad for 1877.[413]

Out of this number 4 of the disease were contracted out of the station (Annual Report on the Lock Hospital at Moradabad for 1877: 40).[414] The secondary case was doubtful, as the man had suffered from primary disease before his arrival in India. The strictures were old cases of some standing, showing for the year, as compared with the previous, no increase or decrease for all forms of venereal disease, but a decrease of three in the secondary form, which was good, as secondary disease was by far the more serious result of syphilitic disease. There were no special measures taken for the control of prostitution, with the exception, i.e., if a woman was reported and found practicing prostitution unlicensed, she was summoned before a magistrate and compelled to register herself under the lock hospital rules and appear on examination days. These cases were few, and generally due to lack of evidence the case was dismissed. To control prostitution in the native city was impossible, yet much could be done by proper police surveillance. This was opposed by the authorities as it would be unwise to give any power to the police in this particular duty, for there could be resistance. The military police were charged with the surveillance of lines and cantonments. The Registry Act extended over the city of Moradabad and military cantonments, with power to extend the same to villages in the vicinity where found necessary.

There were two classes of prostitutes, 1st and 2nd class; these women were generally of the lowest class. Among the 1st class there were four or five nautch women; they were principally of the Muhamaddan caste, a few only were Hindus. For the year 1876 there were 51 names on the register, for 1877- 57, showing an increase

of nearly 6 (Leeds 1878: 41).[415] Out of the number registered, there attended on examination days an average of 37, and showing absent 3, which is accounted for as absent on leave (Barnewall 1878: 41).[416] The registration of these women had some good, even it opened only their ideas to the good effect of cleanliness and avoidance of disease as far as circumstances, the necessity of attending examinations, and the fact, if found diseased, of detention in hospital until well; the latter had a powerful effect on them. No fines were levied. The women had, as a rule, been regular in attendance. Examination days were on the 1st and 15th or 16th of each month. The hospital afforded ample accommodation for six beds and the necessary arrangements for examining the women. The total number of admissions was 15 during the twelve months – primary syphilis ten, Gonorrhea five (Barnewall 1878: 42).[417] For the year 1876 there were only eleven, showing an increase of four; some of these were women found unlicensed and diseased, which accounted for the increase (Barnewall 1878: 42).[418] There was no doubt as to the character of disease contracted from unlicensed prostitutes as being of the worst form, as shown by two cases. All the cases that were contracted from the licensed women were of a milder form (the simple sore with suppuration of the inguinal gland). No cases, except venereal disease were admitted for treatment into the lock hospital.

The *dhai* employed was a very useful woman and understood her duties well. She had to inspect weekly all the houses of the prostitutes and report as to their cleanliness. This was in addition to her hospital duties. The lacuna was in terms of the supervision for the carrying out of the rules as regards unlicensed prostitutes. The need to be placed under the charge of the deputy inspector of city police was stressed. It was also suggested in the report that the fines levied from prostitutes be placed at the disposal of the medical officer in charge of the lock hospital, to relieve those women who may be in need of food and clothing.

The following were the regiments and detachments that had passed through the station during the year 1877 a) Time-expired men en route to Deolali. The strength was 115. There were no cases of venereal coming in or going out b) Married families en route to Ranikhet which statistics reveal were 65 men, 62 women, 125children. None were sick c) 73rd regiment en route to Lucknow of strength 703 While coming in, the numbers were syphilitic diseases 6; while going out, 7 d) Detachment 1-14th regiment from England en route to Ranikhet of strength 50

(Barnewall 1878: 42).[419] Statistics reveal while coming in, 1 case of gonorrhea contracted at Allahabad; while going out, 1 (Barnewall 1878: 42).[420]

During the year 1878 a monthly average of 64 women remained on the register against 57 in 1877 (Fifth Annual Report of the working of the Lock Hospitals in North-Western Provinces and Oudh for the year 1878: 12).[421] The results of the management had been very unsatisfactory. For the five years, 1874-78, the ratios of cases of venereal disease amongst the European soldiers at Moradabad had been 166, 162, 98, 115, and 374 per 1,000 of daily strength (Fifth Annual Report of the working of the Lock Hospitals in North-Western Provinces and Oudh for the year 1878: 12).[422]The Medical Officer reported that the lock-hospital, which was situated in the city of Moradabad, should not be located there, but in cantonments, if good supervision was to be maintained over it. The Medical Officer reported that the lock hospital was inconveniently situated in the city, and at a considerable distance from the cantonments. This opinion was recorded after three years' experience. The medical officer noted a large increase of venereal disease amongst the soldiers. The sub-committee assembled regularly however, there were no special measures for the control of prostitution at Moradabad, except that an unlicensed prostitute was liable to punishment. The military police were charged with the surveillance of barracks and lines and cantonments, but with doubtful results. The registered women were divided into first and second class: first class supposed to be for Europeans only; second class for natives. The women were examined three times a month, and were regular in their attendance. There was an increase of disease during the year amongst the women as compared with 1877. Most of the cases were mild, but six cases of bad type were seen, all of whom were unlicensed. Amongst the men the type of disease was mild. Only in one case secondary disease appeared. The causes of increase of disease amongst the soldiers were—carelessness of the soldiers as to the women they cohabited with and the presence of wretched coolie women straying about the cantonment, ready at all times for a trifle. The soldiers had intercourse with such women in the jungle and on the edge of cantonments. At the same time venereal disease was very prevalent amongst the civil population of Moradabad city, attributable to results of famine and destitution. The Magistrate and Collector noted a marked increase of venereal disease amongst the soldiers and civil population in 1878 (Fifth Annual Report of the working of the Lock Hospitals in North-Western

Provinces and Oudh for the year 1878: 12).[423] He thought the police should have greater power to suppress prostitution by unregistered women. He had reason to think that much of the disease amongst the troops was traceable to women who came from Rampore for a day or two at a time (Fifth Annual Report of the working of the Lock Hospitals in North-Western Provinces and Oudh for the year 1878: 12).[424] The Commissioner noted that of the 37 newly-registered women of the year many were destitute young girls (Fifth Annual Report of the working of the Lock Hospitals in North-Western Provinces and Oudh for the year 1878: 13).[425] He recorded the opinion that if, as recommended by the medical officer, the lock-hospital was removed from the city to cantonments, and the supervision might be real instead of nominal. The increase of venereal disease, both among the troops and civil population, was due to the general scarcity, which induced many of the poorer classes of natives, amongst whom disease was fearfully prevalent, to prostitute themselves for a meager amount.

During the year 1879 a monthly average of 49 women remained on the register against 64 in 1878 (Sixth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 14).[426] The results of the management had been unsatisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison for the six years, 1874-79, had been 166,162, 98, 115, 374, and 369 per 1,000 of strength respectively (Sixth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 14).[427] The decrease in the average number of women registered had probably been due to the adoption, by some of the women, of other ways of life, as the period of scarcity passed away. The registered women were examined three times a month, and the hospital accommodation and arrangements were satisfactory. The great prevalence of ague disease prevented a very regular attendance of the women for examination. The prevalence of venereal disease amongst the soldiers was due to intercourse with unregistered women. The attention of the authorities was called to this source of disease during the year. And, as a result, one unregistered woman, suffering from severe syphilis, was arrested. The Medical Officer recommended a change of situation of the lock hospital from the city to cantonments, to ensure more careful supervision. The Magistrate of the district thought the results of the year's working unsatisfactory on the whole. However it was noted that only 12 cases of primary syphilis occurred amongst the soldiers in 1879 against 38 in 1878, and the 22

cases of secondary syphilis reported in 1879 were probably the sequels of disease contracted in 1878 (Sixth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879: 14).[428] Excessive vagrancy, the cause of so much disease in 1878, still operated in 1879. The police had no power to arrest vagrant women suspected of being diseased, yet there was every reason to believe that the prevalence of disease amongst the troops was traceable to intercourse with vagrant pauper women. The Cantonment Committee had not taken measures to obtain sanction for the removal of the lock hospital- from the city to cantonments, and the Magistrate thought that expenditure in this direction would not result in any decrease of disease amongst the soldiers, because of their preference for cheap promiscuous intercourse with vagrant women. The Commissioner was of opinion that power could not be given to the police to arrest city women suspected of disease. The women to guard against were really those of outlying villages, and the measures necessary to prevent the soldiers meeting them were in the hands of the military authorities.

During the year 1880 a monthly average of 58 women remained on the register against 49 in 1879 (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 12).[429] The results of the management had been very unsatisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison for the seven years 1874-80 had been 166, 162, 98, 115, 374, 369, and 445 per 1,000 of strength respectively (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 12).[430]The Medical Officer reported that the lock hospital building, being situated in the heart of the city and having nothing of isolation or privacy, was quite unfit for its present purpose, for which it was never intended. The weekly returns of disease amongst the soldiers had been regularly received, and had shown a remarkable prevalence of disease. This could only be due to its universal prevalence amongst the lower class of natives. Experience of dispensary practice had shown that, during the last two years, there had been extraordinary prevalence of syphilis amongst the people of Moradabad generally. Especially amongst unregistered prostitutes the disease had prevailed in very bad form. And as registered and unregistered women were alike visited by the soldiers, disease necessarily prevailed amongst them. As a special measure of prevention, six

detectives were employed at evening for the detection of unregistered women found consorting with soldiers (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 12).[431] They arrested several such unregistered women, some of whom were found badly diseased. The Medical Officer believed that it was to them, and not to the registered women, the mass of disease amongst the soldiers was to be attributed. In proof of this it was stated that while syphilis was the prevailing disease amongst registered women, gonorrhea was the prevailing disease amongst the soldiers (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 12).[432] The Medical Officer considered the results of the year's working unsatisfactory, for a large number of soldiers were laid up by venereal. The type of the disease was now probably less virulent than before the lock hospital system was introduced; but the prevalence increased in later years, and this was attributed to conditions arising out of the prevalence of famine between the years 1877 to 1878 (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 13).[433] At Moradabad, there was no Cantonment bazaar for prostitutes to live in, and therefore the soldiers visited the city whenever they liked (Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880: 13).[434] Now, in a Cantonment bazaar measures could be enforced to check the intercourse of soldiers and unregistered women; but in a city no such measures could have force - there a soldier never knew the class of woman he consorted with. The Medical Officer thought better results might follow the establishment of a Cantonment place of residence for the prostitutes who received visits of soldiers. It was doubtful whether any special benefit to the health of the troops resulted from the maintenance of the lock hospital. The type of the disease prevalent may have been modified by the existence of lock hospitals, but, as far as soldiers were concerned, its prevalence was not mitigated. The registered women all lived in the city. Earlier the city was placed out of bounds to the soldier because of venereal prevalence which meant that the services of the registered women were unavailable—which induced the soldiers to consort with vagrant women. A greater average than usual, of disease, occurred both amongst the registered women and the soldiers. Clearly, the order placing the city out of bounds to the soldier had been an ill-considered one for the soldiers had been

driven to consort with low class coolie and village women, amongst whom disease was always prevalent.

RANIKHET

In Ranikhet the increase of venereal disease amongst the men of the 2-22nd regiment at Chaubattia was chiefly due to the fact that many of the wives of the camp followers of that regiment were found to be diseased, and being suspected of intercourse with the soldiers were removed from the cantonments (Toker 1878: 45).[435] A new ward was added to the old existing lock hospital. The 14th regiment, coming from Benares and Sitapur, suffered perhaps less than they did at those stations in 1876(Annual Report on the Lock-Hospital at Ranikhet for 1877: 45).[436] The 22nd regiment, which in the previous year showed a total of 15 cases of venereal disease, had this year 133 cases (Irving 1878: 45).[437] Very little of this disease was caught from registered women. Very special care had been taken to allow no woman to remain in the *chaklas* who had the faintest sign of even leucorrhoea. The sores that occurred during the year among the women were of the most superficial kind, and very different to those in the men in the hospital; the women complained that the men got diseased by unregistered prostitutes, and in some cases gave information where these women were to be found. 15 such prostitutes were taken by the hospital peons during the months of August and September; several others were seized by the cantonment police, all actually found with soldiers (Irving 1878: 45).[438] When examined they were in every case found diseased, some of them having very severe forms of syphilis. The peons came to know of several houses in which prostitutes plied their trade, but they could not interfere. With so many diseased women all through and around cantonments, ready to prostitute for the merest trifle of money, disease among the men was a very natural result. Extension of registration increased power given to the hospital peons. It would be better that the peons be regularly entertained as police, for they were constantly liable to hard treatment from soldiers who found their female friends watched by them. In the 14th Regiment there were frequent venereal inspections, and any man found diseased was severely punished for concealing his disease (Irving 1878: 45).[439] This was to force the men to come to hospital at once on appearance of any venereal infection, and they were then desired to, if possible, point out the woman in the *chakla* with whom they last were. Such a woman was at once removed to the lock hospital for examination.

During the year 1878 a monthly average of 54 women remained on the register against 35 in 1877 (Annual Report of the Ranikhet lock hospital for the year 1878: 13).[440] The results of the management had been extremely unsatisfactory. For the five years, 1874-78, the ratios of venereal cases per 1,000 of the European garrison at Ranikhet had been 175,143, 52, 881 and 468 respectively (Annual Report of the Ranikhet lock hospital for the year 1878: 13).[441] The garrison at Ranikhet during 1878 consisted of Her Majesty's 1-14th Regiment (strength 725), which remained at Ranikhet 327 days of the year; detachments of Her Majesty's 2-2nd and 63rd Regiments (strength 189), which remained 270 days; wing of Her Majesty's 34th Regiment (strength 294), which remained 285 days (Annual Report of the Ranikhet lock hospital for the year 1878: 13).[442] Calculated upon these figures, the daily average strength for the year was 1,019. Amongst the men composing this strength, 477 cases of venereal disease were admitted to hospital during the periods of occupation (Annual Report of the Ranikhet lock hospital for the year 1878: 13).[443] In addition, to the above, Her Majesty's 2-22nd Regiment were present for 40 days in the year; but as the strength of this regiment during the time of occupation was nowhere stated in the returns and reports, it was excluded from the above statement(Annual Report of the Ranikhet lock hospital for the year 1878: 13).[444] During 1877 the strength of the 2-22nd was 378; assuming for it an equal strength during 1878 for 40 days, this total garrison would provide a daily average of 1,060 for the year, the total of venereal cases being 483, showing a ratio of 455 per 1,000 (Annual Report of the Ranikhet lock hospital for the year 1878: 13).[445]The Medical officer reported three changes of medical management during the year. He thought the unsuccessful result of the year's management was surprising when contrasted with the results in previous years; the registered women had considerably increased in numbers, without, however, corresponding increase of disease amongst them. And the medical officer thought it certain that the excessive disease amongst the soldiers must have been contracted from other than registered women. The sub-committee had met regularly. The soldiers had been frequently medically inspected, but very little disease was discovered at these inspections. The registered women had been examined weekly, and for some time of the year twice a week. Their attendance had been regular. Much venereal disease was brought to the station by Her Majesty's 34th Regiment. The Cantonment Magistrate thought the chief cause of the excessive disease of the year was the diseased condition of some men of the 34th Regiment when they arrived at

Ranikhet (Annual Report of the Ranikhet lock hospital for the year 1878: 13).[446] These diseases had been contracted on the march. The disease increased very much, after the occupation, amongst the men of this regiment. Every effort was made to prevent this increase. Two special detectives were empowered to apprehend any woman straying near the 34th lines at Chaubattya, and all women suspected of illicit prostitution in cantonments were registered or required to quit (Annual Report of the Ranikhet lock hospital for the year 1878: 13).[447] Of these 16 were registered, and all found diseased (Annual Report of the Ranikhet lock hospital for the year 1878: 13).[448] Six left cantonments. Bi-weekly examinations of the registered women were enforced. By July of the year disease in the 34th Regiment had decreased; but disease in the 14th Regiment then increased, and probably illicit prostitution was the cause of the increase (Annual Report of the Ranikhet lock hospital for the year 1878: 13).[449] To prevent this altogether was impossible in Ranikhet, especially on account of the great number of low-caste women; employed within cantonment by the Department Public Works. The greater portion of these women had venereal disease. Although the ratio of disease was so high and the result unsatisfactory, yet everything had been done to render the working of the system efficient. New inspection rooms had been provided, so that the registered women may be examined near their quarters and at uncertain periods. Increased accommodation for the registered women was provided. Orders were issued that on arrival at Ranikhet every soldier should be medically inspected. Adequate means of ablution had been provided in each registered woman's house. The Cantonment Committee recorded the opinion that a large amount of the disease which had prevailed was contracted from unregistered women, principally women employed by the Department Public Works. At the same time it was stated that a large amount of disease was imported into the station by the 34th Regiment (Annual Report of the Ranikhet lock hospital for the year 1878: 14).[450]The Commissioner was convinced that all the measures that had proved successful in preventing disease among the troops were in the hands of the committee. The civil authorities could do nothing to improve matters. Low-caste women worked in hill cantonments, and some soldiers would prefer clandestine to authorized prostitution. Much of the disease recorded results from the indolent aimless life of a soldier in the hills, and the facility with which they could obtain strong drink (Wald 2017).[451] This question was at the root of permanent improvement in the health of the men, but was too large for local authorities to deal with.

During the year 1879 a monthly average of 38 women remained on the register against 54 in 1878 (Annual Report on the Ranikhet lock hospital 1879: 15).[452] The results of the management had not been satisfactory, The ratios of admissions to hospital for venereal disease amongst the European garrison, for the six years (1874-79) had been 175, 143, 52, 381, 468, and 3 13 per 1,000 of strength respectively (Annual Report on the Ranikhet lock hospital 1879: 15).[453] The Medical Officer reported that the lock hospital accommodation was ample in every respect. Three medical officers had had charge of it during the year, at different times. The results of the management in 1879, although better than those of 1878, yet were unsatisfactory. The weekly returns had been regularly received, and the sub-committee had assembled regularly throughout the year. The employment of special peons, for the detection of unlicensed prostitution, was discontinued in January, and their duties placed in the hands of the general police. European regimental police were employed throughout the year. But neither the European nor the native police contributed much, by their action, towards the repression of unlicensed prostitution. The native police were useless from their venality, and the Europeans did not patrol in the proper places. Certain coolie women, employed in making a new road, were pointed out as likely to be a cause of the disease prevalence amongst the men of the 34th Regiment (Annual Report on the Ranikhet lock hospital 1879: 15).[454] But the Commanding Officer and Medical Officer of the Regiment were of the opinion that men of the 34th would not consort with such women. Afterwards four of these women were detected in the act of prostitution with soldiers, near to the Regimental bazaar, in close proximity to the registered women's brothel. These women, on examination, were found in the filthiest and diseased state. Soldiers, being well fed, idle, and sometimes given to liquor, could not, during their aimless wanderings from barracks, resist the temptation offered by these women; and many soldiers, disliked the idea of being seen to visit the brothel. The ravines and woods abundant at Ranikhet provided opportunities for clandestine intercourse. The Medical Officer looked upon the custom of asking the soldier to point out the woman from whom he contracted disease, as a farce, and no dependence could be placed on the soldier's word in this respect. Indeed, the soldiers seemed to have leagued amongst themselves to thwart every effort made for their good in respect to this matter. At Ranikhet the established custom was for the registered women to leave the station when the troops went down to the plains. In the *sadar bazaar* about 80 prostitutes resided who were unregistered,

on the grounds that they did not consort with soldiers (Annual Report on the Ranikhet lock hospital 1879: 16).[455] Yet it seemed probable that they did receive soldiers' visits, for on the departure of the troops these women also left the station. The attendance of the registered women for examination had been very regular. They had been examined weekly. The Medical Officer stated that in the first seven months of the year it had been the custom to record all cases of leucorrhoea as gonorrhea, and cases of ulceration as syphilis. In August this was rectified, and in all probability the disease recorded amongst the women during the year was greater than the facts warranted. Disease amongst the women had been mild in character; and the Medical Officer thought it likely that in many cases soldiers were a cause of disease to registered women. He was convinced that by the co-operation of the Regimental authorities, venereal disease in a corps could be stamped out. The Commanding Officer would severely punish men detected of concealing disease. The Regimental Medical Officer frequently inspected the men for the detection of such cases. As a result of detection and punishment, soldiers were likely to abstain from prostitution with unlicensed women (often a cause to them of venereal disease). Periodical inspections of the men were an unpleasant duty, unpleasantness quite counterbalanced, however, by the satisfaction resulting from an absence of venereal disease in hospital (a probable result of these inspections). The Cantonment Committee entirely agreed with the Medical Officer in the opinion that the success of the lock hospital system depended in greatest measure on the action of the Regimental authorities—action directed especially to the speedy discovery of the source of any sudden increase of disease amongst the men, the removal of that source of disease, and the punishment of soldiers who had suffered from disease due to willful disobedience. It was explained that the 80 unregistered prostitutes who lived in the bazaar were to be visited by natives only (Annual Report on the Ranikhet lock hospital 1879: 16).[456] Each of these women had to pay a penalty of Rs. 50 if they received a European soldier (Annual Report on the Ranikhet lock hospital 1879: 16).[457] They left the station about the same time as the troops, because it was their custom to leave the hills at the commencement of the cold season. Many of these women, too, held caste views, which prevented cohabitation with Europeans. The four women arrested in the act of public prostitution with soldiers were punished by eight days imprisonment each - the heaviest punishment the law allowed, but quite inadequate for the enormity of their offence (Annual Report on the Ranikhet lock

hospital 1879: 16).[458] After these arrests were made, the Executive Engineer dismissed from employment all women engaged on his work at Chaubatiya (Annual Report on the Ranikhet lock hospital 1879: 17).[459]The Senior Assistant Commissioner supposed that the caste women who would not cohabit with Europeans were *Paturs*, a class of women who restricted themselves to cohabitation with high caste Hindus (Annual Report on the Ranikhet lock hospital 1879: 17).[460] 80 *Paturs* could hardly find a living at Ranikhet and the Senior Assistant Commissioner thought some of these women may be Mussalmans against whom the soldier required protection (Annual Report on the Ranikhet lock hospital 1879: 17).[461] It was opined that successful lock hospital management depended almost entirely on Regimental authority. Another powerful aid to failure was the aimless, self-indulgent, life of the soldier, which the Government alone could change.

During the year 1880 a monthly average of 40 women remained on the register against 38 in 1879 and 54 in 1878 (Annual Report on the Ranikhet lock hospital 1880: 14).[462]The results of the management had been satisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison for the seven years 1874-80 have been 175, 143, 52, 381, 468, 313, and 276per 1,000 of daily average strength respectively (Annual Report on the Ranikhet lock hospital 1880: 14).[463]The Medical Officer reported that venereal disease, in form of true syphilis, followed by secondary symptoms, prevailed amongst the troops during the year. It was believed that much of this disease was contracted from unregistered women. One such woman was found much diseased. She had, as usual, infected several soldiers. The soldiers as a rule gave little help in the way of pointing out the women who infected them. Yet, it was of great importance that this should be insisted on, and to this end the Medical Officer recommended that a soldier who pointed out truthfully the woman who had caused his disease should escape punishment entirely; whilst the punishment of those who could not point out the woman, or who pointed out a woman unjustly, be rigid, even to the stopping of pay while in hospital. By some such means, the unregistered women who offended may be got at, as the soldiers would find out that it paid better to detect than to conceal disease. The Cantonment Magistrate reported that the returns of the year 1880 compared favorably with those of previous years (Annual Report on the Ranikhet lock hospital 1880: 14).[464] And if deduction was made for 42 cases of disease imported with the troops, the results would appear

very favorable (Annual Report on the Ranikhet lock hospital 1880: 14).[465] At the close of the year the prevalence of disease amongst the men increased; and measures were taken to combat this prevalence by extra police vigilance and by the adoption of restrictive measures as regards the liberty of the men. Good results followed.

On one occasion, during the year, from a restriction of the wandering habits of the men, many coolie women at Ranikhet employed on buildings, offered temptations too great for resistance by the soldier. These women would supply the soldier's want for a copper coin and in private. A visit to a registered woman cost more, and had something of the character of openly confessed depravity about it. The prevention of this dangerous, yet popular, intercourse with unregistered women could only be effected by the Commanding Officer. Of eight unlicensed women arrested during the year all were found diseased. One of these persons was living in the hospital servants' quarters.

The Sub-Committee assembled on every Cantonment Committee day throughout the year. It was remarked that the reason why soldiers concealed syphilis was because they knew they could not escape detection if inspected with care. Cases of sores were rarely concealed, but denied by the men, out of ignorance of what it was. With such a large number of young soldiers in every corps, cases of such ignorance were not uncommon. Therefore, inspection was a benefit to these which impressed cleanliness. Privacy for the inspections was ensured, as otherwise, they were seen as injury to the morale of the soldiers (there were arguments against inspections by soldiers). It was recognised that education could help in stamping out the disease. There was therefore, a need felt to shield and teach the ignorant, as well as, circumvent the dodgers.

FYZABAD

The Fyzabad lock-hospital was located in a native-building in the city of Fyzabad. The building was about two miles from the military cantonments. In terms of the extent of venereal returns in the European garrison there was no decrease in the disease ratio.

TABLE 3.9 - THE ATTACKS OF VENEREAL DISEASE PER MILLE PER ANNUM HAD BEEN AS FOLLOWS

1873	476.20 per mille
1874	334.00 per mille
1875	525.90 per mille
1876	243.18 per mille
1877	150.8 per mille

Source: Annual Report on Fyzabad Lock-Hospital for 1877.[466]

The ratio for 1877 was 93 per thousand lower than in 1876.

TABLE 3.10 - THE FOLLOWING WAS THE DISEASE STATEMENT BY REGIMENTS AND BATTERIES

Corps	Period of occupation	Average strength	Venereal admissions	Ratio per 1,000
1 – 25th Foot	12 months	808.09	Gonorrhoea -99	122.3
			Primary syphilis - 36	44.5
			Total - 135	166.8
D – nineteenth R.A.	10 months	133.09	Gonorrhoea - 4	29.8
			Primary syphilis - 3	22.4
			Total - 7	52.2
Total strength		941.18	Total admissions - 142	150.8

Source: Annual Report on Fyzabad Lock-Hospital for 1877.[467]

In 1877 there were 39 admissions for primary syphilis in an average European cantonment, while in 1875 there were 212 admissions (Gibbon 1878: 95).[468] For several months, the European battalion, a strong corps of vigorous young men, had not a single admission for primary syphilis, and the artillery battery had but a total of seven venereal admissions in ten months of residence (Gibbon 1878: 96).[469] The causes for the results were:-

a) The sanitary arrangements of the brothels. At all times, soap, clean water, and towels were kept ready in each room in the brothels for the soldiery. Before this, the practice was that the soldier washed himself, if he could, in a narrow-checked chatty on the floor of the hut without soap and without towels. Now in every room in the brothels a permanent brickwork stands had been erected, and on this stand a basin was kept ever ready with water. Soap was always

present, and a towel was kept on a nail close by. Cleanliness had been made easy for every visitor, the only way to secure it for the indifferent and often lazy soldier. By repeated visits it was made certain that these precautions had been always available.

b) Lotions of a simple nature had been made available for the visitors.

c) The prostitutes had been instructed to guard themselves against the visits of diseased men.

d) Hand-bills of these patterns had been circulated amongst the men, which read, Cleanliness and the free use of soap and water are the great safeguards against contracting contagious diseases (Gibbon 1878: 96).[470]

Two diseases were liable to follow intercourse with diseased women – syphilis or pox which began as a small scratch with small sores, most deadly in its after-effects, being followed by swellings in the groin, sore-throat, skin eruptions, and breakdown of constitution; and, gonorrhoea or clap which was often marked by a discharge of yellow matter with great pain and scalding, followed by stricture. These diseases could be avoided by extreme cleanliness and the free use of soap and water after intercourse. It was expected that when the disease appeared it should be reported at once and medical aid obtained as every hour's delay could cause weeks of illness afterwards. The men had been often lectured and warned as to what venereal was, and what precautions were to be used. Lectures and hand-bills were therefore more useful than any venereal parades.

The women had been frequently inspected in the brothels at a moment's notice. Many diseased women were detected. Unless a raid was made now and then on brothels, many women manipulated themselves so as to render the discovery of venereal disease difficult. Many women (who were without doubt diseased) escaped inspection with clean bills of health. Special measures to guard against unlicensed prostitution were patrolling by military and cantonment police, and detective measures by civil and cantonment police. Registration was quite efficient. It extended to the city and cantonment prostitutes. The dancing classes were excluded as the Europeans hardly visited them. 297 women were admitted into the hospital diseased (Evatt 1878: 97).[471] In 1876 the number was 348 (Evatt 1878: 97).[472] Gonorrhoea was the principal disease, giving 135 admissions; primary syphilis having 76 admissions (Evatt 1878: 97).[473] The women attended very regularly; 19 were reported for absence, and fines to the amount of Rs. 4-8 were levied (Evatt 1878: 97).[474]

Medical inspections of the soldiers were held once in a week at a regulated hour in the barrack-room (Skerry 1878: 98).[475] Syphilis was very rarely concealed by soldiers. Gonorrhoea in its last stages was often detected. Inspection was easier in a lock-hospital than in a barrack room. Men were punished for getting venereal disease at times during the year. The punishments were confinement to barracks, making up guards lost, and answering their names every hour at the guard-room. The diseases of the women and the soldiery were in close relation here, both suffered from gonorrhoea but very little from syphilis (disease very mild in type) (Skerry 1878: 98).[476]

During the year 1878 a monthly average of 97 women remained on the register at Fyzabad against 108 in 1877 (Annual Report on Fyzabad Lock-Hospital for 1878: 10).[477] The results of the management had been fairly satisfactory. During the five years, 1874-78, the ratios of venereal cases amongst the European garrison had been 334, 526, 243, 150, and 196 per 1,000 of daily average strength (Annual Report on Fyzabad Lock-Hospital for 1878: 10).[478] During the year the men of corps or detachments arriving at the station had been medically inspected within 24 hours of their arrival; and a second time a few days after arrival. In regard to regular venereal inspection parades, the medical officer thought the benefit gained by them did not counterbalance the resulting impairment of morality in young soldiers who were in good health. As a rule, diseased soldiers readily came to hospital for the cure of their diseases. Disease amongst the registered women was mild in type. Disease amongst the soldiers was also mild, with the exception of one severe case followed by secondary symptoms, the disease having been contracted from an unregistered woman at the cholera camp. Disease amongst the soldiers was contracted principally from unregistered women. One soldier acknowledged that he contracted disease from one or other of three women whom he met in the jungle in one day. The medical officer thought the registration was efficient. The rules for the control of prostitution had been enforced. Of 50 unregistered women convicted of illicit prostitution with soldiers, 23 were found diseased (Annual Report on Fyzabad Lock-Hospital for 1878: 10).[479] He thought all prostitutes by profession ought to be registered and even dancing girls, who, from north to Oudh of India, practiced prostitution and were a cause of disease. He expressed the desire to protect the native population, as well as the European, from venereal disease, on the grounds that protection was granted

against cholera and small-pox. The medical officer commended a recent general order prohibiting access to the canteen for 14 days to soldiers discharged from hospital after cure from venereal disease. This order would prevent relapse of gonorrhea. The Deputy Commissioner reported the satisfactory working of the management during the past year, especially as regards the prevention of illicit prostitution. He disapproved the extension of the lock-hospital system to the whole country, as proposed by the medical officer. The system was enforced for the benefit of soldiers only.

During the year 1879 a monthly average of 91 women remained on the register against 97 in 1878 (Annual Report on Fyzabad Lock-Hospital for 1879: 11).[480] The results of the management had been very satisfactory. For the six years, 1874-79, the ratios of admissions to hospital for venereal disease amongst the European garrison had been 333, 503, 345, 211, 196, and 158 per 1,000 of strength respectively (Annual Report on Fyzabad Lock-Hospital for 1879: 11).[481]The Medical Officer reported that the lock hospital was situated in Fyzabad city, about 1½ mile from cantonments, and that there were no quarters available for the hospital assistant, who received Rs. 3 per mensem in lieu of quarters, and resided in the vicinity of the hospital (Annual Report on Fyzabad Lock-Hospital for 1879: 11).[482] The weekly returns of disease prevalence amongst the soldiers had been regularly received. The type of disease seen amongst them was mild. All soldiers newly arrived were medically inspected within twenty-four hours of arrival at Fyzabad. And two cases of syphilis and five of gonorrhea were discovered at these inspections (Annual Report on Fyzabad Lock-Hospital for 1879: 11).[483] The type of disease amongst the women was also very mild. The disease which happened amongst the soldiers was chiefly contracted from unregistered women. Time after time the soldiers accused registered women of being the cause of their disease, and upon most careful examination, and after detention for a time in hospital, these women were found free from disease. The dates of admission to hospital, of men and registered women, had not tallied particularly, as regards, cases of syphilis. Formerly, it was the practice to detain the registered women in hospital during their period of menstruation. This practice was discontinued during the year, under the orders of the General of the Division. The Medical Officer regretted the discontinuance of the practice in question, because it conduced to the more certain detection of disease, if existing, in any woman, and

because a menstruating woman sometimes communicated gonorrhea to men. The registered women had been well managed during the year. The sub-committee assembled regularly during the year. A special police, formed of men recently cured of venereal disease, was established in August, 1878. Their duties were to prevent men frequenting villages outside the cantonment limits. A total of 44 unlicensed prostitutes were arrested during the year, and of these 14 were found diseased (Annual Report on Fyzabad Lock-Hospital for 1879: 12).[484] The attendance of the women for examination during the year had been fair. They were examined weekly. The hospital assistant was energetic in the performance of his duties. The Medical Officer still remained of opinion that all public prostitutes should be registered and subject to examination. It was generally admitted that lock hospital management had greatly benefited the registered women, and these benefits could with great advantage be extended to all prostitutes. He thought that a soldier, who unjustly charged a registered woman with being the cause of his disease, should be punished severely. The soldiers by their preference for unlicensed women frustrated the efforts and expenses of Government made for the prevention of venereal disease. The order preventing access to the canteen for fourteen days after discharge from hospital, of a venereal patient, had been effectual for good, especially in preventing relapses of disease. The General Commanding the Division, after calling for the opinion of the Deputy Surgeon-General, rescinded the order previously issued, and granted a return to the previous practice of detaining menstruating women in hospital. The Commissioner of the Division forwarded the report with the expression of opinion that the management had been satisfactory. The chief cause of disease was the prostitution of unregistered women, and provision needed to be made for the punishment of all such prostitutes practicing with soldiers outside cantonments.

During the year 1880 a monthly average of 90 women remained on the register against 91 for 1879 (Annual Report on Fyzabad Lock-Hospital for 1880: 9).[485] The results of the management had been very satisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison for the seven years 1874-80 had been 333, 503, 345, 211, 196, 158, and 143 per 1,000 of daily strength respectively (Annual Report on Fyzabad Lock-Hospital for 1880: 9).[486]The Medical Officer reported the hospital accommodation sufficient, but a local place of residence had not yet been provided for the Hospital Assistant, although the

question had been long considered. The type of disease seen amongst the soldiers during the year was mild. Every unmarried soldier was examined medically within a period of 24 hours after his arrival at the station. Four cases of primary syphilis and nine of gonorrhea were contracted at other stations (Annual Report on Fyzabad Lock-Hospital for 1880: 9).[487] The type of disease amongst the registered women was very mild, its cure quickly effected. The soldiers contracted many of their cases from unregistered women. It was proved that three cases of syphilis were contracted from a woman who came from Lucknow, who remained a few days in the station and then returned to Lucknow (Annual Report on Fyzabad Lock-Hospital for 1880: 10).[488]The soldiers often pointed out registered women as the cause of their disease. Most often, on examination, the women so pointed out were found quite free from disease; yet the Medical Officer thought many cases of disease were contracted from the registered women. The lock hospital system could be made efficient to decrease the amount and virulence of disease, but it could not banish disease. Forty-nine registered women lived in the city; twenty lived in the *sadar bazaar*, and fourteen in the regimental bazaar (Annual Report on Fyzabad Lock-Hospital for 1880: 10).[489]Those who lived in cantonments were provided with residences, forming a brothel built on the outskirt of the bazaar. A basin, water, soap, and towel were provided in each room for the use of the soldier. The Cantonment Sub-Committee assembled once in every month of the year. A special police force composed of soldiers recovered from venereal disease had been employed to prevent the visits of men to villages near Cantonments. During the year, of 27 unregistered prostitutes arrested six were found diseased (Annual Report on Fyzabad Lock-Hospital for 1880: 10).[490]The Medical Officer was of the opinion that all women known to be public prostitutes should be registered. He was of this opinion before, and observation of the working of the Lock Hospital scheme had strengthened that opinion.

SITAPUR

In Sitapur, the disease in the 92nd Highlanders was high (240 per 1000) (Bedford 1878: 101).[491] A great deal of the disease was contracted from unregistered women beyond cantonment limits as a large proportion of registered women were not suffering from any venereal disease. The building used as the lock hospital in this station was formerly the hospital of a native infantry regiment, which had been repaired and adapted for its present requirements at the cost of the cantonment funds

(Annual report on the Lock-Hospital at Sitapur for 1877: 102).[492] It was conveniently situated behind the European barracks and within easy reach of the *sadar* and regimental bazaars. It was capable of accommodating a large number of diseased women and remained virtually unoccupied. Funds for the payment of this establishment were made from the local sources, which however failed, due to a long period of drought the previous year. Three police detectives had been employed to regulate unlicensed prostitution (Annual report on the Lock-Hospital at Sitapur for 1877: 103).[493]All the registered prostitutes were subject to supervision, and the area of control extended for five miles around cantonments. It included the *sadar* and regimental bazaars- Alamnagar, Thompsonganj, Sitapur and Khyrabad (Annual report on the Lock-Hospital at Sitapur for 1877: 103).[494] Speculum was very rarely used in this hospital. The old *dhai* inserted the index and second finger of the right hand to expose the parts. The practice was widely resented as it invaded the privacy of the women. The European troops stationed in this garrison did not acquire primary and secondary syphilis. Gonorrhoea was the prevailing disease amongst troops which was again contracted from unlicensed women in the vicinity of cantonments. A provision for an asylum was demanded for the incurable and imbecile prostitutes (Annual report on the Lock-Hospital at Sitapur for 1877: 104).[495]

During the year 1878, a monthly average of 108 women remained on the register. Exactly the same number was registered in 1877 (Annual report on the Lock-Hospital at Sitapur for 1878: 24).[496] The results of the management had been very unsatisfactory. The ratios of venereal cases per 1,000 of the European garrison, for the four years, 1875-78, had been 274, 299, 249, and 332 respectively (Annual report on the Lock-Hospital at Sitapur for 1878: 24).[497]The Medical Officer reported that, amongst the registered women, of 304 cases admitted to hospital, 90 were cases of gonorrhea and 45 cases of syphilis, the remainder being minor cases of non-venereal disease (Annual report on the Lock-Hospital at Sitapur for 1878: 24).[498] Not one case of secondary disease occurred amongst the women. Amongst the soldiers, disease, as usual at Sitapur, was very prevalent. Great part of this disease was due to intercourse of the soldiers with unlicensed women. The soldiers accused the registered women, unjustly, of causing disease in many cases. The accused women on examination were found healthy. In more than one instance, the accusation was attributed to spite, the woman having refused to cohabit with the soldier for so small a sum as one *anna*. In

the summer months' soldiers were frequently seen in groves in the evening time, cohabiting with unregistered women. And few of these women were apprehended, because the soldiers beat any constable who tried to do it. Soldiers were reported more than once as present in the bazaar at midnight and at all hours of the morning, while Khairabad town and the villages around cantonments were constantly resorted to by the soldiers. No restrictions of any kind being placed upon their liberty. Tickets were granted to several women before they had been examined. After examination they were found diseased. As disease increased amongst the soldiers, the women were examined twice a week. For the prevention of disease, in a station as notorious for venereal prevalence as Sitapur, the medical officer recommended that restrictions should be placed there on the liberty of the soldier. The police could not check the practice of illicit prostitution, by beggar and coolie women, because of the widespread site over which the evil extended, and because the soldiers resorted to violence to hinder the apprehension of women offending in this respect. The registered women were well managed - they had been taught to guard against disease by cleanliness. They had not shown a high ratio of admissions for venereal disease. It remained to guard the soldier against himself. As restrictions were placed upon him for the prevention of sun-stroke, so he should suffer restrictions for the prevention of venereal disease. The Cantonment Committee regretted the increase of disease, and believed it was owing to famine prevalence, a large number of women prostituted themselves to obtain food. Every possible measure, short of placing close restriction on the movement of the men, was taken to prevent the increase of disease. Soldiers, after dusk, were not allowed to wander beyond limits bounded by regimental patrols. Detective police were employed. Unexpected check rolls taken at night-time. The committee commended the medical officer's efficient performance of his lock hospital duties. The Deputy Surgeon-General, A. M. D., recorded the opinion that great restrictions be imposed on their men by commanding officers whenever venereal disease was very prevalent. The Deputy Surgeon-General, I. M. D., was of opinion that there was quite sufficient disease amongst the registered women to account for the disease which prevailed amongst the soldiers. The ratio per 1,000 of gonorrhea cases amongst the women was 834; amongst the soldiers 184 (Annual report on the Lock-Hospital at Sitapur for 1878: 25).[499] Of syphilis cases recorded, 417 were women and 118 were from amongst the soldiers (Annual report on the Lock-Hospital at Sitapur for 1878: 25).[500] Until disease amongst the registered women was

diminished, little could be done to diminish disease amongst the soldiers. The General did not believe the soldiers used violence to the police, and thought that no value attaches to the medical officer's statement that the soldiers were out of barracks at night-time without proper punishment. The Officer Commanding the Station, at Sitapur, reported that from the records of the Station Staff Office it appeared that the Officer Commanding Her Majesty's 92nd Regiment reported on the 31st of August, 1878, that he believed the increase of disease amongst his men was due to their intercourse with unlicensed women, and thought the failure to check this evil was due, first, to the discontinuance of a system of payment of rewards for detection, formerly in existence; and second, to the lightness of the punishment awarded by the Civil authorities to parties when detected. Preventive measures were put in force to stay the prevalence of disease in the regiment. Men diseased, and unable to point out the women who had caused the disease, were punished by having to make up guards after their cure; and men found breaking out of barracks were severely punished. The medical officer reported that some European soldiers were seen at midnight on the 28th August, 1878, in the house of a prostitute in Thompsonganj (Annual report on the Lock-Hospital at Sitapur for 1878: 25).[501] Stricter supervision by a large provost establishment and very severe punishment on any absentee were ordered, as preventive measures. The Officer Commanding the Station was of opinion that the Officer Commanding the regiment adopted all advisable means to check the spread of disease amongst his men, and that the medical officer's remarks were uncalled for. The Officer Commanding the Station explained that once or twice soldiers were apprehended for cohabiting with women in a *bagh*. But this was at once stopped, and the Superintendent of Police was asked to prevent these women from roaming about these *baghs*. According to the Officer Commanding, it was untrue that the men beat any constable who tried to apprehend these women, for in such case the matter would have been brought to the notice of the commanding officer, who heard nothing of it. On one occasion the medical officer reported in writing to the commanding officer of the 92nd that three soldiers of his regiment had been seen in the house of a prostitute at Thompsonganj, but the medical officer was unable to produce evidence that might convict the men (Annual report on the Lock-Hospital at Sitapur for 1878: 26).[502] Only on one or two occasions men were found absent from the barracks at night, and they were discovered in the *sadar bazaar* (Annual report on the Lock-Hospital at Sitapur for 1878: 26).[503] The commanding officer thought if soldiers were constantly in

Khairabad; he would have known of it. Passes were granted to the men on Thursdays to visit the vicinity of Sitapur, but there was no reason to believe that they spent their time in the villages. The commanding officer asked that the medical officer may be called upon to substantiate the facts he had recorded regarding the men of the 92nd Regiment. The commanding officer was convinced that the greater part of the disease amongst the soldiers was contracted from registered women, for, in many instances, registered women pointed out by the soldiers as causing their disease were, on examination, found to be diseased. The Deputy Commissioner reported that, in the beginning of the year, there was considerable distress in the district, and during that period numbers of destitute women prostituted themselves in Sitapur and the neighboring villages. These women were a plentiful source of disease, and from them the increase of venereal disease amongst the troops was caused. Precautionary measures were taken by the military authorities, but the Deputy Commissioner was not aware that any restrictions were put upon soldiers as regards their walks into the country for sporting and other purposes. He had no doubt that on these occasions soldiers made a point of meeting unregistered women, and very frequently got diseased. He would not have the soldier's liberty generally curtailed in this respect, as the walks were healthful and the good would suffer with the bad; but was of opinion that while these excursions were permitted, it was impossible to control venereal disease. The year 1878 had been remarkable for excess of venereal disease amongst the soldiers—disease due in greatest measure to their intercourse with unlicensed women, who had been of easy access, by reason of the distress which had prevailed. There was a division of opinion at Sitapur. On the one hand, it was held, that the increase of disease resulted from intercourse with unregistered women, on the other, from intercourse with registered women. The Medical officer appeared to admit it, that some soldiers contracted disease from registered women, but the balance of evidence was in favor of the opinion above expressed. According to the medical officer, the soldier's liberty in regard to opportunities afforded to them to meet unlicensed women should be restricted. Soldiers did sometimes resist the arrest of women with whom they were in company. At Sitapur itself, in 1877, it was reported by an experienced medical officer that the arrest of vagrant women, who prostituted themselves in groves near cantonments, was often impossible, owing to the reluctance or inability of the men to assist the police. That soldiers did occasionally leave their barracks at night-time without permission had been recorded also on a previous

occasion. That they did so once or twice at Sitapur in 1878 seemed likely by the report of the commanding officer of the 92nd Regiment - that checked roll-calls were ordered at all hours of the night, and on one or two occasions men were found absent and afterwards discovered in the *sadar bazaar*. The opinion, that the disease complained of was contracted principally from the registered women, was upheld chiefly by the Deputy Surgeon-General, Indian Medical Department, and the Officer Commanding Her Majesty's 92nd Regiment. The Deputy Surgeon-General found his opinion upon the fact that the ratio of disease amongst the registered women was very high. This was very true. Many of the admissions to lock hospitals were cases of women admitted to be cured of disease prior to registration, and this particularly in regard to cases of syphilis and very severe forms of disease generally. In all years, the ratio of admissions to strength of registered women was extremely high.

During the year 1879 a monthly average of 36 women remained on the register, against 108 in 1878 (Annual report on the Lock-Hospital at Sitapur for 1879: 17).[504] The results of the management had been satisfactory. For the six years, 1874-79, the ratios of admissions to hospital for venereal disease amongst the garrison had been 380, 397, 334, 296, 333, and 221 per 1,000 of strength respectively (Annual report on the Lock-Hospital at Sitapur for 1879: 17).[505]The Medical Officer reported that four different Medical Officers were in charge during the year, up to 30th November, when the hospital was disestablished, owing to the withdrawal of European troops. The registered women were few in number, owing to the removal of troops which proceeded throughout the year. Disease amongst them was mild. Disease amongst the soldiers compared favorably with that reported in 1878. The sub-committee assembled regularly. Every applicant for registration was medically examined before obtaining a ticket, and several of these women were found diseased. The examinations were held weekly. The Cantonment Committee approved the report. The Deputy Commissioner of the district noted that the European garrison was very small throughout the year. At the close of the year there remained only the Depot of the 92nd Highlanders, chiefly married men, and the hospital closed (Annual report on the Lock-Hospital at Sitapur for 1879: 17).[506]

During the year 1880 the lock hospital was closed, there being no European garrison at Sitapur. The hospital was re-opened on the 1st January, 1881 (Annual report on the Lock-Hospital at Sitapur for 1879: 17).[507]

JHANSI

The lock hospital at Jhansi was situated about a mile from the European infantry lines, at the entrance to a small village outside the boundary pillars called New Jhansi. It was in close proximity to the civil dispensary and the cantonment. The building had ample accommodation for the number of patients likely to require it at any one point of time, and was supplied with a sufficiency of medicines, surgical instruments and furniture.

TABLE 3.11 -THE EXTENT OF VENEREAL DISEASE WHICH OCCURRED AMONGST THE EUROPEAN TROOPS DURING THE YEAR 1877

Month	Average strength	Primary syphilis	Gonorrhoea
January	111.60	---	---
February	465.75	3	5
March	450.60	4	7
April	432	1	2
May	428	---	1
June	428	1	---
July	428	1	4
August	427	---	5
September	427.50	---	---
October	426.25	---	1
November	412.00	---	---
December	406.75	---	1
Total	403.72	10	26

Source: Annual Report on the Lock Hospital at Jhansi for 1877.[508]

The six admissions in May and August include four relapses/discharges. It was seen that venereal disease began to be in the ascendant immediately after the arrival of the 39th Regiment in the station, and attained its highest rate in March (Annesley 1878: 74).[509] Whether this increase was due in the first instance to intercourse with non-registered women it would be hard to say, and might possibly be unjust; but from periodical examinations made on the march from Delhi to Jhansi, it could be stated that none of the women who accompanied the regiment were diseased, but rapidly became so after arrival. In March, the disease was so prevalent and of such a vicious

nature that it was decided bi-weekly examinations should be held, which were continued until the month of May, when a marked diminution in the admissions became apparent.

Twelve of those in this station were under treatment for one or other of various types of secondary disease during the year, following in most cases in quick succession. February gave 1, March 5, April 2, June 1, July 2, and October 1, allowing primary syphilis 5 and gonorrhoea 7, or 1 in 2.66 of acute disease (Annual Report on the Lock Hospital at Jhansi for 1877: 74).[510] There was no record of the amount of venereal disease in the 63rd Regiment during the year 1876 in the hospital, and hence, made comparisons with previous years impossible. The almost total cessation of disease in the European Regiment suggested that unlicensed prostitution was in abeyance due to the vigilance of the native police out of the lines, and that of the regimental within. European soldiers were prohibited from entering the city, to which the rules did not extend, in particular native territory.

Public prostitutes were the only people to whom registration had been an objection, and not generally favourably thought of by them. But as far as efficiency in its operation was concerned to those who intended it as a regular means of livelihood, it was efficient. The extent of its operation had been within an area of three miles, taking in the regimental and *sadar bazaars* and a small village in the civil lines, Talpura (Judd and Annesley 1878: 75).[511] On the 1st of January 1876 there were two prostitutes on the list, which increased by the end of the month to 5, 3 of whom removed their names from the register during the year. The arrival of the 39th Regiment in February increased the numbers to 20, the highest being 22 in March, after which a gradual decrease began, leaving at the end of the year 21 (Judd and Annesley 1878: 75).[512] There had been no great decrease from the maximum number, although they were not prepared for the active measures taken to stamp out the disease. Some few were not inclined to submit, who left eventually. The average number of prostitutes on the register for 1877 was in excess of that of the previous year, being 10 in 1876 to 16 in 1877 (Annual Report on the Lock Hospital at Jhansi for 1877: 75).[513] There had been a few defaulters in regular attendance at the periodical examinations, the cause in most instances being a disinclination to return to the station after leave having expired.

The prostitutes of cantonments when found diseased were admitted into the lock-hospital for treatment, and were supplied with a free diet consisting of atta – 10 chittacks, dal 2 chittacks, ghi ½ chittack, salt 125 grains, firewood 12 chittacks, a small quantity of spices, and 4 chittacks of meat weekly, cost of which averages 1 *anna* (17/100 of a pie daily) (Annual Report on the Lock Hospital at Jhansi: 75).[514] The allowance had been increased lately to 2 *annas* daily if two patients were in hospital and 1.5 *anna* if three were in hospital. If more, the former scale was adhered to (Annual Report on the Lock Hospital at Jhansi 1877: 75).[515] Examinations were at the commencement of the year held weekly, from March to May bi-weekly, and from June to the end of the year fortnightly. Prostitutes in the city were not under registration and did not attend.

Venereal disease amongst the women was generally of a mild and tractable character, only in two cases it was observed to be of a virulent form. The first, a resident of Talpura (resorted to by the native regiments of this station), was one of the two who remained on the register at the beginning of the year, had been in 1876 often under treatment for syphilis, was again admitted for the same disease in March last, and from the appearance of the external organs was never probably free from it (Annual Report on the Lock Hospital at Jhansi for 1877: 75).[516] The labia majora were hypertrophied and enlarged to an unsightly extent, and much pitted, each pit resembling as near as possible the depression left by a venereal ulcer, and rendering detection of actual disease difficult; the orifice and lining membrane of the vagina showed signs of having been intensely diseased at various times (Judd and Annesley 1878: 76).[517] On her discharge from hospital, as she expressed her wish to relinquish her profession, her wishes were acceded to. She had since resided out of the cantonment. The greater number of admissions for venereal disease since she left could still be traced to her.

The second, a prostitute residing in the *sadar bazaar*, had had frequent admissions from primary disease. There appeared in the register of examinations for 1876 a woman of the same name, but who for some reason withdrew at the latter part of that year (Judd and Annesley 1878: 76).[518] The clitoris in this case was abnormally elongated and pendulous, and secretions could lie unconsciously within the folds until disease was either induced in herself or in the individual cohabiting with her. She also expressed a wish to retire, which was complied with.

The following table of admissions for venereal disease amongst the women shows the decrease since 1876 (Annual Report on the Lock Hospital at Jhansi for 1877).[519]

TABLE 3.12 - ADMISSIONS FOR VENEREAL DISEASE AMONGST WOMEN FOR THE YEAR 1877

Months (1877)	Primary syphilis	Gonorrhoea	Total	Increase in 1876	Decrease in 1876	Remarks
January					1	
February						
March	4	2	6	5		
April	1	1	2	2		
May	1	1	2	2		
June						
July					1	
August					1	
September					5	
October					3	
November		*2	2			*found diseased on registration
December	*1		1	1		*found diseased on registration
Total	7	6	13	10	11	

Source: Annual Report on the Lock Hospital at Jhansi for 1877.[520]

The returns of admissions for venereal diseases showed that the disease must have been contributed from some other source than from the registered prostitutes. Therefore, the prostitutes stood more in danger of infection from the men than the men from them. With the exception of the lock-hospital matron no other *dhai* had been employed; her duties had been purely in connection with the hospital and not for the detection of disease. It was suggested that prostitutes applying for permission to proceed to another station or to retire be professionally examined.

During the year 1878 a monthly average of 27 women remained on the register against 16 in 1877 (Annual Report on the Lock Hospital at Jhansi for 1878:

16).[521] The results of the management had been satisfactory. During the five years, 1874-78, the ratios of venereal cases per 1,000 of the daily average of the European garrison at Jhansi had been 112, 58, 185, 89, and 188 respectively; this did not show a progressive improvement, but by comparison with results at other stations it was satisfactory (Annual Report on the Lock Hospital at Jhansi for 1878: 16).[522] The Medical Officer reported that of the 78 total admissions to hospital amongst the soldiers, four were cases of relapse and 16 cases of disease contracted on the march to Jhansi (Annual Report on the Lock Hospital at Jhansi for 1878: 16).[523] The remaining 58 cases were due to unlicensed prostitution, especially when the troops moved out of the station for field exercise (Annual Report on the Lock Hospital at Jhansi for 1878: 16).[524] The steps taken to prevent unlicensed prostitution had been unsuccessful, there having been no limit to its practice during the year. Three or four unregistered women, old offenders, were arrested and found diseased (Annual Report on the Lock Hospital at Jhansi for 1878: 16).[525] But it was notorious that the neighborhood was infested by unregistered women who caused disease to the soldiers. Both registered and unregistered women had been admitted to hospital. Several of the latter were found diseased to an incredible extent, and to the admission of these women the increase of cases amongst the women was due. The medical officer was of opinion that a greater degree of severity be exercised towards women found guilty of practicing illicit prostitution. He thought European police be employed to arrest these women, as no soldier would allow himself, or the woman, to be arrested by a native constable. Until a stop was put to illicit intercourse the lock-hospital management could not be successful. The medical officer thought the soldiers caused disease amongst the registered women. The Cantonment Sub-Committee noted that the prevalence of venereal disease amongst the soldiers could not be due to unlicensed prostitution only. Principally it was due to that circumstance, but the registered women probably caused some disease. As regards the contraction of disease by the registered women from the soldiers this was hardly borne out by the fact that, whilst amongst the soldiers 51 cases of gonorrhea occurred, there were only 8 cases of that disease amongst the women (Annual Report on the Lock Hospital at Jhansi for 1878: 16).[526] The Committee however acknowledged the extensive prevalence of unlicensed prostitution and the unsatisfactory results of the measures taken to prevent it. Doubtless the rules in this respect had been evaded, although the subject had been anxiously considered by the Committee, who had been assisted by the civil authorities

and police. Ten women had been punished during the year for this offence (Annual Report on the Lock Hospital at Jhansi for 1878: 16).[527] But Jhansi Cantonment was surrounded by Native States, and near to a large city controlled by native jurisdiction; therefore, it was most difficult to prevent women straying towards cantonments, where there were many ravines and *nalas*. The punishment of unlicensed prostitution according to the existing law was totally inadequate, and the committee recommended that the eight days' imprisonment permitted be increased to six months, and this for the offence of soliciting a soldier (Annual Report on the Lock Hospital at Jhansi for 1878: 16).[528] The Military authorities had issued strict orders to their men, but unless the female delinquents were more severely punished, unlicensed prostitution would continue unchecked. The Deputy Commissioner agreed with the Cantonment Committee that the situation and peculiarities of the cantonment site made it unusually difficult to effect good results from lock-hospital management and rules there. The high price of food drove many women to prostitution. The area of lock-hospital jurisdiction had to be increased, for it did not extend beyond cantonment boundaries. The Deputy Commissioner also agreed with the committee in thinking that unlicensed prostitution be more severely punished, and that solicitation be made punishable. The Commissioner noted an increase of disease during 1878.

During the year 1879 a monthly average of 31 women remained on the register against 27 in 1878 (Annual Report on the Lock Hospital at Jhansi for 1879: 18).[529] The results of the management had been satisfactory. For the six years, 1874-79, the ratios of admissions to hospital amongst the European garrison had been 112, 58, 185, 89, 188, and 136 per 1,000 of strength respectively (Annual Report on the Lock Hospital at Jhansi for 1879: 18).[530] The Medical Officer reported that the hospital accommodation was improved during the year, and was ample. The prevalence of venereal disease amongst the soldiers was considerably less in 1879 than in 1878. It was probable that several of the cases of disease, eight in all, which were recorded in the month of January, were relapses of disease contracted at Gwalior, from where the soldiers arrived on the 20th of December previous year. The sub-committee existed throughout the year. The system of regimental police was rigidly enforced during the year to the almost total extinction of unlicensed prostitution. As a result, the admissions for venereal disease amongst the soldiers fell from a monthly average of about six cases in the first six months of the year, to a

monthly average of about three cases in the last six months (Annual Report on the Lock Hospital at Jhansi for 1879: 18).[531] Registered and unregistered prostitutes were treated alike when found diseased. The examinations of the women were effected twice in the month and found sufficient to control disease. A total of 21 cases of syphilis and five cases of gonorrhea were treated during the year amongst the women (Annual Report on the Lock Hospital at Jhansi for 1879: 18).[532] A native matron was employed for the management of patients in hospital. The Cantonment Magistrate reported that the working of the lock hospital rules during 1879 had been very successful in preventing venereal disease amongst the soldiers, and specially unregistered prostitution had been prevented. The extension of the limits of the area under lock hospital management, sanctioned during the year, had proved of great value. Formerly the law could not touch women offending just outside the cantonment area. Women were punished for illicit prostitution during the year by fine or imprisonment, but the punishment for this offence needed to be increased, as eight days' imprisonment, the existing maximum, was not sufficiently deterrent to a hardened offender. The great majority of these women came to be apprehended by the regimental police, who showed great activity in putting a stop to unlicensed prostitution, and had almost succeeded in putting it down. The Cantonment Magistrate thought that the registered women would be better placed in twos or threes residing together in different secluded parts of the bazaar, than all together in a brothel or *chukla* (for the soldier would want to escape the publicity attached to a brothel visit—an unpleasant declaration of intent - which drove many soldiers to intercourse with women who prowled in the vicinity of cantonments). Also the Cantonment Magistrate thought it advantageous to employ a native officer to supervise the registered women, inspect their houses, and report arrivals and departures. The regular police could not do this with advantage. The Cantonment Committee observed with satisfaction the reported decrease of venereal disease amongst the soldiers, and the suppression of illicit prostitution by the regimental and native police. They agreed that punishment for breach of the rules be enhanced. While the Officer Commanding the European regiments considered that the registered women be located together in one place, the Deputy Commissioner of the district agreed with the Cantonment Magistrate favoring the scattered residence of the registered women, and could not see any gain in keeping them to one enclosure. The Commissioner noted an increase in the number of women registered, and an increase

in expenditure, but a decrease in the prevalence of disease, both amongst the soldiers and the registered women. The decrease amongst the soldiers was probably due to the effective working of the regimental police. The question of enhanced punishment for breaches of the lock hospital rules was believed to be under consideration. The adverse opinion of the Commanding Officer settled the question of scattered residences for the women, for without his co-operation no change was likely to be of use.

During the year 1880 a monthly average of 29 women remained on the register against 31 in 1879 (Annual Report on the Lock Hospital at Jhansi for 1880: 16).[533] The results of the management had been very satisfactory. For the seven years 1874-80 the ratios of admissions to hospital for venereal disease amongst the European garrison had been 112, 58, 185, 89, 188, 136, and 133 per 1,000 of strength respectively (Annual Report on the Lock Hospital at Jhansi for 1880: 16).[534]The Medical Officer reported the lock hospital accommodation ample. It had been in charge of three different officers of the Subordinate Medical Department during the year. Amongst the soldiers disease had been less than in 1879, and one case was that of a recruit from England who had not contracted disease at Jhansi (Annual Report on the Lock Hospital at Jhansi for 1880: 16).[535] On the arrival of a new regiment in December 7 cases were quickly admitted to hospital, for which the soldiers blamed the registered women, who upon examination were found free from disease. From the returns it would appear that venereal disease steadily decreased at Jhansi. A Sub-Committee was in existence throughout the year. During the year 25 cases of absence of women from the periodical examinations were recorded (Annual Report on the Lock Hospital at Jhansi for 1880: 16).[536]Registered and unregistered women were alike treated in hospital when found diseased. For the first half of the year there was very little disease amongst the soldiers, and the women were examined twice in each month. For the last half, disease increased amongst the soldiers, and the women were examined weekly. Amongst the women 17 cases of disease were discovered, only one of which was virulent (Annual Report on the Lock Hospital at Jhansi for 1880: 16).[537] The unusual amount discovered amongst the soldiers newly arrived was contracted on the march.

LUCKNOW

The extent of venereal disease among the European troops in Lucknow, showed a marked decrease in the admissions, the percentage being only 15.2 against 25.7 of the previous year (Reid 1878: 79).[538] The proportion of primary syphilis decreased to 58 in 1877 from 104 in 1876 (Reid 1878: 79).[539] There were remarkable variations in different regiments. The 8-11th Royal Artillery was in the *Macchi-Bhawan* fort, and its conditions were exceptional (Annual Report on the Lock Hospital at Lucknow Cantonments for the Year 1877: 79).[540] However, this was not the case with the others. With an average strength of 83 men, the battery contributed to the venereal returns, the enormous ratio per 1,000 of admissions to strength of 506; i.e., the admissions having been 42, and the strength 83 (Annual Report on the Lock Hospital at Lucknow Cantonments for the Year 1877: 90).[541] Hence, more than half the battery had been in hospital at least once for venereal disease during the past year.

TABLE 3.13 - ADMISSIONS INTO HOSPITAL FOR VENEREAL DISEASE AMONGST THE TROOPS QUARTERED IN FORT MACHI BHAWAN

Year	Average strength	Number of admissions	Ratio per 1000 of strength
1873	82	17	207
1874	77	6	77
1875	72	8	104
1876	82	25	304
1877	83	42	506

Source: Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877.[542]

A special detective police force was maintained to patrol the roads and control unregistered women, and a special soldier police force was employed on each regiment for the same purpose. Further measures adopted were: -

1) Unceasing vigilance in watching increases of admissions and taking immediate steps to ascertain the case and apply a remedy

2) Medical inspection of all detachments on arrival for the purpose of ascertaining the existence or otherwise of disease.

3) Punishment of all cases of concealment of disease (Reid 1878: 79).[543]

The diminution of disease was attributable to the vigour with which these diseases had been enforced. 1873 was an exceptionally healthy year, yet the ratio of admissions in *Macchi Bhawan* was 207 per mille, while in 1874 it was only 77, and in, 1875, 104 (Reid 1878: 79).[544] The abolition of the city-lock hospital had led to a marked increase of disease among the European artillery in the fort. The general registration of prostitutes was never attempted as it was of little use to the general population. It was primarily the unregistered women (*Kunjurs* and field labourers) and not the city prostitutes to whom disease could be attributed. Not a single case of syphilis had been discovered among the registered women, whilst 128 cases were recorded amongst the troops (Chamberlain 1878: 81).[545] Clearly, the unregistered women found much favour, and were the chief causes of the disease.

> The horse will not drink the well water provided for him, pure and unadulterated, and prefers foul water, muddy and dirty, of what use will it be to add another hundred woman to those who can hardly gain a livelihood (Chamberlain 1878: 82).[546]

In the case of the Royal Artillery in Fort *Machi Bhawan* there was no remedy, as the prostitutes in the city and Aminabad and the suburbs were free from all medical control and supervision. The frightening ratio of disease (506 per 1000) makes a city-hospital a necessity (Chamberlain 1878: 81).[547]

Apart from the native prostitutes the other classes who were considered equally dangerous were the European and Eurasian prostitutes. The first class (native unregistered prostitutes) were dealt with entirely by the cantonment and regimental authorities. With regard to the latter two classes, Act XIV of 1868 was enforced within the limits of the city of Lucknow (Reid 1878: 80).[548] It was pointed out that the procedure in the cantonment was illegal. It was not legal in India or in England for the police to send unregistered and non-convicted woman of their own will to the lock hospital; it was illegal to examine her there, and illegal to detain her there (Newberry 1878: 81).[549] In the city such power could not be safely entrusted to any police. It would be monstrous to expose respectable women and the risk of being introduced to the hospital subordinate with his speculum.

With the troops in cantonment there was a difference, and at times stringent measures had been used with particular regiments. Since much of the trouble arose from European and Eurasian women who lived on the borders of cantonments, their

locality “Havelock Road” was made out of bounds, and patrols constantly moved about there (Chamberlain 1878: 81). [550] The occupants of the “millinery establishments”, “refreshment rooms” and “board and lodging houses”, would clear out of a condemned quarter to re-open in yet another not forbidden locality (Chamberlain 1878: 81).[551] They had to be carefully watched.

It had not been the rule to interfere with men’s liberty when disease was trivial, as it would make their monotonous lives irksome, by driving them to drinking. It was believed that the adoption of liberal expenditure was far more certain to eradicate the evil rather than constriction of limits. Action in extreme cases had however always been taken, by making the city and suburbs out of bounds. The sudden burst of disease in the 73rd and 87th Regiments saw restriction of all European soldiers to the canal boundary until further orders (Chamberlain 1878: 82).[552] There was also the danger of men catching various diseases from the pilgrims passing to and from Ajudhia (Chamberlain 1878: 82).[553] At times the disease was attributed to the constitution of the Regiment, where there was a large proportion of Jats and Pathans (Hutchinson 1878: 83).[554] From the returns received this year it was noted that there had been an additional admission of 13 men, distributed thus, Brahmin and Rajput Company, 3; Hindustani male, 1; Ahir, 1; Punjabi, 1; Jats, 4; Dogras, 2 (Hutchinson 1878: 83).[555]

The cantonment lock-hospital rules could not be extended to the city, because the Contagious Diseases Act (XIV of 1868) applied to it. The abolition of the lock-hospital made matters worse (Horsford 1878: 84).[556] It was concluded that in a large and populous town like Lucknow venereal would exist even under the strictest supervision. A lock hospital, therefore, would be one of the least expensive and simplest means by which the progress of the disease could be checked. The patients whilst under treatment received 1lb Atta, 2 oz dal, 1 drachm ghee, 1.5 drachms salt daily (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877: 85).[557] On Sundays three chittacks of mutton and in addition the necessary extras of tea were provided. The water supply was good and sufficient. Ample bathing arrangements existed for the use of the women. Each patient was supplied with a cot and a blanket, but wore her own clothing. Occasional supplies of old hospital clothing were received for the Commissariat Department for the use of the sick.

The admissions to the hospital during 1877 for venereal disease amongst the European troops to strength per cent had been 15.2. In 1872 they were 18.9, 1873 - 15.2, 1874 – 25.5, 1875 – 34.2 and in 1876 – 25.7 (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877: 85).[558] Hence, there was a decrease during the year of 10.5 per cent, which reduced the average admissions during the past six years to 22.4 per cent (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877: 85).[559]

TABLE 3.14 - MONTHLY ADMISSIONS AMONGST THE TROOPS

Month	Average strength	Number of admissions
January	2361	29
February	2398	31
March	2489	35
April	2456	35
May	2398	24
June	2351	40
July	2342	23
August	2339	36
September	2289	21
October	2255	32
November	2196	30
December	1644	20
Total	27518	356

Source: Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877.[560]

In 1876 there were 600 admissions, a percentage to strength of 25.7; in 1877 there have been 356 admissions, a percentage to strength of 15.2 (Fairland 1878: 88).[561] This was a very material diminution, and was considered a strong encouragement for persistence in the lock-hospital system.

For the purposes of comparison following is a table from the Army Medical Department blue-book for 1873, showing the prevalence of venereal disease at 14 stations in England, in which the Contagious Diseases Prevention Act was in force (Fairland 1878: 88).[562]

TABLE 3.15 - ADMISSIONS INTO HOSPITAL FOR PRIMARY VENEREAL SORES AND GONORRHOEA IN THE UNITED KINGDOM

Year	Average Strength	Primary venereal sore	Gonorrhoea	Ratio per 1000 - venereal	Ratio per 1000 - Gonorrhoea
1865	43,474	4,077	4,937	95	115
1866	39,476	3,444	4,573	87	116
1867	39,911	3,640	5,274	91	132
1868	42,595	3,533	5,685	83	133
1869	42,017	2,765	4,466	66	106
1870	41,580	2,268	4,081	54	98
1871	54,096	2,763	6,254	52	115
1872	50,794	2,752	5,280	54	104
1873	48,039	2,420	3,946	50	82
1874	48,136	2,039	2,968	42	62

Source: E. Fairland, Staff Surgeon. Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877. dated 1st February 1878. Lucknow. [563]

According to Fairland, there is a need to study the circumstances under which the Contagious Diseases Act was administered in England and in India. In England, in the towns brought under the operations of the Act, the police were a powerful and efficient body of men, invested by the provisions of the Act with a great authority, cognizant of every woman practising prostitution, and enabled to enforce to the utmost the laws under which they act. Under such a system as this, illicit prostitution was almost unknown; and once this evil was removed, all the rest was easy. The mere control and inspection of registered prostitutes was a task efficiently and readily performed by the local officers. Hence, satisfactory results followed on the working of the Contagious Diseases Acts in the populous towns of the United Kingdom. However, in India widely different conditions prevailed. The organized body of police who worked so steadily and efficiently in England had a sorry analogue in the corps of "*kunistables*" to whom was entrusted the duty of seeking out and capturing the unregistered prostitute in India. It was impossible for them, few and unorganized as they were, to be constantly on the alert, guarding against the approach of the miserable, ill-clad and half-starved women who seeked a precarious livelihood on the outskirts of civilisation by illicit prostitution. There was need for a larger and better

paid body of men, who should ever be on the watch against illicit prostitution. There was also a requirement for a broader and more elastic code of rules for the detection and punishment of such prostitution, as well as rules and regulations, distinct and salutary, for the punishment of soldiers consorting with unregistered prostitutes; and lastly, a grant from the Imperial Exchequer to enable the authorities to feel that their hands were not fettered, as regards financial considerations, was dealing with a subject which required the expenditure of both time and money, to enable those entrusted with its management to secure a satisfactory termination to their labours.

All classes of prostitutes affected by the Act had to register. All unregistered women captured by the police in the act of prostitution, or coming voluntarily to the lock hospital for registration, were, when diseased, treated in hospital, and on discharge offered the alternatives of registration on the cantonment list, or of imprisonment for a breach of the Lock-hospital Act. They almost invariably accepted the former, and thus became subject to constant supervision. The number of women on the register had increased since last report. The women had been very regular in their attendance at the bi-weekly inspections, only 22 women having been reported to the cantonment magistrate during the whole year for absence without leave (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877: 86).[564] The speculum was used in every case. The registered prostitutes had been, considering the nature of their occupation, remarkably healthy. Primary syphilis amongst them was unknown; not a single case of secondary or constitutional syphilis had been seen amongst them for very many months. Out of the 419 cases admitted, 304 had been cases of leucorrhoea, a comparatively harmless disease (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877:87).[565] Also, a large majority of these cases were of a trifling nature, admitted only as a precautionary measure. The chief cause of the absence of serious disease amongst the registered women was the regularity and frequency of the examinations. Under no circumstances, except serious illness, not of a venereal character, was a woman excused from the inspections. The women were not detained in hospital during their periods, except in cases of suspected concealed disease.

Venereal returns of the cases of primary syphilis and local venereal sore had to be distinguished. While primary syphilis was a serious disease, local venereal sore

was not; the large majority of admissions arose from the latter (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877: 92).[566]

TABLE 3.16 -LOCK HOSPITAL AT LUCKNOW CANTONMENTS FOR THE YEAR 1877.

Government or administration	Date on which the lock hospital was established	Act under which the rules are in force	Area over which the rules are in force	Estimated native population	Detail of monthly pay of establishment (Rs.)	Whether first class or second class hospital
Oudh local government	June 1869	Rules passed by the local government under clause VII, Sections 19, 25 and 26 of Act XXII, of 1864, and confirmed by the Governor-General in Council.	Within cantonment limits, and four miles beyond, excluding the city	23,000	Staff surgeon – 100 Native hospital assistant – 40 English writer – 10 Matron – 12 Dhai – 10 Peon – 5 Bhishti – 5 Chowkidar – 5 Cook – 5 Sweeper – 4 Female sweeper – 4 Total - 200	First class hospital

Source: E. Fairland, Staff Surgeon. Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877. dated 1st February 1878. Lucknow. [567]

During the year 1878 a monthly average of 134 women remained on the register against 102 in 1877 (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 92: 2).[568] The result of the management was unsatisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison, during the past five years, had been 255, 342, 257, 153, and 292 per 1,000 respectively (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 2).[569] The Medical Officer reported that the cantonment sub-committee had manifested a hearty interest in the subjects brought up for discussion, and had devised schemes for the more effectual control of the spread of disease. Certain roads on the outskirts of cantonments, and at times the city itself, had been placed out of bounds. The 73rd Regiment was confined to barracks during the month of March as a means of staying the prevalence of venereal disease amongst the men,

and with good result (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 2).[570] Regimental inspections for the discovery of concealed disease were effected at uncertain periods, and men found diseased were punished. Regimental and native detective police were employed. All detachments of troops arriving at the station were at once inspected. The men coming to hospital were asked to point out the woman from whom they had contracted disease. The answers being unreliable, no good resulted from this measure. The registered women included all classes of prostitutes found in cantonments. Women seeking registration were first examined, registered if healthy, admitted to hospital if diseased. The increase in the number of women registered had been due to the abolition of the city lock-hospital; many women formerly belonging to that institution having sought admission to the cantonment register; and to the application for registration of distressed women forced by stress of poverty caused by famine into practices of prostitution; such women were also brought by the police for registration. Most of those distressed women and a large number of the city applicants were found to be diseased. Of 116 applicants for registration, 103 were found diseased; of these 33 were suffering from primary syphilis (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 2).[571] Of 15 women who accompanied the 1-14th Regiment from Ranikhet to Lucknow and applied to be registered, seven were found to be diseased (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 2).[572] The women had been very regular in their attendance for examination. Out of a monthly average of 134 women only an average of 98 attended for examination, but the medical officer explained that the average number in hospital - 26 be added to those returned as appearing for examination (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 2).[573] The women were examined twice in every week throughout the year. Throughout the year not one case of primary syphilis was discovered amongst the registered women. All the 33 cases of primary syphilis were discovered amongst unregistered women brought or seeking for admission to the register (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 2).[574] The medical officer dwelled strongly on the marked beneficial effect resulting from frequent examination of the women, and especially as regards its advantage to the women themselves, as procuring a speedy discovery and cure of their ailments, and a consequent escape from a miserable condition of body, seen to make life a burden, in some cases of unregistered women who applied for treatment.

Amongst the European soldiers, the admissions to hospital were greatest during the months of February and September. At the end of January, the 73rd Regiment arrived in Lucknow. They brought 49 cases with them, contracted on the line of march, and admitted 69 to hospital in February (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 2).[575] In September the 85th Regiment had 50 admissions. In August and September, 23 badly diseased unregistered women were admitted to the lock-hospital (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 3).[576] The medical officer thought these diseased women caused the disease amongst the soldiers. Famine prevalence was, in the opinion of the medical officer, answerable in great degree for the increased number of patients requiring treatment amongst the women. Especially women brought by the police had been found diseased. They were described as young girls, or women with babies at the breast, not of the usual prostitute class, but women driven to prostitution through dread of actual starvation. Another woman, much diseased, was found in the lines, residing in a rum-barrel, and was believed to have been a source of much mischief. A woman, suffering from primary syphilis, on being arrested by the police, stated that she had had intercourse with seven soldiers just before discovery. Work-women, employed on the new barracks, had been a cause of disease to the soldiers, and the number of these women was therefore reduced, and instructions issued for their surveillance. One European woman, practicing prostitution without license, was captured by the police and found to be diseased. The medical officer insisted upon the necessity of registering all old or ugly women applying for license as well as good-looking women, as experience seemed to show that some soldiers preferred intercourse furtively obtained, with a repulsive looking woman to intercourse with better-looking registered women resident in the *chukla*. He also urged the necessity of requiring the co-operation of officers commanding regiments in the efficient working of the lock-hospital system. These officers were possessed of great authority to aid the work, but it was necessary that this authority be exercised at all times and under all changes of command. The medical officer stated that in Lucknow it was the custom to arrest women suspected of unlicensed prostitution and bring them to hospital for examination. The medical officer asked that his hands may be strengthened by making it legal. He dwelled also upon the necessity of adding to the established returns a column for the entry of cases of local venereal ulcer, a different and less dangerous form of disease than primary syphilis, but now included in the returns with

these latter cases. The medical officer was of the opinion that the lock-hospital at Lucknow should be a certified hospital under the Contagious Diseases Act. He thought the cantonment lock-hospital rules, Act XIV of 1868, should be in force in the city, but believed that the enforcement of the revised Cantonment Act would be preferable. He thought a week's simple imprisonment was useless as a deterrent punishment for a woman convicted of unlicensed prostitution, and would have the severity of the punishment increased. The medical officer highly approved of a recent general order directing that men discharged from hospital, cured of venereal disease, be debarred from drinking beer or spirits for 14 days. The Deputy Surgeon-General, British Troops, had carefully perused the report. The Deputy Surgeon-General, Indian Medical Department, thought the entire absence of primary and secondary syphilis amongst the registered women was very satisfactory. The Lieutenant-General Commanding Oudh Division recorded the perfect attention, during the year, of administrative, executive, and commanding officers to the very important duty of endeavoring to check venereal disease amongst the British troops, and attributed the unsatisfactory results to the preference the soldier had for intercourse with unregistered women. The General accorded much praise to Dr. Fairland and his native assistant for the exceeding care with which they had conducted their lock-hospital duties during the year. The Cantonment Magistrate recorded the opinion that the women who diseased the soldiers were European, half-caste and native prostitutes who lived just outside cantonments. He asked that rules framed in 1876 for the control of these women must be sanctioned. This officer was of opinion that the lock-hospital sub-committee had little real power; they could, and did, point out many defects, but had no power to remove them. For example, they could not enforce the discontinuance of the employment of women by the Department Public Works on cantonment works, although these women were well known to be a fruitful cause of disease. The Cantonment Magistrate stated that the medical officer was mistaken in supposing that suspected women were arrested by the police and sent to hospital for examination. Only women found guilty of illicit prostitution were sent for examination. These women, who were most repulsive in appearance, were treated as well as respectable people. The reason why soldiers preferred these women was because they were less expensive. These women did not care to be registered, because they could not afford to live in the houses registered women inhabited. The Cantonment Magistrate thought the punishment to which unregistered prostitutes

were liable under the existing law should be increased, and quoted the case of a well-known woman who cared nothing for the amount of punishment that was inflicted. Also reference was made to the European woman mentioned by the medical officer. It was stated that she was now living across the cantonment border at her old trade. She had brought many soldiers to grief and supplied them with liquor. Many more women of the same nature were living at Lucknow, and so long as they were not dealt with, better results could not be expected from lock-hospital management. Clearly, many unregistered women were driven to prostitution by famine, and as 103 out of 116 such women were found diseased, they must have been a cause of disease to the soldiers (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1878: 3).[577] The Commissioner urged particular attention for the prevention of disease on the line of march, and its discovery on arrival of a regiment at its destination, and especially on its arrival from England. He encouraged the use of the influence of commanding officers and medical officers for the prevention of venereal disease amongst the soldiers. With reference to the abolished city lock-hospital, the Commissioner pointed out that the *Machi Bhawan* quarter so much complained of never did come under the city lock-hospital operations.

During the year 1879 a monthly average of 119 women remained on the register against 134 in 1878 (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 7).[578] The results of the management had been very satisfactory. For the six years, 1874-79, the ratios of admissions to hospital for venereal disease amongst the European garrison had been 298, 389, 321, 206, 292, and 171 per 1,000 of strength respectively (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 8).[579]The Medical Officer reported that new beds had been supplied to the hospital. In all other respects matters had remained as in previous years. The sub-committee assembled monthly, considered the state and extent of venereal prevalence amongst the soldiers, and adopted means for the prevention of any apparent source of disease. The authorities had exercised unceasing vigilance in the same direction with much resulting benefit. Some of the cantonment roads, and at times the city itself, had been placed out of bounds to the soldier. All drafts had been medically inspected on arrival. Diseased soldiers had been asked to identify the women who caused their disease. The registered women had been strictly overlooked. A special military police, composed under orders from army

headquarters, of soldiers recently cured of venereal disease was organized, and particularly cautioned to be watchful against unlicensed prostitutes in or near the barracks. Soldiers recently cured also suffered restriction of liberty to within the area near to the barracks. All known prostitutes of cantonments were registered. Women suspected of prostitution and found lurking in retired places of cantonments were sent before the Cantonment Magistrate, and under his orders received into the hospital for examination. Almost invariably, women so received were found diseased. Of 52 women newly registered during the year, only six were found healthy on first examination (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 8).[580] The registered women had been regular in attendance at the bi-weekly examinations which were most thoroughly effected, to the total number of 12,480 examinations in the year (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 8).[581] Amongst these registered women 433 admissions to hospital occurred (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 8).[582] In addition to the above 46 unregistered women were admitted to hospital, 20 of whom were suffering from primary syphilis of markedly severe form, as compared with the mild form of that disease seen amongst registered women (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 8).[583] This comparative severity of syphilis in unregistered women accounted for the continuance of severe types of the disease amongst the soldiers. The remaining 26 unregistered women were admitted for gonorrhea (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 8).[584] The chief diseases amongst the registered women were leucorrhoea, and local venereal ulcer, diseases of comparatively insignificant nature. A perfect freedom from disease could not be attained, but immunity from serious disease, both amongst the soldiers and the registered women could be expected under the existing system, which provided registered women of clean and healthy condition to replace unregistered women of usually dirty and diseased tissues. A *Dhai* was employed who was held responsible for the good behavior of the women and the cleanliness of their persons and houses. The Hospital Assistant continued to perform his duties very satisfactorily. Of the total European garrison at Lucknow, it was probable that about 2,000 were young unmarried men, a class prone to indulgence and susceptible to disease, and yet the lock hospital system had been able to effect much prevention of disease—the ratios of admissions to hospital for venereal disease having gradually fallen during the last 20

years from 318 per 1,000 of strength to 199 (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 8).[585] With such continuous good results, despite short service, it seemed clear that the repressive measures and systematic control of the lock hospital system, was acting with considerable force. Formerly, the authorities thought venereal disease a necessary evil as proof of the vigor of their men, and were unwilling to enforce repressive measures. Now the authorities thought differently, and cordially co-operated in carrying out the rules. The extra police duty recently required of men cured of venereal disease had proved to be a salutary measure, and needed to persist. In accordance with the usual rule, the men of the Fort Battery, quartered in or near the city, had suffered the greatest ratio from disease, probably contracted from city women who were not registered, now that the City Lock Hospital had been abolished. All the city women who presented themselves for registration in cantonments were found seriously diseased. The men of the Artillery and 2-14th Infantry suffered in the next highest proportion (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 9).[586] They occupied barracks near the race-course and neighboring cultivated land, favorite hunting grounds of unlicensed women, and places very difficult of police control. The Cavalry, Horse Artillery, and 75th Regiment, greatly reduced their percentage of disease, a very creditable result, due to the vigilance of Commanding Officers. It appeared that the worst cases of disease occurred in soldiers who had contracted disease from unregistered women which was in accordance with expectation, as the worst cases of disease treated in the lock hospital occurred in unregistered women. The real cause of success in lock hospital management was incessant, vigilant, ubiquitous, police supervision over every class of women who came in contact with the soldier. To secure this supervision money had to be spent, and it was considered better to spend it on measures of repression than for the treatment and support of the soldiers in hospital. All authorities now agreed that unlicensed prostitution was the cause of prevalent disease; and all forces should unite in suppressing this cause. Chiefly regimental and general police should work together for the prevention of illicit prostitution (difficult, but not impossible, matter, even in the Lucknow Cantonment, with its numerous ravines, by-paths, and groves of trees). The Medical Officer urged the necessity of separating cases of local venereal, ulcer, from cases of primary syphilis in the returns. The first was the more common form of disease, and its return as primary syphilis was a great mistake, misleading the authorities as to the

nature of the diseases prevalent, for local venereal ulcer was a much less serious complaint than primary syphilis. The Cantonment Magistrate reported that only women charged on good grounds with unlicensed prostitution with soldiers were sent for medical examination. He was of opinion that most of the disease affecting the soldiers resulted from their intercourse with unlicensed women. The registration was incomplete, and would so remain until rules sent up for sanction in 1877 were sanctioned by the Government of India. The women, against whom these rules would operate, caused disease to the soldiers and supplied them with liquor. The good effected at Lucknow, as against venereal prevalence, had been due chiefly to the energy of the medical officer, who had had charge of the hospital for many years. The Cantonment Magistrate deprecated the idea of abolishing lock hospitals only because venereal disease had been in no way diminished amongst the soldiers since the hospitals were established. He thought that before all were abolished the three that had shown the best results be closed for three or four years on a trial basis. He was certain that the resulting increase and severity of the disease recorded in the three selected stations, during those years, would prove the disadvantage of abolishing the lock hospitals. The Deputy Surgeon-General, Indian Medical Department, thought that promiscuous intercourse of the sexes would assuredly cause venereal disease, and that the medical officer was too sanguine as to the efficacy of lock hospital management to check such disease. He noted that the ratio per 1,000 of cases of disease amongst the registered women was 596 as against only 156 amongst the soldiers (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 10).[587] These figures served to show that more than half the registered women were during the year in a condition to impart disease. Yet, the ratio of disease amongst the soldiers had considerably decreased, notwithstanding the illicit prostitution complained of. The General Commanding the Division thought that the lock hospital had been of great advantage to the troops, but until the unlicensed women who now caused disease to the soldiers were registered, it was hopeless to expect very good results from the management. The Commissioner noted that there was much decrease of disease amongst the troops. He thought that the lock hospital had been well managed for several years in the past. Good management was chiefly due to the care and zeal of Dr. Fairland, who had devoted much time and trouble to this charge. The Commissioner thought that the medical officer was too sanguine in supposing it possible to put a stop to unlicensed prostitution. Also, he noted that the

fears formerly expressed concerning the abolishment of the city lock hospital, to the effect that the troops would suffer in health, were groundless, for there had been a progressive decrease of disease for the past twenty years.

During the year 1880 a monthly average of 95 women remained on the register, against 119 in 1879 and 134 in 1878 (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 6).[588] The results of the management had been very satisfactory. For the seven years 1874-80 the ratios of admissions to hospital for venereal disease amongst the European garrison had been 298, 389, 321, 206, 292, 171, and 191 per 1,000 of daily average strength respectively (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 6).[589] The hospital was well situated, constructed, and equipped; but its accommodation was too limited for the 30 average number of patients admitted (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 6).[590] Thirty six new women were registered during the year, and all were found diseased on examination—3 having syphilis and 33 having gonorrhea (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 6).[591] The registered women were regular in attendance for examination. The examinations were made twice in every week. In all 9,880 examinations were effected (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 6).[592] In all 8 cases of syphilis and 71 cases of gonorrhea were detected amongst the women (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 7).[593] Hence, there was no excessive amount of contagious disease amongst them. One *dhai* was employed. She resided in the brothel of the *sadar bazaar*, and was responsible for the good behavior and cleanliness of the registered women and the good order of their quarters. The Hospital Assistant, Shaikh Abdul Wahid, continued to perform his duties well throughout the year. Amongst the troops 414 cases of venereal disease occurred in 1880 (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 7).[594] Of these 237 were cases of syphilis and 177 cases of gonorrhea (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 7).[595] The ratio of disease to strength was a little in excess of that for 1879, but contrasted favorably with the averages of the five previous years. Amongst the soldiers, as a rule, new corners suffered most severely, which arose from their greater inclination to visit unregistered women of the city and villages. The Ga., R. H. A., and the 13th Hussars, were

remarkably free from disease during the year (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 7).[596] Their ratios of admissions for the year were only 68 and 50 respectively per 1,000 of daily strength (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 7).[597] On the contrary, the 33rd Regiment had the large sick ratio for the year of 254 per 1,000 (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 7).[598] By reason of active preventive measures adopted by the authorities, venereal disease had, however, almost disappeared from this regiment towards the end of the year. All European soldiers newly arrived at the station were medically examined. Regimental police were employed during the year to watch for unlicensed women in the lines or near the barracks. But they could not watch the whole cantonment, which was very large and had many places affording concealment. The Medical Officer had every reason to believe that many unlicensed women frequented cantonments and solicited the soldiers, who, but for temptation of this kind, would escape disease. Every possible effort was made to prevent the approach of these women to the soldiers. From May to October of the year, by reason of the prevalence of cholera in the city, it was placed out of bounds. The result, as regards venereal prevalence, was very favorable. In the 73rd Regiment, men cured of venereal disease were obliged to make up guards and duties escaped whilst in hospital—a fair rule and probably deterrent. The Medical Officer was of opinion that outlying districts of the city be included within the lock hospital area. Many prostitutes lived in these districts. Soldiers visited them frequently and contracted much disease. The Cantonment Sub-Committee assembled once in every month through the year. The Lieutenant- General Commanding was of opinion that the management of the hospital for the year was very good; the results as satisfactory as could be expected so long as the prostitutes of the suburbs of the city adjoining the *sadar bazaar* lived under no sanitary control. So long as the prostitutes of the city suburbs were not controlled, matters remained in an unsatisfactory state. The absence of this control was due to the fact that rules sent up for sanction in 1878 had not yet been sanctioned by the Government of India. The Contagious Diseases Act was in force in the city, but the disestablishment of the city lock hospital some years ago took away the means for making the Act effectual as against prostitutes. At the time, it was proposed to bring the city prostitutes under the operation of the Cantonment Lock Hospital Rules. But to permit this, the Contagious Disease Act had to be first repealed as regards the city. To this step, the Government of India would

not consent. Under these circumstances, the Local Government ordered the preparation of rules, to be framed in accordance with the provisions of the Contagious Disease Act. The rules were accordingly framed, giving the Cantonment Magistrate effective control over city prostitutes who received the visits of European soldiers. These rules remained under consideration. The City Magistrate thought no great extent of disease could have been contracted from city women during the year. The Civil authorities had done their best to secure the registration of prostitutes of the city who lived near the cantonments and received the visits of soldiers. The Commissioner thought there could be no doubt that much disease was contracted in the city, especially during the past year, by the Artillery stationed in the Fort *Machi Bhawan*, which adjoined the city. And in further proof of this the marked decrease of disease prevalence when the city had been placed out of bounds was to be noted. Without doubt the city lock hospital was useful as preventing disease amongst the soldiers, but its method of support (in great measure by fees paid by prostitutes) was disapproved of by the government, and it was closed. In proof of the correctness of the Medical Officer's statement that newly-arrived soldiers contracted most disease, the Commissioner recorded the fact that the 72nd Regiment had 50 admissions to hospital for venereal disease in less than a period of six weeks following their arrival (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 8).[599]

ROORKEE

The average strength of the garrison at Roorkee was 333 in 1876, against 456 in 1877. The venereal admissions were in 1876, 50; 1877, 30, of which 6 cases were contracted out of Roorkee (Colvin 1878: 53).[600] As in former years venereal disease had been confined to the British infantry; the Royal Engineers and college students having enjoyed perfect immunity. The inference was that the men of small means preferred the cheap or unregistered women – coolies and grass and milk sellers- to be met with on the canal banks, to the more expensive bazaar residents. Disease had been slight during the year (Chatterton 1878: 53).[601]

The lock hospital was a *kutcha* building situated on the northern outskirts of Roorkee; it was provided with four native charpoys, a table, and chairs for examinations, and instruments and medicines required. The accommodation had been found sufficient. Among British troops venereal disease was confined to the 1-6th

Regiment. 30 were admitted, of whom six contracted the disease at Delhi (Blood 1878: 54).[602] The weekly returns had been received regularly. A cantonment sub-committee had existed throughout the year, composed of the officer commanding the 6th Regiment, the senior medical officer, British forces, and the cantonment magistrate. Regimental police exercised some control over prostitution, and prevented unregistered women from entering their lines. Registration extended to those women who were known to admit Europeans, and was in force for five miles round cantonments. The women had been regular at the periodical examinations. One failed to attend on one occasion, and was fined one rupee (Blood 1878: 54).[603] The registered women of the city and cantonment were examined and treated in the lock hospital by the medical officer in charge. The number of admissions among the women was 23, against 11 last year (Blood 1878: 54).[604] Nine-tenths of the venereal among the women was syphilis, whereas nearly three-fourths of that among the troops was gonorrhea (Blood 1878: 54).[605] Probably, therefore, the cases among the troops were not often derived from registered women. Of the 23 admissions among the women, 13 were for diseases not venereal, but none were detained during their menstrual cycle (Blood 1878: 54).[606] One *dhai* was regularly employed, and was useful both in assisting at the weekly examinations and in inspecting the homes of such prostitutes as were not under the charge of a *maildar* (an Urdu term for mongrel). The women showed no reluctance to being examined, and though they greatly disliked being kept in hospital, they were always submissive. The rules appeared to be sufficient for the registered women. However, it was difficult to check irregular prostitution.

During the year 1878 a monthly average of 28 women remained on the register against 20 in 1877 (Annual Report of the Roorkee lock hospital 1878: 17).[607] The results of the management had been unsatisfactory. For the five years, 1874-78, the ratios of cases of venereal disease per 1,000 of the European garrison at Roorkee had been 198, 146, 124, 66, and 262 respectively (Annual Report of the Roorkee lock hospital 1878: 18).[608]The Medical Officer reported that the lock-hospital was at times during the year made uncomfortable for the registered women by the presence of filthy unregistered coolie and beggar women, detained there for treatment. Venereal disease had been very prevalent during the year amongst the soldiers of the infantry regiment. The Royal Engineers, a daily average of 48 men, were free from disease

(Annual Report of the Roorkee lock hospital 1878: 18).[609] It was necessary to mention that relapses had been entered as new cases in the hospital returns. The soldiers accused the registered women in some instances of being the cause of their diseases. The women accused were examined and placed under observation in hospital for eight days, but not one of them was found diseased. The cause of the disease prevalence was probably unlicensed prostitution. Several of the soldiers confessed that their diseases were contracted from unregistered women, met in the open country around Roorkee, and this fact was brought to the notice of the commanding officer. Of 33 unregistered women arrested by the police 19 were found diseased and treated in the lock-hospital (Annual Report of the Roorkee lock hospital 1878: 18). [610] The examinations were regularly effected; amongst the registered women only nine cases of venereal disease occurred. The women were quiet, orderly, and obedient. The soldiers did not enquire as to whether a registered woman was possessed of her ticket or not. As regards the registered women and their general condition of good health, the soldier at Roorkee may be considered as protected from venereal disease. Prostitution amongst unregistered vagrant, coolie, beggar, wood and milk selling women existed to an enormous extent and was a prolific cause of disease. The native police could not cope with this evil, they had too little power, and the law dealt with it very mildly. The medical officer was of opinion that the only way to check disease was by special precautions when the men quit cantonments, and great vigilance on the part of the military and civil police. The Cantonment Magistrate reported that, despite the efforts of the authorities, the illicit prostitution which had been the cause of the increased prevalence of disease could be only partially suppressed. The scarcity of the year was primarily responsible for the increase of disease. A great number of pauper women had been driven to prostitution, and great liberty had been accorded to the soldiers. An attempt was made, during the year, to induce the registered women to live in the infantry bazaar. The attempt failed, as the registered women objected to move from Roorkee town, pleading that the soldiers preferred cheaper unregistered women to them, and that there was too scanty a native population living in the bazaar. An endeavor had been made to attract a better and younger class of women for registration, but without success. The Cantonment Magistrate thought that to attract better women it would be necessary to give them houses rent-free and a retaining fee. The Commissioner thought the disease prevalent had been largely due to the scarcity,

which had induced many unfortunate women to associate with the soldiers as a means of livelihood.

During the year 1879 a monthly average of 32 women remained on the register against 38 in 1878 (Annual Report of the Roorkee lock hospital 1879: 17).[611] The results of the management had been very satisfactory. The ratio of admissions to hospital for venereal disease amongst the European garrison for the six years, 1874-79, had been 198, 146, 124, 66, 262, and 132 per 1,000 of strength respectively (Annual Report of the Roorkee lock hospital 1879: 17).[612]The Medical Officer reports that the hospital, a building of mud and thatch was sufficient for the treatment and comfort of the sick. The weekly returns of disease amongst the soldiers had been regularly received and showed that out of a total of 34 cases admitted to hospital in the year, 13 were cases of disease contracted at Roorkee, and 21 at other places, so that the ratio was only 50 per 1,000 of strength (Annual Report of the Roorkee lock hospital 1879: 17).[613] Stringent regulations for the discovery of disease amongst the soldiers were in force during the year. Soldiers in the habit of contracting venereal disease had to perform the duties of Military Police, and with good result. The Civil Police aided well, bringing all suspected women for examination. Of women so brought up seven were found seriously diseased. The attendance of the women for examination was very regular. Each woman was provided with a history ticket. Very little disease occurred amongst the women; indeed, the cases recorded were those of women found diseased before registration. The soldiers were less able in 1879 to meet coolie and beggar women by reason of the interest taken in the matter by the Commanding Officer, Cantonment Magistrate, and the Senior Medical Officer; and the action of the Civil Police in keeping all vagrant women out of cantonments was an efficient help. The Medical Officer insisted on the necessity of a joint general interest in the success of the management by the Commanding Officer, Cantonment Magistrate, and the Medical Officer, otherwise the essential Civil and Military Police regulations would never be carried out, and he complained of the entry, in the returns of relapses, as new cases. The Cantonment Committee forwarded the report, with an expression of opinion that the lock hospital establishment was on the lowest possible scale consistent with efficiency.

During the year 1880 a monthly average of 22 women remained on the register against 32 in 1879 and 38 in 1878 (Annual Report of the Roorkee lock

hospital 1880: 14).[614] The results of the management had been satisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison for the seven years 1874-80 had been 198, 146, 124, 66, 262, 132, and 178 per 1,000 of daily average strength respectively (Annual Report of the Roorkee lock hospital 1880: 14).[615]The Medical Officer reported that the lock hospital hut at Roorkee became almost a ruin in September, 1880, owing to heavy rain. Another building was occupied temporarily. The erection of a new building had been planned and awaited the sanction of Government. In April the Cantonment Committee recommended the closing of the Lock Hospital; consequently, it was closed and venereal disease spread to a great extent. It was re-opened on the 21st of September. The examination of 30 women showed 16 to be diseased, some badly (Annual Report of the Roorkee lock hospital 1880: 14).[616] Great harm was done by the closing of the institution, chiefly by increase of disease amongst the women. Two women who accompanied the European regiment to Roorkee in November were found diseased on examination (Annual Report of the Roorkee lock hospital 1880: 14).[617] All women known to practice prostitution with soldiers were registered. An unregistered woman doing this would be severely punished by the Magistrate, who rendered willing aid. The existing management was efficient, but the great requirement was a new building. Coolie women gave trouble, but with the help of the Magistrate it was hoped this source of disease would be removed. The Commanding Officer took great interest in the subject and supported the action of the Medical Officer. The Cantonment Magistrate reported a strict economy of expenditure by the Committee. The police report showed that Roorkee was now free from unregistered prostitutes. One woman was fined during the year for practicing unlicensed prostitution with soldiers (Annual Report of the Roorkee lock hospital 1880: 14).[618]The Cantonment Committee agreed with the Medical Officer in thinking the temporary closing of the hospital injudicious, as it permitted marked increase of disease amongst the women. The Collector and Magistrate remarked that the hospital was temporarily closed, during the absence of the infantry troops, under orders sanctioned by the Commander-in-Chief, and re-opened when those troops returned. Neither the Commissioner nor Magistrate were consulted in the matter. The result was hurtful to the women, as proved by the returns. The Cantonment Magistrate took great interest in the efficient working of the scheme and had done all in his power to check unlicensed prostitution. The Commissioner noted the large increase of disease amongst the women owing to the closing of the

hospital. The Medical and Cantonment authorities were cooperating cordially for the suppression of illicit prostitution, which was really the point upon which successful management depended. And it was probable that the system would continue to work well at Roorkee.

SHAHJAHANPUR

The Shahjahanpur lock hospital was a second-class hospital. The cost of establishment amounted to Rs. 64 per mensem, with an allowance of Rs. 50 to the medical officer in charge (Edwards 1878: 57).[619] The number of women on the register at the beginning of the year was 34, and 17 were enrolled during the year; of these 13 removed their names and 38 remained on the register at its close (Edwards 1878: 57).[620] The average number on the register was 34, and the average number attending the periodical examinations 32; 179 women were found diseased and detained for treatment, 27 were reported for non-attendance and fined Rs. 40 (Edwards 1878: 57).[621] Of the total number of admissions into hospital (179 against 245 in the previous year), 26 were cases of primary syphilis and 30 of gonorrhea, against 31 of the former and 4 of the latter in 1876 (Edwards 1878: 57).[622]

No registration fees were levied from the prostitutes. Rs. 40 was realized in fines, and the whole cost of the lock hospital, Rs. 1594 was met from the cantonment fund (Duthoit 1878: 57).[623] As regards, the health of the European soldiers, there was a progressive increase in disease during the past three years which though unsatisfactory, was really an improvement as compared to 1876. The increase being entirely in secondary syphilis and gonorrhea – these were diseases which were beyond the control of lock-hospital surveillance and hence, attributable to the disease of former years.

During the whole year a half battalion of her Majesty's 2-22nd Regiment of Foot was stationed at Shahjahanpur, of daily average strength 423, from whom 129 cases of venereal disease were admitted to hospital, all being credited as contracted at Shahjahanpur (Gardener 1878: 58).[624]

TABLE 3.17 - CASES OF VENEREAL ADMISSIONS FOR THE YEAR 1877.

Primary syphilis	40
Secondary syphilis	33
Gonorrhea	56
Total	129

Source: Annual Statement of the Lock Hospital at Shahjahanpur for the year 1877.[625]

The number of admissions for primary syphilis had fallen from 59 in 1876 to 40 in 1877, and of this number the majority was contracted in the early months of the year, the later months showing a great improvement (Gardener 1878: 58).[626] Of these 40 admissions no less than 31 were during the first four months (Gardener 1878: 58).[627]

TABLE 3.18 – MONTHLY ADMISSIONS FOR THE YEAR 1877

Months	Primary syphilis	Secondary syphilis	Gonorrhea	Total
January	7	1	2	10
February	11	1	9	21
March	7	8	11	26
April	6	5	5	16
May	---	7	1	8
June	1	3	1	5
July	---	2	2	4
August	3	1	6	10
September	3	2	4	9
October	1	1	7	9
November	---	2	4	6
December	1	---	4	5
Total	40	33	56	129

Source: Annual Report on the Shahjahanpur Lock-Hospital for 1877.[628]

17 prostitutes were enrolled, and 13 removed their names from the register. It was found necessary to report from time to time 27 for non-attendance, and suitable punishments were awarded, the total amount of fines amounting to Rs. 40 (Gardener

1878: 58).[629] At the periodical examinations 179 were found diseased (Gardener 1878: 59).[630]

During the year 1878 a monthly average of 43 women remained on the register at Shahjahanpur against 35 in 1877 (Annual Report on the working of Shahjahanpur lock hospital for the year 1878: 14).[631] The results of the management had been very unsatisfactory. For the four years, 1875-78, the ratios of venereal cases per 1,000 of the daily strength of the European garrison at Shajahanpur had been 263, 224, 305 and 333 respectively (Annual Report on the working of Shahjahanpur lock hospital for the year 1878: 14).[632]The Medical Officer reported that syphilis was considerably less prevalent amongst the soldiers in 1878 than in 1877 and 1876. The increase of disease in the year 1878 was due to the great prevalence of gonorrhea (Annual Report on the working of Shahjahanpur lock hospital for the year 1878: 14).[633] The lock-hospital sub-committee met regularly. The women were examined weekly, and for the later months of the year twice a week. Unlicensed prostitution had been excessive and difficult to check, owing to the vast number of poor women driven to prostitution during the year by destitution, in return for the very smallest pittance, or even a *chapati*. Of 35 unlicensed women arrested and 14 who applied for registration, all were found diseased on examination (Annual Report on the working of Shahjahanpur lock hospital for the year 1878: 14).[634] The police had displayed the greatest possible vigilance and care, but they could not prevent unlicensed prostitution. Disease amongst the registered women had been mild in type. But amongst the unregistered women disease of most virulent type existed, and in nine cases amongst them very terrible disease was seen. The medical officer recommended increased accommodation for registered women, so that a number equal to 10 per cent of the soldiers be registered (Annual Report on the working of Shahjahanpur lock hospital for the year 1878: 14).[635] Larger choice would diminish the temptation to resort to unlicensed women, which was the chief cause of disease amongst the soldiers. He thought that, owing to the exceptional conditions of the year, disease would have been rifer and virulent than it had been but for the attention of the committee and authorities and the vigilance of the police. The Native Doctor was kind and attentive to the patients and had been efficient in his work. The Commissioner noted that the marked decrease of syphilis amongst the soldiers was satisfactory. In the three years, 1876-78, the cases of syphilis had numbered 59, 40, and 19

respectively (Annual Report on the working of Shahjahanpur lock hospital for the year 1878: 14).[636]

During the year 1879 a monthly average of 45 women remained on the register against 43 in 1878 (Annual Report on the working of Shahjahanpur lock hospital for the year 1879: 15).[637] The results of the management had been satisfactory. For the five years, 1875-79, the ratios of admissions to hospital for venereal disease amongst the European garrison had been 263, 224, 305, 333, and 244 per 1,000 of strength respectively (Annual Report on the working of Shahjahanpur lock hospital for the year 1879: 15).[638]The Medical Officer reported three changes of medical charge during the year. The management had shown improved results. Of the 55 cases of disease recorded amongst the soldiers, 12 were contracted at places other than Shahjahanpur (Annual Report on the working of Shahjahanpur lock hospital for the year 1879: 15).[639] The 43 eases contracted at Shahjahanpur provided a ratio per 1,000 of only 191 (Annual Report on the working of Shahjahanpur lock hospital for the year 1879: 15).[640] The sub-committee had assembled regularly during the year. The women were examined weekly. Some severe cases of gonorrhea were seen amongst the women, but only one severe case of syphilis; and this was the case of an unregistered woman. Much unlicensed prostitution prevailed, and 17 women were arrested for this cause during the year (Annual Report on the working of Shahjahanpur lock hospital for the year 1879: 15).[641] The women were regular in their attendance for examination. Absentees were reported and punished by fine. The money thus realized was expended for the dieting and clothing of unlicensed women admitted to hospital. A very small number of secondary cases were observed during the year, which pointed to the usefulness of the institution.

During the year 1880 a monthly average of 47 women remained on the register against 45 in 1879 (Annual Report on the working of Shahjahanpur lock hospital for the year 1880: 13).[642]The results of the management had been very unsatisfactory. For the six years 1875-80, the ratios of admissions to hospital for venereal disease amongst the European garrison had been 263, 224, 305, 333, 244 and 345 per1,000 of daily average strength respectively (Annual Report on the working of Shahjahanpur lock hospital for the year 1880: 13).[643]The Medical Officer reported the hospital accommodation sufficient. The large increase of venereal disease amongst the soldiers was caused by the arrival of a detachment of the 40th Regiment from

Benares (Annual Report on the working of Shahjahanpur lock hospital for the year 1880: 13).[644] The men of this detachment brought a large number of venereal cases with them: 21 such cases arrived in January (Annual Report on the working of Shahjahanpur lock hospital for the year 1880: 13).[645] Afterwards, when the headquarters of that regiment passed through in March from Dum Dum, they left 30 cases at Shahjahanpur (Annual Report on the working of Shahjahanpur lock hospital for the year 1880: 13).[646] In October and November a sudden increase of disease occurred which was traced to unregistered women. The police arrested several of these unregistered women, who with few exceptions were found badly diseased, and 16 were admitted to hospital for treatment (Annual Report on the working of Shahjahanpur lock hospital for the year 1880: 13).[647]Nearly all were suffering from venereal sores of the same character as those which afflicted the soldiers. The Sub-Committee assembled for the conduct of business once in every month of the year. The registered women were examined weekly by the Medical Officer. The women were also visited at uncertain times at their houses in the bazaar. Precautions were taken to prevent the practice, by the women, of measures likely to conceal a diseased condition. Cases of admission to hospital amongst the women were more numerous in 1880 than in 1879. The increase of admissions was due to the recognition of leucorrhoea as a cause requiring admission and treatment. In previous years, this was not recognized, although it was certain that women suffering from this cause could not be cured without rest from their occupation: and rest could be obtained for them only by admission to hospital. Contagious venereal disease was less by 32 cases amongst the women in 1880as compared with 1879 (Annual Report on the working of Shahjahanpur lock hospital for the year 1880: 14).[648] No case of secondary disease occurred amongst them in1880.Unlicensed prostitution had been prevalent during the year, especially towards its end. The registered women living in the regimental bazaar had been too few in number, but owing to the partiality of soldiers for unregistered women a larger number could not gain a living there. The attendance for examination had been regular. Absentees were reported and punished by fines, which were spent in adding to the comforts of women in hospital. As usual the soldiers unjustly blamed the registered women for the disease contracted from unregistered women. Amongst the soldiers' disease was of a mild type. 15 cases of secondary disease occurred, all of men who had contracted disease at Benares or Dum Dum (Annual Report on the working of Shahjahanpur lock hospital for the year 1880: 14).[649]

CHAKRATA

According to the annual report on the Chakrata lock-hospital for the year 1877, the strength of the garrison and the number of admissions from venereal disease among the European soldiers was as follows for two years (Colvin 1878: 61).[650]

TABLE 3.19 -NUMBER OF VENEREAL ADMISSIONS AMONG EUROPEAN TROOPS FOR THE YEAR 1877

Year	Strength	Admissions
1876	890	153
1877	773	76

Source: (Colvin 1878: 61)[651]

Lieutenant Colonel G. Wheeler, Cantonment Magistrate, Chakrata solicited the consideration of Government to the extension to a distance of four miles from the cantonment boundaries of the provisions of the rules framed under clause 7, section 19, Act XXII of 1864 (chapter V, cantonment rules) (Annual Report on the working of Chakrata lock hospital for the year 1877: 62).[652] On the contrary the superintendent of Dehradun, H.G. Ross, considered it unnecessary to extend the Act any further (Annual Report on the working of Chakrata lock hospital for the year 1877: 61).[653] No doubt a little disease could be contracted in villages within four miles, but so would there be in five miles or more. The cantonment magistrate could see after this without extending the rules as this would probably lead to harassment of the villagers. W.H. Mitchell, in medical charge of lock hospital, Chakrata pointed out that the locality of the lock hospital was good; it was suitable and most conveniently placed in the centre of the *sadar bazaar* (Annual Report on the working of Chakrata lock hospital for the year 1877: 62).[654] The total admissions from venereal disease among the British troops had been as follows - secondary syphilis 1, primary syphilis 9, and gonorrhea 66. Hence, a total of 76 cases (Annual Report on the working of Chakrata lock hospital for the year 1877: 62).[655] The number of above cases would have been less, but several men contracted venereal while at the musketry camp, a distance of about six miles from the station, from unregistered women loitering in its vicinity (Ross 1878: 62).[656] Several representations of this fact were made to the magistrate through the senior medical officer at the station, who accordingly took the necessary measures for the apprehension of these parties. All the returns in connection with the lock-

hospital had been received regularly. All the public prostitutes had been directly under the surveillance of the police authorities; the regulations and rules laid down for the prevention of venereal disease and control of the brothel houses were strictly carried out. The women were not allowed to wander about the cantonment, but were confined to the bazaars. Unlicensed prostitutes were also confined to the bazaars, and punished if detected. Care was also taken by the regimental police to prevent strange or suspicious characters entering the lines. The average number of prostitutes on the register during the eleven months under report was 23 (Annual Report on the working of Chakrata lock hospital for the year 1877: 63).[657] The number removed from the register and who left the station from various causes was four (Annual Report on the working of Chakrata lock hospital for the year 1877: 63).[658] There was one death during the eleven months of a woman who had an enlargement of the spleen (Mitchell 1877: 63).[659]

The classes or castes of women were all Muhamaddans (Mitchell 1877: 63).[660] The women were regular in attendance at the periodical examinations. The examinations were held in a closed room with the greatest circumspection and propriety, and attention was also paid so as not to wound the feelings of the prostitutes. Venereal diseases had decreased among the women and were less virulent in type, and soon recovered under treatment without manifesting secondary symptoms. The men likewise rapidly recovered under treatment. There were no admissions into hospitals for non-venereal affections. A *dhai* or matron was employed with satisfactory results. The average strength of the British troops at this station had been 773 during the year (Mitchell 1877: 63).[661]

During the year 1878 a monthly average of 32 women remained on the register against 24 in 1877 (Annual Report on the working of Chakrata lock hospital for the year 1878: 15).[662] The results of the management had been satisfactory. For the five years, 1874-78, the ratios of venereal cases per 1,000 of the daily strength of European garrison had been 59, 58, 112, 98, and 162 respectively (Annual Report on the working of Chakrata lock hospital for the year 1878: 15).[663] This did not denote progressive improvement, but as compared with other stations the result for 1878 was satisfactory. The Medical Officer reported that much of the disease seen amongst the soldiers was contracted during the march from the plains to Chakrata. The sub-committee assembled once a month regularly. The women had been well managed,

and were regular in their attendance for examination. During the first few months of the year there was much disease amongst the registered women; this was rapidly reduced under treatment. The lock-hospital at Chakrata was broken up in December, 1877, when the English troops departed from the station, and re-opened in March, 1878, when the troops returned (Annual Report on the working of Chakrata lock hospital for the year 1878: 15).[664]The Cantonment Magistrate noted that during the year, means for ablution were provided in the registered women's rooms. He also stated that clandestine prostitution was very difficult to prevent in Chakrata. Its prevention depended upon the strictest regimental supervision, for, commanding officers were excessively tenacious of the privacy of their lines, and if native police waited about the barracks, quarrels would occur. The Cantonment Magistrate recommended -.

(1) The entertainment of a force of sanitary police.

(2) The arrest and punishment of all native women guilty of clandestine prostitution.

(3) The extension of the lock-hospital rules to a distance of four miles from cantonment boundary.

(4) An increased cleanliness of the registered women and their better accommodation. At present the rooms were unwholesome dens, the women generally living in the filthiest state. The advantage to the soldier of their splendid barracks was neutralized by their constant visits to these dens (Annual Report on the working of Chakrata lock hospital for the year 1878: 15).[665]

The Commissioner in his second report showed that four Simla women were known to have courted clandestine intercourse with the soldiers; that hill women, at first disinclined to such conduct, had gradually overcome their dislike to Europeans. Low-caste unregistered women caused disease to the soldiers, but the better orders of women were free from suspicion in this direction (Annual Report on the working of Chakrata lock hospital for the year 1878: 15).[666]

During the year 1879 a monthly average of 14 women remained on the register against 32 in 1878 (Annual Report on the working of Chakrata lock hospital for the year 1879: 21).[667] The result of the management was unsatisfactory. For the six years, 1874-79, the ratios of admissions to hospital for venereal disease amongst the European garrison had been 59, 58, 112, 98, 162, and 202 per 1,000 of strength respectively (Annual Report on the working of Chakrata lock hospital for the year

1879: 21).[668]The Medical Officer reported that the lock hospital accommodation was convenient and sufficient. Many of the cases of disease observed amongst the soldiers had been contracted on the march to Chakrata. Indeed, the record was of 30 cases so contracted out of a total of 62, leaving 32 cases contracted at Chakrata (Annual Report on the working of Chakrata lock hospital for the year 1879: 21).[669] The ratio of the latter cases was 104 per 1,000 of strength (Annual Report on the working of Chakrata lock hospital for the year 1879: 21).[670] The returns had been submitted regularly, and the sub-committee assembled monthly. The Cantonment Magistrate and the general and regimental police had strictly carried out the rules and regulations of the lock hospital system. The women were regular in attendance at examination, and a considerable decrease of disease was observed amongst them. A *Dhai* was employed with satisfactory results. The medical officer suggested the providing of bedding to women in hospital. An increase of one anna per diem to their diet allowance was granted during the year at the recommendation of the Deputy Surgeon-General. The Cantonment Magistrate reported that no case of arrest of unregistered woman practicing prostitution with a soldier had occurred during the year. Medical inspections of new arrivals were always held for the discovery of disease contracted on the march. The total absence of cases of unregistered women detected in prostitution with soldiers in the reports, were misleading as the results were by comparison unfavorable.

During the year 1880 a monthly average of 9 women remained on the register against 14 in 1879 and 32 in 1878 (Annual Report on the working of Chakrata lock hospital for the year 1880: 17).[671] The results of the management had been very satisfactory. For the seven years 1874-80, the ratios of admissions to hospital for venereal disease amongst the European garrison had been 59, 58, 112, 98, 162, 202, and 64 per 1,000 of daily average respectively (Annual Report on the working of Chakrata lock hospital for the year 1880: 17).[672]The Medical Officer reported the locality and accommodation of the hospital suitable; as it was located in the centre of the *sadar bazaar*. In all, 20 cases of disease occurred amongst the soldiers (Annual Report on the working of Chakrata lock hospital for the year 1880: 18).[673] Of these several were contracted on the march prior to arrival at Chakrata, and two cases originated probably from intercourse with coolie women in a *khud* (ravine). All public prostitutes had lived under police control, and the rules laid down for the prevention

of disease strictly enforced. The Sub-Committee assembled once in every month. The regimental police took care to prevent the entry of unlicensed women into the lines. The women were regular in attendance for examination. A matron was employed with satisfactory results. The Cantonment Magistrate reported that only two cases of venereal disease were contracted by the soldiers whilst living at Chakrata during the year. Economy of expenditure was carefully effected. Great vigilance had been exercised by the Cantonment police for the prevention of unlicensed prostitution, and no unregistered women had been found in the Cantonments. But difficulties increased when the garrison was strengthened as proposed. The Cantonment Magistrate suggested the creation of more efficient control, as already recommended in letter No. 157, dated 17th May, 1879, to the Superintendent of the Dun, and No. 125, dated 18th April, 1879, to the Commissioner of the division (Annual Report on the working of Chakrata lock hospital for the year 1880: 18).[674] An average of nine registered women seemed insufficient, viewing the strength of the garrison, 313 men (Annual Report on the working of Chakrata lock hospital for the year 1880: 18).[675] The letters referred to by the Cantonment Magistrate were forwarded to Government. Despite these challenges there was marked improvement of results recorded in 1880. No unregistered women were found. There was no proof that the police were unusually vigilant. But the record was satisfactory; whatever may have been the cause.

MUTTRA

The working of the institution at Muttra showed an improvement from the previous year. Admissions into the regimental hospital of cases of venereal disease had fallen from 63 to 36 (Currie 1878: 66).[676] The Regiment stationed at Muttra (10th Royal Hussars) marched for Rawalpindi on the 15th November (Annual Report on the working of Muttra lock hospital for the year 1877: 66).[677] During the 10 months of its stay there were only two cases of syphilis and 34 of Gonorrhea, in all, 36 cases against 63 in the previous year (Annual Report on the working of Muttra lock hospital for the year 1877: 66).[678] However, several cases could not be directly traced to registered prostitutes (Tracy 1878:66).[679] Unregistered prostitutes were prohibited from accessing the lines, but there is no doubt that several of the cases of gonorrhea had been due to concealed prostitution.

During the year 1878 a monthly average of 15 women had remained on the register against 18 in 1877 (Annual Report on the working of Muttra lock hospital for the year 1878: 19).[680] The results of the management had been unsatisfactory. The ratios of venereal cases per 1,000 of the European garrison for the five years, 1874-78, had been 190, 127, 132, 96, and 223 respectively (Annual Report on the working of Muttra lock hospital for the year 1878: 19).[681] A total of 71 cases were admitted to hospital in 1878 (Annual Report on the working of Muttra lock hospital for the year 1878: 19).[682] 42 occurred on the line of march between Rawalpindi and Muttra (Annual Report on the working of Muttra lock hospital for the year 1878: 19).[683]The Medical Officer reported that a large proportion of the cases of disease amongst the soldiers were due to women who walked about the lines selling rope, socks, or begging. These women were to be found, also, on the outskirts of cantonments. Six unregistered women arrested by the regimental police were all found to be seriously diseased (Annual Report on the working of Muttra lock hospital for the year 1878: 19).[684] The registered women had been regularly examined. Disease amongst them had been little, only eleven cases of venereal disease in the year. The Commissioner was of opinion that for the effectual suppression of venereal disease one must look to increased vigilance on the part of the regimental police, and to a considerable restriction of the men's right of wandering at will through native cities and bazaars, and not to extended registration of women. It was observed that the preceding short notices provided information concerning 16 lock hospitals only, although there were 17 lock hospitals in the province (Annual Report on the working of Muttra lock hospital for the year 1878: 19).[685] The seventeenth, of which notice was missing, was the hospital at Sitapur, and the cause of the omission was that up to date no lock-hospital reports of 1878 had been received. The want of report could be due to the departure of the European garrison to the seat of war. The total figures of the returns pertaining to the sixteen hospitals pointed to a total failure as regards the prevention of venereal disease amongst the European soldier despite, an increased number of registered women and an increased expenditure for the year as compared with the two previous years.

During the year 1879 a monthly average of 19 women had remained on the register against 15 in 1878 (Annual Report on the working of Muttra lock hospital for the year 1879: 20).[686] The results of the management had been unsatisfactory. The

ratios of admissions to hospital for venereal disease amongst the European garrison, for the six years, 1874-79, had been 190, 127, 132, 96, 223, and 254 per 1,000 of strength respectively (Annual Report on the working of Muttra lock hospital for the year 1879: 20).[687] The Medical Officer reported that prostitutes were not allowed within the lines. But the prevalence of disease amongst the soldiers was due to the presence of women who accompanied the Regiment from Agra, and to the presence of unregistered women still to be found lurking about the barracks and cantonments. Two such were arrested during the year and found diseased (Annual Report on the working of Muttra lock hospital for the year 1879: 20).[688] There had been an increase of disease amongst the registered women, who were fewer than last year from various causes. The supervision of the *Dhais* had been satisfactory. There was no cantonment committee at Muttra. Its functions were exercised by the Officer Commanding the station. As there was no committee, it followed that there was no sub-committee for lock hospital management. It did not appear that the Commanding Officer's exercise of such functions had been authorized by Government. He thought the management was left almost entirely to the Apothecary in charge, and suggested the issue of orders in the Military and Medical Departments for the proper management of this lock hospital. Major General H. Ramsay, Commissioner, Kumaon division reported that nothing more could be done than had already been devised. Bad women could not be made good. Prostitutes had their own friends who did not pay, and they could not be prevented from coming together. No doubt many of the prostitutes' male friends' were diseased, and the women having contracted this disease again after having been cured, communicated it to the soldiers.

During the year 1880 a monthly average of 13 women remained on the register against 19 in 1879 (Annual Report on the working of Muttra lock hospital for the year 1880: 17).[689] The results of the management had been unsatisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison for the seven years 1874-80 had been 190, 127, 132, 96, 223, 254, and 378 per 1,000 of daily average strength respectively (Annual Report on the working of Muttra lock hospital for the year 1880: 17).[690] Unlicensed prostitutes were not admitted to the line. One such woman arrested during the year was found diseased. The arrangements for examination were satisfactory. Disease amongst the women had greatly diminished during the last five months of the year. The registered women resided in brothels—

one in the *sadar*, one in the regimental bazaar; and brothel keepers had supervised the women satisfactorily. The daily average of European soldiers present at Muttra was only 37 (Annual Report on the working of Muttra lock hospital for the year 1880: 17).[691] Fourteen cases of disease occurred amongst them (Annual Report on the working of Muttra lock hospital for the year 1880: 17).[692]

NAINITAL

The Annual Report on the Nainital Lock-Hospital for 1877 shows two *chaprassis* were considered sufficient for the work they were employed. With hundreds of coolie women-most of them married women-employed by the Public Works Department, or private individuals, on every side of Nainital, soldiers wandering about the jungles could be looked after by *chaprassis* (Ramsay 1878: 68).[693]

Out of a total average strength of 239 in 1878, 31 cases of primary syphilis among European troops were admitted to the European military hospital, but of these three were noted as having been contracted on the march in the month of May (Annual Report on the Nainital Lock Hospital for 1877: 68).[694] Thirty cases of Gonorrhea were admitted in the same period, and of these four also were contracted on the same march (Annual Report on the Nainital Lock Hospital for 1877: 68).[695] There were 28 admissions for Primary syphilis out of a total of 239; 26 admissions out of a similar total for Gonorrhea (Annual Report on the Nainital Lock Hospital for 1877: 68).[696] In 1875 the average strength of the depot was 273 (Annual Report on the Nainital Lock Hospital for 1877: 68).[697] The total admissions for primary venereal disease contracted at Nainital were 26 (Annual Report on the Nainital Lock Hospital for 1877: 68).[698] In 1876 the average strength was 320. The admissions for primary venereal disease were 31 (Annual Report on the Nainital Lock Hospital for 1877: 68).[699] In 1877 the average strength was 239. The admissions for primary venereal originating at Nainital were 54 (Moffatt 1878: 69).[700]

Up to the month of May of 1878 the registered women who lived at Khaila Khan resided in temporary grass huts amongst the barrack coolies and servants. They were then removed to stone-built permanent huts, away from the coolies, to a secluded place below the men's barracks, a change not at all agreeable to them, as it took them out of native society. Of the total number registered, 22 resided in the big bazaar and 27 in Khaila Khan (Moffatt 1878: 69).[701]The chief difficulty in carrying

out the provisions of the Act (XXII of 1864) lay in controlling prostitution; in other words, to prevent unlicensed prostitutes plying their calling without coming under surveillance. This class of women stood high in native male estimation. The greatest difficulty was to procure reliable information as to the habits of any particular woman. A few men actually let out their so-called wives as prostitutes, and hence successfully claimed exception from examination and registration upon that ground, although everybody knew the women to be outright prostitutes (Moffatt 1878: 69).[702]

The *chaprassis* were to try and apprehend any woman unregistered they could, but they rarely succeeded, or cared to succeed, preferring to take a bribe and letting the women off. There was another difficulty, the burden of proving by witnesses the fact of such and such a woman being a prostitute, without which no prosecution would stand. Legality would often be breached. Eleven were apprehended by the detective *chaprassis* plying an unregistered trade. Of these eight were placed upon the register. Three refused to be registered, and were turned out of the station (Moffatt 1878: 69).[703] If the police could be got to assist the detectives and to give the desired information, the difficulty would vanish, however employing them (native police) on such a service, and their liability to abuse their power was threatening.

25 women were reported to the magistrate for non-attendance at the weekly examinations conducted by the medical officer; all of them were compelled to attend the following day for examination, and nine were fined (Annual Report on the Nainital Lock Hospital for 1877: 69).[704] The sum of Rs. 21 was realized under the head of fines for non-attendance, and the amount was handed over to the station staff officer (Moffatt 1878: 70).[705] The inspections were held at the lock-hospital, and no unwillingness to be examined was experienced. 99 were admitted to hospital; of these 52 were from Khaila Khan and 47 from big bazaar (Moffatt 1878: 70).[706]

TABLE 3.20 - ADMISSIONS TO THE LOCK HOSPITALS FOR THE YEARS 1875-77

	1875	1876	1877
Primary syphilis	22	8	17
Gonorrhea	35	17	3
Leucorrhoea	12	22	79
Total	69	97	99

Source: J.E. Moffatt, Surgeon-Major, A.M.D., In medical charge of Lock-Hospital. (Annual Report on the Nainital Lock-Hospital for 1877: 70).[707]

No women were excused attendance except those that brought a certificate from the *sadar* dispensary, or those that had left the station on temporary leave granted by the medical officer. The report suggests the main source of these diseases amongst the registered woman was from the low class natives with whom they associated. Leucorrhoea, which constituted the bulk of the admissions, and which would cause gonorrhea in the male, was an inevitable result of their calling, combined with their uncleanly habits. These women had come from the plains in a filthy and diseased condition. The same could be said of the source of disease amongst the troops, who contracted more disease on the march, where they met the same class of women under no medical surveillance than they did in their own stations. The lock hospital was highly beneficial not only to the troops and registered women, but also to the low class of men with whom they associated, for there was a large amount of venereal disease amongst the natives of the hills, especially in the neighborhood of large civil stations like Nainital. Better means had to be devised to hinder the spread of the disease by the unregistered women who thrived in the neighborhood as grass cutters, masons, laborers and porters. So long as the medical officer carefully examined the registered women himself weekly, and a regular attendance was enforced, it was quite impossible for the disease to make any head from that source. *Dhais* had not been employed on account of the difficulty of getting reliable persons for the post; but it was highly desirable that some women be imported to live in the *chakla*, and be held responsible for the women's cleanliness, order, and presence all night. It was impossible to prevent altogether their having intercourse with native men, and any attempt to make them prisoners would be evaded, and cause discontent.

During the year 1878 a monthly average of 26 women remained on the register against 22 in 1877 (Annual Report on the Nainital Lock-Hospital for 1878: 17).[708] The results of the management had been satisfactory as compared with those of former years. During the five years 1874-78, the ratios of venereal cases per 1,000 of the European garrison present at Nainital had been 275, 95, 141, 255, and 187 respectively (Annual Report on the Nainital Lock-Hospital for 1878: 17).[709] The Medical Officer reported that the quarters of the medical subordinate attached to the hospital be enlarged, and pointed out that no servant's quarters were available, although much needed. *Kutcha* huts provided the necessary accommodation. The Cantonment Sub-Committee assembled monthly to audit accounts and to enquire into

matters brought before it. Two *chaprassis* were employed to arrest unregistered women engaged in illicit prostitution (Annual Report on the Nainital Lock-Hospital for 1878: 17).[710] They arrested five women, who were registered (Annual Report on the Nainital Lock-Hospital for 1878: 17).[711] Most of the soldiers admitted to hospital for venereal affections acknowledged that they had cohabited with unregistered women. Admissions to hospital amongst the women were more numerous in 1878 than in the previous year, but were principally for non-venereal affections. The employment of a *dhai* was very necessary to control the women, and the Deputy Surgeon-General at his annual inspection recommended her employment. Nothing had been left undone by the authorities to prevent the spread of disease, and the prevalence would have been less but for the difficulty of preventing men from wandering outside cantonment boundaries, where they had connection with unregistered women, who solicited the soldiers with impunity. Nearly all admissions of men to hospital were traceable to this source.

During the year 1879 a monthly average of 30 women remained on the register against 26 in 1878 (Annual Report on the Nainital Lock-Hospital for 1879: 19).[712] The results of the management had been very unsatisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison, for the six years 1874-79, had been 275, 95, 141, 255, 187, and 345 per 1,000 of strength respectively (Annual Report on the Nainital Lock-Hospital for 1879: 19).[713] The hospital accommodation was ample. But the assistant's quarters were insufficient and unsuitable, and needed to be enlarged. Three different assistants had been attached to the hospital during the year (Annual Report on the Nainital Lock-Hospital for 1879: 20).[714] The convalescents arrived on the 11th April, a total 271 men, amongst whom ten cases of syphilis and five cases of gonorrhea were discovered (Annual Report on the Nainital Lock-Hospital for 1879: 20).[715] The diseases contracted at the station were 15 of syphilis and 51 of gonorrhea (Annual Report on the Nainital Lock-Hospital for 1879: 20).[716] This showed a total of 33 cases of disease in excess of the number contracted at Nainital in 1878 (Annual Report on the Nainital Lock-Hospital for 1879: 20).[717] Two *chaprassis* were employed for the arrest of unregistered women, and they apprehended 21 such women, most of who were afterwards registered (Annual Report on the Nainital Lock-Hospital for 1879: 20).[718] The attendance of the women for examination was good. 40 cases of syphilis, 26 of gonorrhea, and 75 of

minor forms of disease, were detected; a serious increase of disease amongst the women as compared with 1878; increase in some measure due to the diseased condition of new women brought up or presenting themselves for registration (Annual Report on the Nainital Lock-Hospital for 1879: 20).[719]Each patient in hospital was allowed three annas a day subsistence allowance. This amount was found ample. The increase of disease amongst the soldiers was chiefly from gonorrhea; syphilis being little in excess of 1878; and the medical officer thought on the whole the result was satisfactory. The cause of the great prevalence of disease amongst the soldiers in 1879, as in all years, was the great amount of unlicensed prostitution carried on at Nainital. Everything possible to prevent it was done by the local authorities. The Adjutant-General's Circular Memorandum No. 2898, dated 27th July, 1878, was obeyed, and a police organized as soon as a marked increase of disease occurred (Annual Report on the Nainital Lock-Hospital for 1879: 20).[720]But the soldiers met vile women outside cantonment limits. Most of these vile women had husbands, who were passive in regard to this matter. The soldiers admitted their intercourse with these women, but declined to point them out. The excess of syphilitic disease occurred amongst women who, having become diseased, entered themselves for registration, were examined, and admitted to hospital (it was thought better that the women should come to hospital and be cured, than remain out of hospital and spread the disease). The Officer commanding the Station concurred with the opinion that illicit prostitution was the cause of the increase of disease amongst the soldiers. Every possible endeavor had been made to check this illicit prostitution, but without success.

During the year 1880 a monthly average of 29 women remained on the register against 30 in 1879 (Annual Report on the Nainital Lock-Hospital for 1880: 16).[721] The results of the management had not been satisfactory. The ratios of admissions to hospital for venereal disease amongst the European garrison for the seven years 1874-80 had been 275, 95, 141, 255, 187, 345, and 293 per 1,000 of daily average strength respectively (Annual Report on the Nainital Lock-Hospital for 1880: 17).[722]The Medical Officer reported the hospital accommodation ample. The Hospital Assistant required better quarters, and the hospital servants had no quarters. The fact had been reported for several years past without result. Two *chaprassis*, employed as detective police, apprehended four women during the year. They were at once registered. 27 were reported to the Magistrate for absence at inspection. Punishments

by fine realized Rs. 3 for the year (Annual Report on the Nainital Lock-Hospital for 1880: 17).[723] Disease amongst the women was less in 1880 than in 1879. The Medical Officer was of opinion that the hospital had answered its purpose well during the past year. Little or no disease suffered by the soldiers was traced to the registered women. Most of the disease was distinctly traceable to unregistered hill women lurking about roads and *khuds*. As most hill women were prostitutes, the two chaprassis employed could not suppress this evil, although they did arrest a fair proportion of the offending women. The women of the hills appeared to be saturated with syphilis and though they communicated disease freely, they suffered little themselves. A notable point amongst the men who suffered was the rapidity with which secondary symptoms followed a syphilitic sore: mild symptoms, affecting chiefly the skin and mucous membranes and quickly curable.

FATEHGARH

A third class lock hospital was established, for the first time, at the Fatehgarh station on the 1st of April, 1880; there were, therefore, no results for previous years to be recorded (Annual Report on the Fatehgarh Lock-Hospital for 1880: 18).[724] The results of the year's work had been very unsatisfactory. The ratio of admissions to hospital for venereal disease amongst the European garrison during 1880 had been 617 per 1,000 of average daily strength (Annual Report on the Fatehgarh Lock-Hospital for 1880: 18).[725]The Medical Officer reported the establishment of the hospital on the 1st of April, when 39 women were registered (Annual Report on the Fatehgarh Lock-Hospital for 1880: 18).[726]Of these, 18 women were removed from the register by order of the Joint Magistrate (Annual Report on the Fatehgarh Lock-Hospital for 1880: 18).[727] The hospital accommodation was ample. A subsistence allowance of 2 *annas* a day was granted to each patient (Annual Report on the Fatehgarh Lock-Hospital for 1880: 18).[728] Amongst the women 84 cases of disease occurred, 39 of syphilis and 45 of gonorrhea (Annual Report on the Fatehgarh Lock-Hospital for 1880: 18).[729] Examinations were made weekly, and even bi-weekly in several instances. As many as 167 cases of absence from examination were reported to the Joint Magistrate (Annual Report on the Fatehgarh Lock-Hospital for 1880: 18).[730] Amongst the soldiers there were as many as 127 cases of venereal disease during the year, 47 in the three months before the hospital was opened and 80 in the succeeding 9 months (Annual Report on the Fatehgarh Lock-Hospital for 1880: 18).[731] The *sadar bazaar*

was placed out of bounds to the soldiers; but it was believed the order had been disobeyed, and that they still contracted disease there, for which they blamed the registered women. Careful examination of the accused women had, in every instance, shown the injustice of the blame. The Medical Officer had recommended the establishment of a *chukla* in the *sadar bazaar*. The women gladly lived there in care of a head-woman: for then they would be less liable to ill-treatment by the soldiers and would get food and clothing. The Medical Officer had no doubt that the excessive disease amongst the soldiers was contracted from the great number of diseased and unregistered women who prowled in the vicinity of the lines or in the sadar bazaar. The Assistant Magistrate remarked that up to date the working of the system be considered unsatisfactory at Fatehgarh. In a newly-established institution perfect arrangements could not be expected. The bad results were for the most part due to refusal of the Hospital authorities to receive all diseased women for treatment, and due to neglect of the rules sanctioned by the Government of India. Two women were discharged from hospital as incurable soon after it had been opened. The Cantonment authorities were asked to keep all diseased women in the hospital for treatment, to which they answered that their funds were insufficient to meet the charge. The committee however was able to meet the charges for a daily average of 12 inmates, which sufficed for considerable improvement in regard to disease prevalence eventually (Annual Report on the Fatehgarh Lock-Hospital for 1880: 19).[732] Action was not, however, to be confined to the *sadar bazaar*, where soldiers were seldom seen. Special regimental police patrolled, after nightfall, the roads and *nullahs* or ravines situated near to the lines. It is there that the soldier chiefly contracted disease from coolie women, grass-cutters' wives, and other dirty women, and not from respectable prostitutes, who did not receive the visits of European soldiers. Advantage resulted from a curtailment of the liberty the soldiers enjoyed to roam, late in the evening, in fields and villages. Of the 18 women whose names were removed from the register, 12 left the district rather than submit to medical examination, four were found to have discontinued prostitution and became married women, and two had been dismissed from hospital as incurable (Annual Report on the Fatehgarh Lock-Hospital for 1880: 19).[733] The 167 cases of women reported absent from examination were chiefly cases of the women who had left the district (Annual Report on the Fatehgarh Lock-Hospital for 1880: 19).[734] The same names were sent up weekly until they had been struck off the register. All women objected strongly to examination,

and the Assistant Magistrate thought it sufficient if those found persistently healthy for six months were examined only twice a month instead of four times. Properly worked, the hospital provided favorable results. All diseased women had to be admitted for treatment and the lock hospital rules fully carried out. The Magistrate and Collector thought the Assistant Magistrate's explanations were satisfactory. He was of opinion that the Cantonment Committee be guided in their action entirely by the Lock Hospital Rules, No. 2314 A of 13th July, 1866, contained in the printed copy of cantonment regulations (Annual Report on the Fatehgarh Lock-Hospital for 1880: 19).[735]The Commissioner was of opinion that the unfavorable results recorded were due to want of energy on the part of the Cantonment Committee. The registration was defective; watch had not been kept over the villages and *nullahs* near the barracks. Thoroughly diseased women were discharged from hospital uncured - action resulting probably in increased prevalence of disease amongst the soldiers. The report was countersigned without remark by the Commanding Officer. The Commissioner was of opinion that a medical officer of higher standing than that of Assistant Apothecary should have charge of the hospital.

It can be observed that for the years the results had been less satisfactory in regard to the lock-hospitals of Oudh: and the cause of the difference was that whereas in the North-Western Provinces the management had been in some instances characterised by negligence, in Oudh a great amount of carefulness and attention had characterised the management everywhere. For years prior to 1877 the results of the management had been greatly better in the North-Western Provinces than in Oudh.

The comparative failure in good results could not be attributed to failure in the discovery, treatment and cure of the disease from which the registered women suffered, for in a total of 1,817 registered women in 1876 a total of 3,219 cases of disease were cured, and in a total of 1,203 registered women in 1877 a total of 3,049 cases of disease were cured (Planck 1878: 128).[736] The stations of the North-Western Provinces in which failure had been marked were Agra, Benares, Ranikhet and Shahjahanpur. At Agra from the year 1874 there had been a steadily decreasing ratio of disease prevalence amongst the soldiers. In 1876 the prevalence had fallen from 212 per 1000 for the years before lock-hospitals were established to 92 per 1000 for that year (Planck 1878: 128).[737] In 1877 however, the ratio rose to 248 per 1000

showing worse results than obtained before the hospital was established (Planck 1878: 128).[738]

This untoward result was due to disease contracted by the soldiers from unlicensed women driven to prostitution in large numbers as a means of escaping starvation during a time of scarcity. These women were able to solicit the soldier publicly, to tempt them by accepting a small remuneration. At Benares the results had shown a persistent prevalence of venereal disease, especially syphilis, which made it the most dangerous of all stations in the provinces. For the five years before lock hospitals existed the ratio of prevalence amongst the garrison was 373 per 1000 (Planck 1878: 128).[739] For the past four years the mean ratio had been 417 per 1000; for 1877 it had been 479 per 1000 (Planck 1878: 128).[740] At Ranikhet in 1877 the ratio of prevalence was 381 per 1000. The mean ratio of the previous three years was 124 per 1000 (Planck 1878: 128).[741] The increase of disease was due to the sexual intercourse of soldiers with unlicensed women, fifteen of whom on arrest were found diseased. Many more would have been arrested but for the rule forbidding the arrest of a woman whilst inside a house. Also because of the hard treatment the detective peons experienced at the hands of the soldiers. It was also noticed that part of one of the regiments of the garrison came from Benares (the station of great venereal prevalence). This could account for the violent outbreak of disease at Ranikhet in 1877. In 1876 the ratio of prevalence had only been 52 per 1000 (Planck 1878: 128).[742] At Shahjahanpur the ratio of prevalence in 1877 had been 305 per 1000 (Planck 1878: 128).[743] For the two previous years the mean ratio had been 243 per 1000 (Planck 1878: 129).[744] Deducting cases of secondary syphilis, the ratio of 1877 fell to 227 per 1000 (Planck 1878: 129).[745] But these cases could not be deducted, for when the ratio of prevalence was required for comparative purposes; they were included in the statements of previous years. The probable cause for this prevalence was attributed to the existence of unlicensed prostitution. The mean ratio of disease prevalence in the Oudh garrison in 1876 was 266 per 1000; for 1877 it was 185 per 1000(Planck 1878: 129).[746] This improvement was spread over the three garrisons of the province, but it was most apparent at Fyzabad and Lucknow. At Fyzabad under Dr. Evatt's management, good arrangements for the prevention of disease in the women's apartments were maintained. The registered women had been subjected to unexpected examinations in their rooms, and the weekly inspections had been

carefully performed. Most importantly, the town of Fyzabad had been placed out of bounds to the soldiers of the garrison, and the soldiers had been taught to avoid disease. At Lucknow, under Dr. Fairland's management, the medical inspections of all soldiers arriving at Lucknow had been carried out with the best results. The registered women had been examined twice a week. 51 unlicensed women had been arrested during the year, of whom 34 were suffering from disease (Planck 1878: 129).[747] The elements of success here, being management of the women and the soldiers.

The following were considered important for good management. Firstly, the cantonment sub-committee, should consider monthly the report of the medical officer as to the prevalence of venereal disease amongst the soldiers, and take such steps as may be necessary to stay any undue prevalence. If due to unlicensed prostitution; the military had to at once address the subject. Either the unlicensed women offenders had to be arrested or the place of their abode should be put out of bounds. Neglected as at Agra, the disease quickly increased. In regard to the cities or large towns and neighbouring cantonments there was no doubt that they be permanently considered as out of bounds to the soldier. Secondly, the registered women were to be examined at frequent intervals. Thirdly, arrangements for the prevention of disease, especially by providing adequate means of ablution, were to be strictly maintained in every registered woman's room. Fourthly, the medical inspection of every soldier on arrival within the lock-hospital limits was to be affected as at Lucknow. Had this been effected at Ranikhet on the arrival of the regiment from Benares, a great portion of the disease which prevailed at Ranikhet could have been prevented. Fitfthly, a more stringent discipline for the management of soldiers on the line of march was required as otherwise unwanted opportunities for the contraction of venereal disease awaited the soldier on the march. The medical officer at Nainital recorded that more venereal disease was contracted by the soldier on the line of march than in the stations.

In 1876 the total expenditure for the maintenance of lock hospitals was Rs. 33,834; in 1877 it was Rs. 32,328 (Planck 1878: 131).[748] The saving was due entirely to the abolition of the Lucknow city hospital. Of this total Rs. 32,328 – Rs, 20,278 were paid from cantonment funds and Rs. 12,050 by Government (Planck 1878: 131).[749] The hospitals at Cawnpore, Agra, Benares, Moradabad, Ranikhet and Nainital were supported principally from government funds.

TABLE 3.21 - AS COMPARED WITH 1877, EXPENDITURE ON THESE INSTITUTIONS INCREASED BY ABOUT 13% IN 1878.

	1877	1878	Percentage of increase
Average of registered women	1,203	1,350	+12.5%
Admission of troops to hospital	2,591	3,789	+46.3%
Ratio of cases per 1,000 soldiers	197	295	+50%

Source: (Smeaton1879: 1)[750]

While Chakrata, Jhansi, Naini Tal, and Fyzabad were said to have been the most successfully worked, an increase of disease was found everywhere, except in Nainital, where troops were not constantly stationed. The Sanitary Commissioner considered that the scarcity which prevailed was the real cause of this special ill-success in the year's working; and it certainly seemed that under the pressure of want many women of the poorer classes, who were not registered prostitutes, and who were believed to have been more or less diseased, did prostitute themselves to the soldiers. There were other reasons as well. There was a relaxation of restrictions on the part of the local Military authorities, in consequence of which soldiers found little difficulty in cohabiting with unregistered women. The war necessitated a great deal of marching and moving; and this, while aggravating disease, gave more than the usual opportunities for soldiers to indulge in cohabitation with other than registered women—opportunities which, owing apparently to a dislike to cohabit with the the latter, were readily seized. The disease was found to be more virulent among the casual than among the professional class. Therefore, the class which primarily benefited because of the large expenditure of 1878 was that of the registered prostitutes. To them the lock-hospitals were at once a home, a refuge, and a place of cure. The Lieutenant-Governor and Chief Commissioner were of the opinion that there were two powerful causes operating to neutralize the measures for the repression of venereal disease in these provinces, and that until these could be removed, no real improvement could be looked for. These were—(1) the liberal license usually accorded to the soldier to wander about at his will through fields, villages, and cities (2) the difficulty of exercising a proper check over unregistered women in or around cantonments, and the insufficiency of the penalty consequent on detection (Smeaton1879: 2).[751] The remedies seemed to be restriction of license and increased

vigilance and increased severity of penalty. The first rested entirely with the Military authorities. The second required vigilance in detection and adequate punishment after detection. It was impossible to prevent women from entering the lines, when female labor was so cheap and easily procurable; but surely cases of unregistered women practicing prostitution and living in the lines in rum barrels ought to have been detected. In regard to the punishment of unlicensed women, the Lieutenant-Governor and Chief Commissioner understood that registration was the only penalty that could at present be legally awarded, though the report spoke of eight days' imprisonment as being the maximum sentence in such cases (Smeaton1879: 2).[752] It was suggested that punishment for breaches of the rules be increased from Rs. 50 fine or one week's imprisonment, to Rs. 100 fine or one month's imprisonment, respectively (Smeaton1879: 2).[753] If then intercourse on the part of an unregistered woman with a soldier were brought within the category of " breach of rules," and the new scale of punishment were sanctioned, more could be done to check such unlicensed intercourse than was at present practicable. The most important remedies were restriction of license (to soldiers) and increased vigilance over unregistered women on the part of the police. This Government had several times urged the importance of both these measures; and it was needless to say more in regard to them. The whole question of the amendment of lock-hospital rules had lately been exhaustively discussed, and a repetition of the suggestions already made would be unprofitable. Apart from the great question of results, i.e., prevention of disease among the soldiers, the hospitals seemed to have been carefully managed during the year. It was not in the management of these useful institutions that the weakness lay. The opportunities for meeting unlicensed women were numerous, and they were eagerly seized. The police, on the other hand, were too weak to prevent the soldier having intercourse with whom he liked. The rules had done little good, except to the registered women. If care and attention to registered women in hospital could secure immunity from disease, immunity would unquestionably have been secured. As regards expenditure, attention was drawn to the necessity of economy in management; and although the expenditure in 1878 increased considerably, there was an increase. Decrease of syphilis in Shahjahanpur and the mildness of the type of disease in Cawnpore and Moradabad were because the soldier had access only the registered women.

TABLE 3.22

Stations	Ratio in 1880	Ratio before lock hospital was opened
Benares	485.6	373.0
Moradabad	445.3	300
Muttra	378.3	216
Shahjahanpur	344.7	361
Fatehgarh	616.8	-----

Source: (Planck 1881: 21)[754]

The cause of failure was plain. There had been very little real protection for the soldier against disease than would have existed if the lock hospitals had been non-existent. In that aspect of requirement, the endeavor in these stations had been almost useless. Numerous women had been examined and cured of disease—the redeeming feature of the undertaking. But this had been chiefly for the benefit of native men of the general population, because the soldiers did not and could not apparently be made to like and support the registered women. On the other hand, it was well to consider what the reports said about the causes of success, wherever that had been recorded, taking for example: —

TABLE 3.23

Lucknow ratio	194.5
Jhansi ratio	133.1
Chakrata ratio	63.8

Source: (Planck 1881: 22)[755]

From Lucknow the cause of success was attributed to active preventive measures adopted by the authorities. From Jhansi the special cause was reported to be the efficiency of the endeavors made to prevent unlicensed prostitution. From Chakrata the report was that the rules laid down for the prevention of disease had been strictly enforced, the work of the regimental police efficient. In all years the reports had shown that failure assuredly attended inefficiency of the measures existent, or supposed to exist, for the prevention of the soldiers' visits to unlicensed women, and that success crowned the effort wherever the military authorities made those measures efficient. Indeed, nothing could be more certain than that this lock hospital scheme

was a military endeavor, and had to be controlled entirely by the military authorities, upon whom the praise for success or sorrow of failure rested. The collective result had been one of failure. The remedy was to check the soldier's opportunity of consorting, in or about cantonments, with the women of the country who were not protected by registration.

The reports clearly hailed the prevention of sexually transmitted diseases through compulsory registration of prostitutes. However, there were loopholes in the working of the system which were acknowledged. For instance, it allowed only the voluntary registration of prostitutes. It did not empower the local police to prepare a list of all the prostitutes and hence, they could not force suspected women to register. The response of the prostitutes on the other hand, suggests that the Contagious Diseases Act came to be seen as a draconian piece of legislation and the lock hospital as a coercive state apparatus (Arnold 1993).[756] From the point of view of the prostitutes venereal diseases treatment, although free, meant absence from work for a long period of time. Registration could mean detention for six months. Punishment included fine or imprisonment. Hence, while rich prostitutes could use limitations of state power to their own benefits, the poor prostitutes had to suffer on a regular basis. The prostitutes evaded the laws in very interesting ways. One interesting way, was to choose clandestine prostitution. It was this category of women that ultimately defeated state power. The *dhais* often helped the prostitutes by refusing to divulge the names of the diseased ones. Similar cases of corruption were reported among the constables as well. Hence, these prostitutes caught in the colonial times of governance, reconfigured laws in interesting ways.

There were efforts to constantly curb the coercive nature of the Acts and the institution both in the metropole and in the colony. The history of the repeal campaign suggests the role played by global forces. Josephine Butler, for instance, used the plight of Indian prostitutes to make a case for the repeal of the Contagious Diseases Act in England. State power also had to be negotiated between the bureaucracy and the governed subjects. As a result, of resistances and negotiations these policies were continuously reformulated. The working of the Contagious Diseases Act also revealed the differences of opinion between the medical and police establishment of the colonial government. The police were responsible for the registration of prostitutes, while the doctors had to examine them. Within a year of the Act, differences cropped

up between the two establishments. Hence, the functioning of the Act does not seem to have been a smooth process.

It was clear to the colonial government that the Contagious Diseases Act was not a success. As a measure of public welfare it had failed to give adequate medical protection to the prostitutes, who saw it essentially as a tool of police oppression. It had failed to even preserve the health of the soldiers and the sailors – the problem often cited was only that of unregistered prostitutes.

CHAPTER IV

SEXUALITY, HEALTH AND HYGIENE

The previous chapters attempted to outline the complexities and the measures adopted by the colonial government to keep venereal diseases in check. The following chapter is an attempt to analyze the role venereal diseases came to play in the regulation of sexuality of the natives (particularly those that did not fall within the Victorian norms of respectability). I will attempt to discuss the plight of women, particularly, the prostitutes whose sexuality first came to be controlled and then go on to looking at the challenges posed by alternate sexualities. Ideas of race and eugenics came to play a major role. Hence, we see a very complex situation unfold here. We see a very complex marriage between power, knowledge and sexuality in the colony. This impacted the way gender difference came to be constituted. The objects of consciousness regarding genders came to be developed in a socio-political context. Surveillance and control over the body constructed "ideal social behavior". The colonial process came to be consolidated with the help of Western medicine as well. It has been understood as an empirical 'tool of empire' (Headrick 1981, Curtin 1964).[757] 'Colonialism used the body as a site for the construction of its own authority, legitimacy and control. In part, therefore, the history of colonial medicine, and of the epidemic diseases with which it was so closely entwined, serves to illustrate the more general nature of colonial power and knowledge and to illuminate its hegemonic as well as its coercive processes' (Arnold 1993: 8).[758] Recent studies however have moved beyond this limited understanding of Western medicine as a tool of empire and have focused on (since 1980s for instance by Shula Marks) identifying the colonial attributes of Western medicine (Ernst 2007, Mukherji 2009).[759] There are also studies which attempted to expose the complex history of Western medicine in colonial settings. Waltraud Ernst and David Arnold opine that western medicine was an inherent part of the politics of control (Ernst 1991).[760] Hence, the nature and goals of the colonial state were closely linked with western medicine. In fact, according to Arnold, the case of India demonstrates the importance of medicine in the cultural and political constitution of its subjects (Arnold 1993: 9).[761] Medical knowledge came to be used as a tool of power by the state. The use of medicine as a tool came to be resisted by the natives. Resistance as well as acceptance became important elements in the shaping of medical thought and action.

Health, morality and indigenous traditions came to influence the reconstruction of femininism, masculinities and sexualities in the colony. The rhetoric of body and sexuality became a contested site of discourse in colonial India. It was on this basis that the national and cultural identity also came to be constructed. The body became a tool of control and a site on which observations came to be inscribed. The body became a tool to restructure the boundary between the imperial and the national. Alternate sexual attitudes hence, came to challenge and subvert the homogenous and hegemonic hierarchy between the metropole and the colony.

[a]

In the following section, I will be analyzing the redefinition of gender (particularly in the context of native women) which in tandem with ideas of race, class and nationality became much more intense. Colonial power and race came to be understood through the lens of gender. These constructions seemed obvious, and came to be reinforced by the discourse on eugenics and racism. This often meant reduction of women to their biological nature. The native body came to be understood as one that was saturated with sexuality in general and sexuality became a metaphor for domination. Colonial ideological discourses came to project the native woman as one that was exotic and sexually accessible. However, it was also one that posed grave danger. The representation of the racial sexual 'other' was blown out of proportion during the colonial period. Difference of race hence, came to create a cultural divide between colonizers and colonized. The regime began to produce knowledge on race and alternate sexuality which included research on women's bodies. Secondary literature highlights the unequal interaction between the West and the East. According to Nicholas Dirks, cultural domination was a way of showing one's superiority over the natives and hence, the justification of colonization of the space of the 'other' (Dirks 1996).[762] The image of the native Indian woman became a representation of the unequal relationship between the colonizer and the colonized. The native woman was the classic symbol of the racial and sexual 'other'. The female body came to be represented as an infantile irrational being that had to be controlled and subjugated. What followed was the eroticized representation of the native woman by Western colonizers. Ann Laura Stoler wrote, 'sexual images illustrate the iconography of rule, not its pragmatics' (Stoler 1990: 35).[763]

The native woman came to be represented as the sexualized and deviant 'Other'. Simultaneously, we see the construction of the eroticized, voyeuristic colonial male gaze. This came to symbolize power and domination. The impact of these cultural representations helps to understand the complex relationship between class, gender, sexuality, race and empire. The colonial regime had to highlight the difference between the ruler and the ruled, and hence, came to shape an image of itself that was in total contrast to that of the natives. This shaping of the 'Other' not only was a means to establish one's authority and domination but also projected the anxiety of the regime (Said 1978).[764] Said describes Orientalism as an 'exclusively male province' in which 'women are usually the creatures of a male power-fantasy. They express unlimited sensuality, they are more or less stupid, and above all they are willing' (Said 1978: 207-208).[765] The Orient then is not only penetrated, silenced, possessed (the metaphor of the colonial rape) but also static.

At the beginning of colonialism, sexual encounters between single white male colonizers and the local women were considered normal because there were few European women available in the colonies. The interbreeding of the two races in the course of time came to be discouraged for it was received that would have a negative impact on the purity of the white race (Stoler 1990).[766] However, in the initial years such unions were considered to have a stabilizing effect on the vigor and strength of the regime for it 'kept men in their barracks and bungalows, out of brothels and less inclined to perverse liaisons with one another' (Stoler 1990: 51).[767] It is only later that the problem of miscegenation became visible; for the intermixing of races contributed to a race that was not white enough. Where in the racial hierarchy should the mixed progeny be placed was the question that arose. The notion of racial purity came to be compromised as often it was difficult to distinguish the mixed progeny from the white. Concubinage came to be banned as a result in the nineteenth century (Stoler 1990).[768] The Company came to adopt a very strict stance when it came to intermixing with the lesser race – punishments were laid down; however, the fascination with the 'exotic' sexually available native women continued.

Attempts to control prostitution were limited to providing safe pleasure to the soldiers, for, the *lal bazaars* symbolized filth, diseases and sexual laxity (Arondekar 2009).[769] The 1919 report by Shuttleworth warned the authorities of the filth and destitution as a major cause of disease in the colony. It came to generate a sense of

fear amongst them. He described them as follows "festering hordes of prostitutes behind barred doors and windows…looking out like caged animals" (Home Department Files, NAI 1920).[770]

> The common prostitute stood as a figure of contagion, spreading disease through physical contact with clients and onto the 'rest' of the society. But conceived as a system, there was something more fundamentally threatening about prostitution, something less predictable and more difficult to obtain. Prostitution also constituted an invisible danger, one which moved between classes and conditions and which transgressed social boundaries even as they were established. In this way the prostitute was the link between slum and suburb, dirt and cleanliness, ignorance and civilization, profligacy and morality; the prostitute made it impossible to keep these categories apart (Lynda Need 1988: 120-121).[771]

The officials were deeply concerned about the physical and moral degeneration of the British troops and thus, the implementation of the 1864 Cantonment Act and the 1868 Contagious Diseases Act. A Royal Commission on the Health of the Army presented its report in 1863 which initiated sanitary reform (Guha 2001).[772] Sanitation would mean a clean environment; filth and waste matter had to be removed, clean water was to be provided for ablution, and proper ventilation in all spaces of habitation.

> The high rate of venereal disease was due to the fact that we had not given them proper lectures. This was partly because of the language problem and also because the Indian is very modest and to explain the use of the early treatment packets was really beyond my officers' ability. It was much more complicated than with the British troops because many Indian troops did not understand what a French letter was. However, we knew there was a lot of venereal disease in the Imphal area and so we now did our embarrassed best to explain how to use them and why (Atkins 1986: 40-41).[773]

Venereal diseases were to be checked by the Cantonment Magistrates by regulating the movement of the prostitutes and taking the responsibility of sanitation of their respective areas (Guha 2001).[774] Clean water supply was a must. The soldiers were taught how to maintain their own personal and domestic hygiene. Thus, micro-sanitary efforts were taken to supplement the macro-sanitary efforts of the authorities (Guha 2001: 128).[775] This measure of teaching the soldiers to maintain individual hygiene went hand in hand with the public hygiene measures taken by officials. Teaching the soldiers to maintain individual hygiene was considered to be a huge challenge, for the soldiers often acted as irrational beings and did not follow the regulations that were in place to protect them against venereal diseases. The military

hygienists wanted the soldiers to inculcate such habits that would keep them germ-free even if their surroundings were not (Guha 2001: 129).[776] Annual reports on the working of the lock hospitals give ample evidence of these efforts. Medical officers were teaching them how to protect themselves against a number of diseases such as malaria, enteric fever and venereal disease. Reports describe the methods – (lectures, pamphlets etc.) –used to spread this knowledge (Sanitary Commissioner Report 1909: 17-18).[777] Epidemiological evidence suggests that there was a remarkable drop in the rate of venereal diseases between 1904 and 1914. There was a 79% drop – from 247 venereal admission rates in 1903, to 70 in 1908 and to 53 in 1913 (Guha 2001: 129).[778] Very often, these lessons in hygiene also spread to the natives. There was a change felt in their surroundings and their health. Efforts at micro-sanitation, that is, the stress on maintaining individual hygiene boosted the efforts at macro-sanitation that was simultaneously on. Ewbank and Preston lay emphasis on maintaining personal health behavior (Ewbank and Preston 1990).[779]

The prostitute became a chief target of this sanitary drive. While as an individual she could spread diseases through contagion, as a part of a collective she was a potent source of pollution, contaminating the moral environment of the urban space (Guha 2010).[780] There were massive sanitation drives which got reflected in the above mentioned coercive sanitary legislations. Maintenance of public hygiene often entailed policing – checks of cleanliness of food stuff, water supply, proper means of ablution, supply of soap and towel, sewage disposal and cleaning of streets. Plans to confine the soldiers and the prostitutes to certain sections of the town, registration, and control over their movements, although not entirely successful, were some of the strategies adopted by the government. The Contagious Diseases Act was therefore a part of the larger surveillance mechanism adopted by the government to control disparate groups of urban poor. Venereal diseases were often thought to be spread by short distance and long term migrations. The migrations posed not only a law and order problem, but also a sanitary one. Overcrowded slums posed the threat of spread of contagious diseases. The Contagious Diseases Act targeted all women thought to be potentially harmful to the sanitary order of the state. Venereal diseases were typically thought to affect the poor unrespectable women only, because of their sexual promiscuous habits and hence, they became targets of urban sanitary politics.

> The Act VI of 1863 criminalized a range of 'unhygienic practices' such as bathing, washing, cleaning in any tank, reservoir, aqueduct, well, cistern, conduit or any water-work belonging to the Justices of Peace, keeping slaughter houses in an unclean state, burying or burning of dead within the limits of the town except in designated places, sale of decomposing animal flesh or vegetative matter, obstructing public thoroughfares, pursuit of offensive and dangerous trade and occupation etc. This was followed by two more stringent enactments Act VI of 1866 and Act IX of 1869. Throughout the late nineteenth century, the police prosecuted a range of 'non-cognizable crimes' or petty crimes. The division between penal offences and miscellaneous offences were always not strictly maintained. Further the chaukidars were given power of summary arrest, which obviously led to a lot of corruption. However, the Commissioner of Police noted that, 'it must not be overlooked that to deprive the chaukidar of his summary powers of arrest is practically to surround him with petty offenders who would be complete masters of the situation, in the bazaars, in the streets and in all public places. The undisciplined ways and habits of native lives are naturally ill adapted to rules appointed for public health and convenience. If the chaukidar is not in their midst as one of them, it is hardly possible to prevent him asserting his presence by making arrests. But the desirability of reducing the number of such arrests as far as possible will never be lost sight of (Souttar 1879: 9).[781]

It was also believed that the skewed sex ratio in urban areas was responsible for prostitution and the growth of venereal diseases. Dr. S.K. Mukherjee noted that:-

> 'a baiji or courtesan of higher grade takes sufficient care for prevention of infection and when attacked with disease makes arrangement for treatment. But poor women cannot afford the costly treatment. They ply their trade until their disease assumes a character that prevents the possibility of further concealment…At least ninety percent of untreated syphilitic women continue throughout their middle and old age to be from time troubled by gummatous lesions; but most of them live to a fair age and usually die from an intercurrent disease. Gonorrhea is also very common. If the gonorrheal infection spreads into the internal organs of generation, the Fallopian tubes may be affected...Sterility of these women… may be affected due to venereal disease, wild and irregular life and promiscuous intercourse (Mukherjee 1923).[782]

According to Philippa Levine and Cynthia Enloe, the British army itself was structured around issues of sexuality (Enloe 2000: 579-602).[783] Though the Contagious Diseases Act came to be abolished in 1888, the brothel houses continued to exist. Between 1917 and 1939, investigations and commissions of enquiry came to be launched that were assigned with the task of doing an ethnographic study on the prostitutes in the sub-continent. For the first time, there was discussion in terms of rehabilitation of prostitutes. Earlier she had only been seen as a source of contagion (Chang 2012).[784] Debates on venereal diseases and regulation of prostitution had

decreased by 1888 with the Contagious Diseases Act being revoked. However, during the prewar period prostitution reforms were at the forefront again. Gayatri Spivak points out that they must have been politically motivated. Reforming prostitution was justified with the idea of brown women requiring being saved by the white men, and hence, to justify British rule in India (Spivak 1988).[785] From being the 'dangerous neighbor' she came to be seen as a victim. Various organizations such as the Moral and Social Hygiene Association, the Salvation Army, the League of Mercy started asking for rehabilitation of prostitutes (Chang 2012).[786] Thus, justifying the idea of benevolent paternalist colonial rule. This focus however was short-lived as their attention would soon be diverted towards the rehabilitation of white prostitutes. The government had no real intention of bringing about social changes for prostitutes. As Charu Gupta points out, the politics of contagious diseases and lock hospitals in the colonial period came to be used to regulate, control and subjugate the body of the prostitute.

The Nationalists too came to see her as the 'Other'. She was the complete opposite of an ideal *bhadramahila*, one who challenged the notion of family life. They were perceived as a threat to domesticity, as these women broke private/public distinctions (Gupta 2012: 24). [787] The social reformers hence also wanted rehabilitation of the prostitutes. The Women's Indian Association and the National Council of Women in India took up prostitution reforms (Tambe 2009: 104-107).[788] Thus, prostitutes came to be seen as objects that needed to be rescued. In fact, women's participation in the Nationalist Movement came to be dictated by their 'respectability'. Tambe points out that Gandhi refused to meet prostitutes who had contributed to the Tilak Swaraj Fund (Tambe 2009).[789] In fact, the nineteenth century vernacular texts emphasize the association of sexual indulgence and promiscuity with venereal diseases. Manuals suggested the use of condoms and the need to resort to 'high class' prostitutes in order to prevent the contraction of disease. In fact many of these manuals state that since prostitutes were the main carriers of the disease, prostitution ought to be criminalized, and that men be encouraged to live with their wives (Chakravarty 1924).[790] The codification of commercial and criminal law for the entire nation came to be undertaken by the British regime. However, family law was not interfered with and was left in the hands of local communities. In *Hindu Wife, Hindu Nation*, Tanika Sarkar argued that this separation of domains served the

purpose of empire well (Sarkar 2001).[791] It allowed the native males a sphere of rule, i.e., the household which translated into control over women's bodies. The household became the sphere of domination for the native male. In nineteenth century Bengal, the intelligentsia was engaged in interrogating power relationships within indigenous customs and traditions, especially gender norms (Sarkar 2001).[792] Widespread debate in the public sphere came to be intrinsically linked with domestic concerns. Women's questions such as *sati*, widow remarriage and *kulin* marriage came to be discussed and debated in journals and newspapers. Tanika Sarkar points out that control over the feminine body translated into supremacy over the nation itself. The control over the domestic space came to reflect political and administrative capability and provided training in governance which could not be acquired in the political sphere (Sarkar 2001: 38).[793] Marriage or conjugality was an ideal power relationship in a household where one partner had absolute control over the other (Sarkar 2001: 39).[794] Since the female body came to symbolize the nation, the possession of women became a potent weapon in consolidating power. The possession or control over the women's body was understood to be a replication of colonial control and dominance. Therefore, the colonial dominance and control came to be contested and challenged on these terms. In the late nineteenth century venereal diseases came to be linked with the discussion on nationalism and national health. Prostitution therefore, was seen as both a source of contagion as well as one that polluted the moral environment. Simultaneously, pleasure came to be delinked from marriage and came to be seen as a reproductive necessity. The only aim of marriage was the propagation of healthy progeny. Such public debates and discussions were informed by notions of race, sexuality and culture. Infection came to be associated with both physical and moral degeneration. Therefore, this entails the crisis of Indian masculinity. This sense of loss of power contributed to rethinking of conjugal practices. Therefore, it would not be incorrect to draw the link between venereal diseases, conjugality and national health. There was a need felt to revive the bodily health of the nation, and the most important area that required change was that of conjugality. The death of child wife Phulmoni in 1889 due to sexual intercourse with her middle aged husband on the night of marriage led to a nationalist outcry which resulted in the passing of the Age of Consent Bill into an Act in 1891. This raised the age of cohabitation from 10 to 12 (Sarkar 1995, Gupta 2012).[795]

There is a need to explore the gender dimensions of the colonial space, for it had a bearing on women's health. Hence, the need to look into the sphere of women's health care, medicalization of child birth, the politics around reproductive health as well as the involvement of women in medicine. It is very evident that the involvement of the colonial state in the matter of health care for women remained only minimal which also gets reflected in the scanty studies that have been done on gender and medicine in colonial times. David Arnold opines 'in an essentially male-oriented/male-operated system of medicine, women appeared only as adjuncts and appendages to the health of native population' in the nineteenth century (Arnold 1993: 254).[796] The institutions such as the army, jails and military hospitals that came to adopt western medicine in the nineteenth century under the directives of the state were primarily male domains where women had an insignificant role to play. In spite of, the British government's limited involvement, there were crucial developments which did come to affect the daily routine of women in significant ways. Gender operated in western medicine at the intersection of colonialism, caste, class, community and nation. Thus, there were broad changes in terms of growth of curative institutions and educational establishments, the evolution of public health administration, reform of midwifery, discourses on sexuality, marriage reforms, birth control, growth of nationalist politics, the emergence of women's associations. All of these, in varying degrees, were crucial in the politics of gender and medicine in the colonial period.

It is therefore, important to look at the coming together of gender and medicine in a colonial setting. Particularly, in the context of how far and in what ways this convergence was important in different approaches which were involved in the politics of health in the Indian sub-continent. Various works have revealed the contested 'body' of the Indian woman (Mukherjee 2017).[797] The popularization of Western forms of medical care created a space for providing Western health care to female patients. Women could receive medical attention outside the *purdah* and *zenana* (public versus the private sphere). There was a simultaneous discrediting of traditional forms of medicine and their practitioners who had once exercised significant influence (Mukherjee 2017).[798]

There was a hysterization of women's bodies. In order to pronounce a woman diseased, she had to be medically examined. Medical jurisprudence therefore, gained

ascendancy. It is in this context; one must also take into account the medicalisation of childbirth in colonial India and its association with hygienic practices. Supriya Guha in her seminal work *From Dais to Doctors: The Medicalisation of childbirth in Colonial India* points out how one of the aims of the Dufferin Fund was to have trained midwives and nurses versus the *dais.* The Fund was the first major initiative taken in terms of women's health in colonial India. However, it is also important to point out that the Dufferin Fund meant the state transferred its responsibility to a non-profit organization. It also aimed at providing employment to female British doctors.

The birthing of children with the help of *dais* was considered to be dirty and unprofessional. There was a lot of scope for improvement in terms of hygienic conditions of childbirth. A safer alternative had to be provided. The practices of mid-wives were described as "unscientific", as childbirth was surrounded with traditional beliefs and customs. The government had taken up the task of training midwives by the 1870s. Infant mortality rates were high and were of much greater concern than the maternal mortality rates. There were horrific descriptions of native women dying in small, dingy, smelly hospital rooms at the hands of unclean, untrained *dais* (Guha 1998: 6).[799] Mc Cormack discusses birth in a cultural setting (Cormack 1980).[800] Birth was seen as unclean and therefore, only women of the lower caste would assist in child birth. Treatment included herbal cures and rituals/magic. The *dai* generally belonged to the low caste, was an untouchable. Cutting the umbilical cord was the not the cleanest task and therefore, performed by the low caste women. She generally belonged to the *dom, chamar* or barber caste. She performed a number of tasks such as cutting the umbilical cord, cleaning the placenta soiled clothes, disposing off the placenta and giving massages to the mother and the baby. Child birth was carried out in small huts made of reed and bamboo matting (*anturghar*). Early medical literature emphasizes on the place of birth as a major cause of mortality (the miasmatic theory of disease being dominant then). Warm rags containing mud, cow dung and *garam masala* were used as hot compresses and applied to the private parts of the mother to speed up labor. This was unhygienic and would often result in sepsis. The medicalization of child birth aimed to change the unhygienic superstitious practices of birthing. Women of class now preferred doctors and medically trained midwives (instead of the dirty, untrained *dais*).

Thus, we see that women and healthcare in colonial times were largely linked to the socio-political context and hence, involved an array of issues that came to gain ascendancy in the course of colonial rule.

[b]

In the following section, my focus has been on alternate sexualities. It is clear that the regulation of sexuality in the colonies were driven by Victorian sexual restrictiveness. S. Bhaskaran addresses it as a 'purity campaign' (Bhaskaran 2002:16).[801] Any liaison that did not have a reproductive function was considered unnatural and a vice, to the extent that it was criminalized. In 1860, Britain saw the introduction of the Anti-Sodomy Law. The sentence of sodomy was less regressive as opposed to that in the colony. In fact, while in Britain it came to be reduced from execution to imprisonment; in India Section 377 of the Indian Penal Code was introduced which stated that whoever had voluntary intercourse against the order of nature with any man, woman or animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term, which may extend to ten years, and shall be liable to fine. Penetration was sufficient to establish carnal intercourse as a punishable offence (Arondekar 2009:76).[802] 'Criminal Tribes Act 1871 Part II Eunuchs' read as follows "The local government shall cause the following registers to be made and kept up by such officer as, from time to time, it appoints in this behalf - a register of the names and residence of all eunuchs residing in any town or place to which the local government specially extends this part of this Act, who are reasonably suspected of kidnapping or castrating children, or of committing offences under section three hundred and seventy seven of the Indian Penal Code, or of abetting the commission of any of the said offences."

In the past, queer sexuality had never been criminalized. In fact, Buddhism, Jainism, Sikhism and Hinduism affirmed the dignity of queer individuals. Devdutt Patnaik in his book *I Am Divine, So Are You* opines that all ancient texts recognize the male, the female and the third sex. Sukhdeep Singh started the Indian LGBTIQ magazine *GAYLAXY*. Heexplores the Sikh identity along with sexuality and points out Sikhism did not exhibit any signs of homophobia. *Janamsakhi* the biography of Guru Nanak shows him with a cross-dressed Sufi Pir Sheikh Saraf. This goes on to show that there was no hatred for the third gender in Sikhism (Indian Express).[803]Queer has

very much been a part of the canons. Devdutt Patnaik goes on to say - The word *pandaka*, in Pali or Prakrit, was perhaps used for the homosexual or transgender who was not allowed to be a monk. Later in Buddhism, Buddha took the form of Tara. There were terms of reference to distinguish the effeminate men from the straight men acting gay, *napunsaka* versus *purusha napunsaka*. These texts written almost 1500 years ago show their knowledge of vocabulary for different genders. At least their existence was recognized. Of course, the purpose was only to differentiate and not to empower them – so that such men could be barred from the monasteries. Rama too (in the 15th century *Ramcharitmanas* written by Tulsidas) when greeted by the *napunsakas* on his return from exile to Ayodhya says, 'Men, women, even queer people, as well as plants and animals, are equally dear to me, when they abandon malice and approach me with faith (Indian Express)'.[804]

In contrast to this, the nineteenth century witnessed the creation of homosexual identities. Given the legal and socio-cultural prohibitions against homosexuality in the nineteenth century, overt primary sources are relatively scarce. Outside of the legal and medical sphere, homosexuality came to be ignored. Memoirs, diaries, autobiographies however, do offer more open accounts and representations. There are hidden, unconscious references within such texts. Though homosexual activities came to be punished rigorously, there is enough evidence to prove that homosexuality continued to thrive. Underground institutions provided space for this subculture to thrive. Anjali Arondekar highlights the ambivalent relationship of sexuality to the archives of the colonial period. She points out that sexuality was omitted in the colonial records. However, the silence of the archives makes it even more visible (Arondekar 2009: 1-26).[805]

Right until the nineteenth century eunuch slaves *'khwajasarais'*[806] were amongst the political elite of North India especially, in Awadh. Despite having the legal status of slaves, they came to occupy important political positions as courtiers, as military commanders, as household managers and hence, were powerful figures. However, with British imperial expansion in the mid nineteenth century they came to lose this position of significance. There were marked historical transformations in the socio-political status of the *khwajasarais*. Their position came to be entangled in the sexual politics of colonial expansion. The colonial state came to represent the eunuchs as politically corrupt officials and therefore, held them responsible for misgovernment

in Awadh. Maladministration hence, came to be translated into gendered and sexual disorder (Hinchy 2014).[807] Ruth Vanita and Saleem Kidwai opine that in the Mughal era same sex love, if not approved of, was never persecuted. No one had heard of execution on grounds of homosexuality (Vanita and Kidwai 2008: 18).[808] However, with Section 377 homosexuality came to be criminalized. Though queer engagements continued, the state came to hide such alternate realities for it challenged the masculine heterosexual colonial dominance. There is complete silence on queer identities. The archives do not mention such interactions at all. It is almost as if there was an eclipse in the documentation of male to male interaction in the colonial records. Kenneth Ballhatchet points out queer sexuality came to be represented as a vice of the Oriental world (Ballhatchet 1980).[809] Hence, homosexuality came to be blamed on the Indian climate and its traditions.[810] The Orient came to be portrayed as a tropic of desire wherein all unsatisfied needs of the West could be satisfied. What followed was the exoticisation of the females as well as the males. According to Kenneth Ballhatchet, this suggested imperial expansion was a sexual need (apart from the need for markets and exotic products). Contrary to the hopes of sexual freedom, it came to generate a lot of anxiety amongst colonial officials - as the health campaigner and Indian medical expert J. Ranald Martin reminded his readers in 1868, 'India is essentially a great military monarchy, always equipped for war and often at war… … an empire in which the army is always visible, and its health contentment ought to be the first object of administrative care' (Omissi & Killingrays 1999: 25).[811]

The question that now arose was – how to cure the vice of pederasty? There is evidence of sex-journals prescribing visits to prostitutes as cures. This explains the logic behind having *lal-bazaars* in cantonments. In fact, the vice came to draw lot of attention in the parliamentary debates as well. They came to discuss the chances of a homosexual relationship between the colonizer and the colonized. There was a need felt for sexual regulation. The prostitutes were a source of terror; however a sexual relationship between men in the army cantonments was even more threatening (Ballhatchet 1980: 162).[812] The provision of prostitutes was a complete contrast to the norms of Victorian respectability; however the fundamental concern was to maintain the colonial state's hyper masculinity.

Robert Aldrich in *Colonialism and Homosexuality* opines that it is important to highlight the invisibility of colonial homosexuality. In reality however, the colonies

provided ample spaces for homoeroticism, homosociality and homosexuality (Aldrich 2002: 3).[813] Queer relationships could thrive in the colonies. Queer desire was quite predominant in the colonies. Thus, the possibility of having homosocial spaces was not uncommon. Pandey Bechan Sharma 'Ugra' in *Chaklet* (published in 1927) hinted at schools, colleges, hostels, cinemas, theatres, social service organizations, parks, clubs, fairs and jails as predominantly male homosocial spaces (Gupta 2012: 325).[814] The text brought into public view emergent alternate sexualities. Kathryn Hansen's work has been on the Indian theatre, as a space that was homosocial and one that established a bond between the cross-dressed male performer and the male audience (Hansen 1991).[815]

Mrinalini Sinha points out that the colonial regime associated the non-intellectual martial class with degenerate hyper masculinity and the intellectual elite *bhadralok* with effeminacy. (Sinha 1995: 19).[816] The frequent references to the effeminate Bengalis helped strengthen the masculine portrayal of the British (Sinha 1995: 5).[817] The colonial regime also began to target ancient texts and contemporary journals that recognized the third gender; for these homoerotic texts had dirty content and required cleansing. Ballhatchet points out that *The Arabian Nights* and other Persian Arabic texts aroused a lot of concern as they were replete with homoerotic vulgarity (Rupkatha Journal).[818] Educational and legal reforms were put in place to clear censored content from the texts. The imagery of homoeroticism and same-sex love in texts was not only prohibited but also criminalized. The laws were framed by Thomas Babington Macaulay. The ambiguity of queerness gets reflected in Macaulay's statement while passing the law "I believe that no country ever stood so much in need of a code of law as India and I believe also that there never was a country in which the want might be so easily supplied" (Bhaskaran 2002: 18).[819]

Despite legislations queer engagements continued secretively. However, the state came to hide such alternate realities for it challenged the notion of colonial masculine heterosexual dominance. There seems to have been complete silence on queer identities. There is no documentation of male to male interaction in the colonial archival records.

There was cultural censorship as well. Cultural readjustments and revisionism was conducted to purge the 'literature of most erotic themes especially of homoerotic

themes' (Bhaskaran 2002: 38).[820] Hence, began the project of rewriting of texts. A radical purging took place of the Perso-Arabic texts (Bhaskaran 2002: 40).[821] The British moral rhetoric changed the poetry writing style for now they were heavily influenced by the British standards. It was during this time that *Sultan Mahmud* of Ghazni was emptied of homoerotic imagery (Bhaskaran 2002: 41).[822] Orientalists of the likes of Richard Burton critiqued the sexual hypocrisy of the Victorian age and recognized texts such as the *Kamasutra* as the true works of Oriental scholarship (Burton Diaries 2012: 77).[823] On the other hand, Puritans came to exhibit their anxiety regarding the sexual practices in India and adopted an anti-sex stance. Most europeans were scandalized by the *Kamasutra*. According to Wendy Doniger in her book *Beyond Dharma: Dissent in the Ancient Indian Sciences of Sex and Politics* the situation for the *Kamasutra* changed with the colonization of India by the British in the eighteenth century. Many of the English speaking Hindus who worked for and with the British came to accept the British evaluation of Hinduism – and hence, began the reform of Hinduism – the Hindu/Bengal Renaissance. A Renaissance which came to value the philosophical/ascetic aspect of Hinduism and devalue the world of pleasure represented in the *Kamasutra* (Doniger 2018).[824] Hinduism came to be limited to ethical dharma - *Sanatana Dharma*. Such Hindus were now trying to silence the love songs to the gods, to cover up the erotic sculptures and to kick the temple dancers out of the temples (Doniger 2018).[825]

Another way of dealing with this was to view India through heteronormativity, that is, the very existence of queer relations would not be recognized. This was a distortion of reality, for the existence of homosexuality in India could not be ignored. A.L. Basham opines that though the Indians were largely heterosexual, the *Kamasutra* does give ample evidence of same-sex relationships. Thereby, making ancient Indian culture comparatively 'healthier than most ancient cultures' (Basham 1986: 172)[826] including the sexual culture of the Victorian Age, that labeled all kinds of alternate sexualities as 'unnatural' and hence, sinful (Kugle 2010: 37).[827] Despite criminalization, there is a large corpus of narratives around homosexuality available in the pre-colonial as well as colonial texts of India. For Norman Chevers, a renowned surgeon who advocated medical jurisprudence, the discussion on "unnatural" sexuality seemed to be paradoxical for despite the frequency of it in colonial India, there is sparse documentation of it. The unnatural offence, in particular, sodomy was

considered to be a condition of the colonial subject. Unlike in Britain where sodomy was seen as a rarity, in British India it was understood to be quite common and yet it has been a subject that has been hardly acknowledged in the official archive (Arondekar 2009:10).[828] Chevers in his writings on “unnatural conduct” gives anecdotal references to sodomy. Hence, though not available in an official archival form, homosexuality remains obvious.

> It cannot be doubted that such atrocities are frequent in the present day. A gentleman of the highest veracity assured me that a late Judge of Hooghly once mentioned to him that when about to sentence a native to imprisonment on proof of his having committed this crime in *corpore capellae*, he intimated his decision to the native jury, who hinted that, if so much severity was to be employed against so prevalent a crime, the prisons of Bengal would not be large enough to hold the culprits. Convictions for this crime are however rare; I only find one in the Records – of unnatural crime with a cow at Dinagepore (Police Report, L.P., 1845, p 23). Norman Chevers, *A Manual of Medical Jurisprudence for India*.

Chevers mentions the native informant/ the native sodomite *Hingun Khan* who is convicted of the crime on his own confession who points out that the practices are so common that they are scarcely regarded as criminal by the ignorant. The crime because of its high prevalence is held in light estimation by communities such as the Sheikhs (Arondekar 2009: 11).[829] Anjali Arondekar attempts to understand this lack of documentation of alternate sexualities in the archives through a different lens. Sexuality then, through this approach, has never been a peripheral subject in the colonial archive. Its very invisibility, places it at the centre of the archives. She challenges the fact that the archive is the only source of information and hence, attempts to explore the silence of alternate sexualities in fiction (Arondekar 2009).[830] She stresses on the need to exorcise silent traditions and the need to uncover the homoerotic texts that came to be censored by the colonial regime in order to recover the lost narratives. In the fictional colonial records, homosexuality is both obvious and subtle (Arondekar 2009: 14).[831] E.M. Forster’s character *Maurice* for instance, resides in a closed world of men where there is hardly any interaction with the women. Forster does not explicitly present Maurice as a homosexual. The references are subtle - ‘I think I shall not marry’ (Forster 2005:19).[832] Sexuality became a subject of taboo in the Victorian era. Homosexuality was forbidden. Sex was not to be discussed at all and the moral custodians developed repugnance for fornication, masturbation and sodomy. Any kind of sexual activity that was outside of marriage and not meant for

reproduction came to be detested. Reproduction (sans pleasure) was the only purpose of intercourse.

In 1907 Forster becomes a private tutor to Syed Ross Mahood, the dedicatee of his classic novel, *A Passage to India*, with whom he probably falls in love. The book was published in 1971 after the 1967 relaxation of laws on homosexual behaviour in England and Wales. Oscar Wilde's trial taught Forster to never come out publically as a homosexual. He acknowledged that the other Englishmen did not recognize the same sex emotional needs. In India, Forster visited Allahabad, where, according to Hindu legend, a third invisible river joins the confluence of the rivers Ganges and Jumna. The notion of the third river appealed to Forster, as P.N. Furbank describes in his biography; it suggested to him 'an allegory of human relationships' (Furbank 1981: 245).[833] Forster wrote *Maurice*, a novel about homosexual love that he immediately knew he could not publish.

It was in Alexandria that Forster first found sexual fulfillment, with a poor train conductor called Mohammed. In India, Forster led a secluded life in Dewas, where sexual comedy alternated with idleness and boredom. He attempted unsuccessfully to seduce his servant. The Maharajah, to whom he confessed his failure, was sympathetic. He advised Forster against masturbation and made arrangements by providing his palace barber to have an affair with. Forster soon realized that Indians were far more accommodative of homosexuals. Unlike in Britain, the people here seemed to not be offended by homosexual relationships. He had always been intrigued by the androgynous figure of Krishna.

Aziz, a character in the novel, develops a friendship with Fielding, with the kind of erotic undertone Forster felt with his friend, Syed Ross Masood. Despite being a novel about homosexual love, it's only in the last horse ride together that Fielding and Aziz kiss. This was their first and last free intercourse. Despite being aware of the fact that they would part, they believed in each other (probably because they knew they were never going to be together).

> Friends again, yet aware that they would meet no more, Aziz and Fielding went for their last ride in the Mau jungles. The friendliness of Aziz distracted him. This reconciliation was a success… … … Fielding hesitated. He was not quite happy about his marriage… … … … 'and then', he concluded, half kissing him, 'you and I shall be friends'… 'Why can't we be

> friends now?' said the other, holding him affectionately. 'It's what I want. It's what you want'… … … … But the horses didn't want it- they swerved apart; the earth didn't want it, sending up rocks through which riders must pass single-file; the temples, the tank, the jail, the palace, the birds, the carrion, the guest-house, that came into view as they issued from the gap and saw Mau beneath: they didn't want it, they said in their hundred voices, 'No, not yet,' and the sky said, 'No, not there' (Forster 2005:306) .[834]

In Forster's *Maurice* the adult protagonist introduces the young boy to an alternate world of homosexuality. He initiates the adolescent to this alternate masculine reality and teaches him all the secrets that he will need. Forster creates *Maurice* as an honest, affectionate and sensual adolescent that does not get repulsed by sexual desires but at the same time experiences them with countless restrictions. *Maurice* hence, is a text placed at the centre of the paradox and double standards of a society which produces homosexuality. Masculine courtship, in spite of, being an admitted practice, was not spoken of.

> He had lied. He phrased it 'been fed upon lies', but lies are the natural food of boyhood, and he had eaten greedily. His first resolve was to be more careful in the future. He would live straight, not because it mattered to anyone now, but for the sake of the game. He would not deceive himself so much. He would not - and this was the test- pretend to care about women when the only sex that attracted him was his own. He loved men and always had loved them. He longed to embrace them and mingle his being with theirs. Now that the man who returned his love had been lost, he admitted this (Forster 2005: 58-59).[835]

Unlike Forster who is conscious of his racial superiority, Ackerley does not seem to be in a position of superiority. For Ackerley, the relationship does not have to translate into colonial dominance. The one kiss in *Hindoo Holiday* is purely an amusing and charming act of little significance. However, it does offer a quick insight into the cultural difference.

> "I want to love you very much," he said. "You mean you do love me very much." "I want to." "Then why not?" "You will go to England and I shall be sorry. But you will not be sorry. I am only a boy and I shall be sorry." When he got up to go, he asked me not to accompany him as usual to the fair-ground where he meets Sharma, but to let him go back alone this evening; then before I had time to reply, he suddenly laughed softly and drew me after him. And in the dark roadway, overshadowed by trees, he put up his face and kissed me on the cheek. I returned his kiss; but he at once drew back, crying out: "Not the mouth! You eat meat! You eat meat!" "Yes, and I will eat you in a minute," I said, and kissed him on the lips again, and this time he did not draw away (Ackerley 2000: 239).[836]

> Narayan says that he has no physical love for Sharma or for any man. This is wrong, he thinks. But he kisses him sometimes in praise, as he beats him in blame. When Sharma does a good act Narayan kisses his hand, and when he makes a good speech Narayan kisses his cheek; but publicly, never in private. "Not his mouth?" I asked. "He eats meat," said Narayan. One night, he told me, when they were lying together on a *charpai*, Sharma whispered: "Narayan! Narayan! Kiss me." Narayan pretended to be asleep. But Sharma knew he shammed, and touched him. Narayan would not respond to this either, so Sharma leant over him and kissed his hand. And in the morning Narayan said that he had dreamed that someone had kissed him on the hand. But Sharma would not believe in this "dream"; he said that Narayan had been awake all the time and knew it was he who had kissed him. Laughing, Narayan had denied this and asked why Sharma had kissed his hand; and Sharma had replied: "I got much love (Ackerley 2000: 267)."[837]

The interaction here is clearly not along the lines of imperialism. J. R. Ackerley joined as the secretary of the Maharaja in 1923 briefly. After which he got enrolled in Cambridge where he discovered an alternate homosexual world. The environment in Cambridge was as conservative as the British Raj. The Oscar Wilde trial and the laws around sodomy required cautiousness. These were bright men of well to do families that simultaneously enjoyed and suffered because of the highly stratified class society which dictated their friendships and sexual union. As detailed in Peter Parker's witty biography of Ackerley, they talked endlessly to each other about their sex lives, but would select their actual partners from the working class. Unlike themselves their lovers were often heterosexual and sometimes married. Romance was brief and complicated to arrange. Ackerley's play *The Prisoners of War* was replete with homoeroticism and hence, was being denied by producers. He had already published poems by 1923. While he was in England, Ackerley wrote the *Hindoo Holiday* which was based on his travel diaries in India. It was published in 1932. The publisher was scared about the negative response to the book and suggested that sections on the Maharajah's sexual preferences be removed as well as the doubts regarding him being the father of his heirs. The Maharajah of Chattarpur was gay. Chhatarpur was referred to as Chhokrapur (in a joking manner) "City of Boys" – it becomes especially funny when we get to know the sexual leanings of both the Maharajah and Ackerley. The Maharajah's pursuit of his boy actors is presented comically. Ackerley describes the beautiful boys in the same manner as he describes the wildlife and hence, presents it as a very natural way of life. Though in the position of a private secretary, Ackerley and the Maharajah discuss everything else other than state affairs – books, philosophy

and most of their time is spent discussing which servant boy or male dancer they are attracted to "And you shall tell me which of the boys you like best" (Ackerley 2000: 39) [838]. As Ackerley says of the Maharajah, "He wanted someone to love him". (Ackerley 2000: 39)[839]

> He had been so taken with this boy's appearance that he had wanted to buy him, and had asked how much he was… … …He would be dressed in yellow; but on the following evening I was to come again and see him dance naked and say exactly what I thought about him (Ackerley 2000: 64, 142).[840]

Homosexuality appeared to pose a threat to masculinity. The emotional happiness of two male young lovers seemed to be beyond the reasoning of those times. Freud's analysis of sex and homosexuality came to have a clear influence in the writing of *Maurice* by Forster which were contemporary works.[841] One also needs to account the Oscar Wilde trial and the criminalization of homosexuality (Nandy 1983).[842] The purpose was to make an example and simultaneously valorize masculinity (Nandy 1983).[843]

Richard Burton's missing/lost report on male governmental brothels in Karachi becomes the evidence for the presence of homosexuality. The debate around the existence of the report itself sustains the idea of male brothels/*nautch* in Karachi. Burton wrote a secret government report on Karachi's "three lupanars or bordels, in which not women but boys and eunuchs, the former demanding nearly a double price, lay for hire" (Arondekar 2009: 27).[844] The Karachi report therefore, exposes the most unspeakable of activities: male-male sex (English male-native male sex). Pederasty was therefore real. According to Philippa Levine, the constrained conditions of the Karachi military barracks left soldiers with little privacy and few forms of entertainment given the sheer physical intimacy of military barracks, the paucity of Englishwomen and regulation on native prostitution due to the fear of contagious diseases. In *The Arabian Nights* Burton recounts the punishment meted out to strangers entering the harems of Persian women – they are stripped and thrown to the mercy of harem's grooms and negro-slaves (Arondekar 2009: 41).[845] On resisting penetration, a sharpened tent-peg is applied. Hence, pederasty turns into a space of humiliation. According to Burton, pederasty was a vice specific to Muslims (Afghani, Sindi, Kashmiri) – the Sotadic Zone (pederasty was understood as geographical and climatic, not racial). This attitude followed the dominant ideology of those times that

used Muslim vice to contain Muslim threat. It was also noted that native men characterized for their bravery and prowess in martial arts (Afghans, Punjabis and Sikhs) had a predilection for sodomy. Rarely do we find a Bengali sodomite.

> The complaint was that at the training battalion some Sikh and Punjabi VCOs had taken and used the younger Madrasis, some of whom had given false ages and were only fifteen or sixteen. The Northern Indians are far more often homosexual than the Southorners and our men feared the posting of senior Punjabis to this unit. It is a very odd fact in India that the tougher and more warlike the race, the more homosexuals are found among them, while the gentle girlish races are rarely homosexual (Atkins 1986: 13).[846]

Rudyard Kipling points out that a union between the East and West is only possible when the two men involved are strong. His ballad uses the example of an Englishman and an Afghan.

Similarly, legal case records provide much needed information on such sexual acts as they were criminalized. Queen Empress versus Khairati, is one of the earliest recorded cases of sodomy. Khairati is certified a 'habitual sodomite' on the basis of medical examinations. There was a need felt to check such unnatural sexual habits. Khairati could not be convicted due to lack of concrete evidence. However, it succeeded in setting an example for other such cases where Section 377 was applicable. Despite being an unproved case, it came to arouse a lot of anxiety in the minds of the administrators regarding sexual irregularities. On January 31, 1884, the High Court of Allahabad called a case in which *Khairati* had been previously convicted under section 377 of the IPC by Mr. J.L. Denniston (sessions judge of Moradabad). *Khairati* was arrested for performing in a female costume. On examination, he was found to have a distorted anus which was affected with syphilis. This naturally pointed to unnatural intercourse. However, *Khairati* denied all charges of sodomy. While none of the circumstances individually proved criminality, there was enough evidence. Medical jurisprudence provided the irrefutable testimony against *Khairati*. He was labeled a "habitual sodomite/catamite." Between 1885 and 1920, the case repeatedly appeared as an example of section 377 in various legal documents. Apart from the *Khairati* case, there are numerous successful sodomy convictions available in case records from 1860 through 1920 – *Queen Empress vs Naiada* (Allahabad, 1875-78)*, Jiwan vs Empress* (Punjab 1884)*, Sardar Ahmed vs. Emperor* (Lahore 1914) *and Ganpat vs. Emperor* (Lahore 1918). Queen *Empress vs.*

Naiada contains a discussion of the appropriate punishment available for a youth convicted under section 377. In *Jiwan vs. Empress* the judgment similarly focuses on punishment and the conviction. The judgment for *Sardar Ahmed vs. Emperor* provides a detailed account of the conviction. Sardar Ahmed, a schoolmaster in a boy's school, is convicted on three charges of attempting to commit an unnatural offence with Tara Chand, a boy of thirteen (Arondekar 2009: 82).[847] S.M. Edwardes in *Crime in India* mentions the case of a European. Such cases however, were handled internally. On April 11, 1893 Noyes was charged with indecency towards private soldiers of the Light Infantry Regiment. Unlike Khairati, Noyes was not subject to any physical examination. He had to undergo mental health examinations. Thus, a difference in the manner in which the white sodomites were tried and charged. In order to keep the colonial binaries intact, Noyes could never be charged as a "habitual sodomite".

Interestingly, anti-Colonialism and homophobia got interlinked (Arondekar 2009).[848] The notion of immorality around sexual excesses and 'unnatural' sex propounded by Puritans came to influence the discussions in national circles as well. In fact, the Indian national identity came to be developed along these lines. Nussbaum points out that the notion of virulent masculinities came to develop along with the nationalist mission. This notion was very much influenced by the West. The Muslims in the colonial discourse were classified as the "martial race" and therefore, came to be seen as the most virile males in the colony (Nussbaum 2007).[849] This also came to have an impact on the shaping of manliness amongst the Hindus. George Mosse in his book *Nationalism and Sexuality* writes - in both German and British nationalism, sexual morality and respectability were critical aspects (Mosse 1985).[850] It is this dynamics between respectability and nationalism that needs to be underlined while studying the history of sexuality. Ideal sexual behavior dictated not only nationalism but also the norms in any bourgeois society. George Mosse brings to our notice how sexuality was recognized yet controlled. It also led to construction of an ideal male and an ideal female. Only if ideal sexual behavior be practiced and a virtuous respectable life led, that a nation could thrive. Anyone who seemed too "soft" or sensuous was branded as a "degenerate," a label integral to the persecution of both Jews and homosexuals, who were believed to be subverters of the social fabric (Nussbaum 2007: 196).[851] Mosse observes that "inferior races" came to be associated

with degeneracy (Mosse 1985).[852] The Hindu male and the soft Jew were natural objects of this critique. Both the Jews in Germany and the Hindus in India internalized this critique. They became determined to show their respectability. One way to do so was to adopt Puritanism and ignore the existence of the soft. This was a more passive means. There also existed a culture of aggressive masculinity that emulated British militarism (Nussbaum 2007: 197).[853] Hindu maleness was being mocked and considered incompatible with national unity and national success. The natural tendency was to scoff at the intellectual effeminate male who was not manly enough to command empires, and hence, the need to recreate themselves along European lines. There was a need felt to become the right sort of male – aggressive and nonsensuous. The need to create 'postures' of masculinity,[854] which according to Rustom Bharucha, in the case of Vivekanada – was a performance on his part, something that he had to display to the world at large. According to Charu Gupta, in colonial India, the entire nation was preoccupied with manhood. The colonial regime too defended its right to dominance through the creation of such masculine images (the manly British versus the effeminate Hindu). Nationalism, as well, worked its own versions of it – national leaders from Vivekananda to Gandhi came to represent different forms of masculinity, from celibacy to warrior-like and so on. Any question of homosexuality, sodomy, male-male bonding came to be condemned by both the British and the Indian elites. According to Bose and Bhattacharya 'questions of identity are complex to begin with, and they become even more so when one has to relate questions of sexual identities or preferences with questions of national specificity' (Bose and Bhattacharya 2007).[855] The major factors that contributed to the uniqueness of the Indian experience were imperialism, lopsided economic growth and the multifaceted society. Discussions around sexuality which had been limited to the private sphere now came to be publicly discussed during the colonial era. Partha Chatterjee emphasizes that the distinct boundaries between the private space and the public space which already existed came to be further exacerbated (Chatterjee 1993).[856] The private sphere fell within the realm of traditional social structure. Sexuality (a private aspect) hence, fell within this traditional cultural domain. Even to this day, the traditional and modern binary (in terms of gender and sexuality) continues to exist. Homophobia introduced through colonialism came to be internalized by the modern Indian as well (Vanita and Kidwai 2008).[857] However, in an attempt to check female sexuality (domestic spaces came to be jealously guarded);

homosocial spaces such as the barracks and educational institutions emerged (Vanita and Kidwai 2008).[858] Opposite sex friendships came to be seen as western influences; friendships with the same gender were less scrutinized. 'This space allowed homoerotically inclined individuals to develop ties of varying closeness with one another' (Vanita and Kidwai 2008:198).[859]

The vernacular Bengali magazine *Nar-Naree* in colonial India registers the conflict between power, knowledge and sexuality. It was a monthly magazine, which came out between the years 1939-40. The magazine, edited by Sunil Kumar Dhar and Srimati Mira Sanyal, outlines how gender identity came to be constructed in this encounter between the Occident and the Orient. It shows how gender and sexuality become dependent on systems of power. There were also questions regarding sex and health which were dealt with under the headings 'Doctor' and 'Prescription'. The issues reflect that patriotism was seen to be directly linked with manliness, that is, the ability to go to war. Thus, the need for a progeny that was healthy and virile. Hence, individual and public health get interlinked to the destiny of the nation. Degeneration of health and sexuality would contribute to a degenerated nation. It is in this context, that absence of knowledge about maintaining personal hygiene and having safe sex came to be criticized as one contributing to the declining health of the nation. Therefore, a lot of attention came to be placed on developing public health consciousness and redefining sexuality. Regulating sexuality hence, became a major component of sexual politics through social norms and legal constraints. Certain sexual activities were deemed unacceptable. However, alternate cultures such as cross-dressing, homosexuality and transsexuality thrived even in troubled times. There was a lot of stress on women's beauty, sexuality and health which was to be achieved through exercise. There was a clear difference between men's sports and women's sports. Women participated in sex education programs and helped spread information about birth control as well.

Premendra Mitra in one of the articles writes – "the fundamental question about sexual orientation and gender identity is stressed by the biological bisexuality of foetus, as hermaphrodism is the initial and innate stage according to Freud's hypothesis. So in conformity with Freudian theory of normal human development, same sex desires are repressed or sublimated and heterosexual traits arise, relegating homosexuality and bisexuality as the result of psychological malfunctions" (Mitra

1940: 183).[860] Homoeroticism by Premendra Mitra was outlined as a result of physical deformity, habitual activity and situational behavior "there is an actual defect in the reproductive organ [where] nature makes a mistake- though many homosexuals (perhaps who like their own sex) appear to be absolutely normal, at least internally" (Mitra 1940: 184).[861]

Clothing gets closely associated with gender identity and the body (male/female). Cross-dressing is then seen as a transgressive behavior for it often translates into the subversion of the power equation between the two genders. Suthrell points out that garments represent the societal construction of gender (Suthrell 2004: 14).[862] One needs to take into account the issues of dress, gender and sexuality. Dress continuously renegotiates its relation with the body and acts as a tool to go against social norms, thus crossing the barrier of sex, gender, sexuality.

Nar-Naree interlinks the discourse on pleasure, danger and suppression. Sex became a thing of taboo and hence, an avoided topic of discussion in the public sphere – however *Nar-Naree* brings it up. According to Sarkar, the nationalists came to raise the issue of the health of the population as it was seen to be representative of the well-being of the nation (Sarkar 1995 & 2001).[863]Thus, regulating sexuality meant not only policing of individuals but the entire nation. In all of this, various aspects came to play out together – society, culture, gender, science and history.

Geeta Patel in her work *Risky Bodies & Techno-Intimacy: Reflections on Sexuality, Media, Science, Finances* deals with the issue of sexuality. She reflects back on her childhood memories in Bombay to show how hybrid bodies – hermaphrodites, Aravani, Kinnara etc. were very much considered as normal, as those which "already live inside the most pedestrian fantasies of what tends to be understood as central, normal, or home" (Patel 2016: 65).[864] She invokes the domestic space of home and kitchen to question the hegemony of heterosexuality. She hence, explores queerness/gender/sexuality through the metaphor of a kitchen space and ingredients such as the mayonnaise to say that there could be variation in taste. She points out how the release of Deepa Mehta's *Fire* in 1996 met with violent reactions. She points out how Ismat Chughtai's *Lihaf* (quilt) lifts the veil off same-sex desire, female sexuality and homoeroticism in the 20th century. Though it is not overtly spelled out, it's expected to be understood through the metaphors. Begum Jan was

married into a rich Muslim household. Her husband hated sport activities. He took care of the expenses of the youthful, adolescent boys who were there to finish their education. Chughtai discusses marriage as a social obligation. Begum Jan in her loneliness finds pleasure with her maid Rabbu. It is through her that she discovers sexual desire. The quilt serves as a trope; it hides the homosexual relationship between the two women. The quilt is therefore, a metaphor for secrecy with respect to homosexuality in the 20th century (a diseased condition). Thus, unraveling the complexity of same-sex desire in Colonial India.

> It was Rabbu who rescued her from the fall. Soon her thin body began to fill out. Her cheeks began to glow and she blossomed in beauty. It was a special oil massage that brought life back to the half-dead Begum Jaan… … And she would massage with such vigour that even imagining it made me sick. The doors would be closed, the braziers would be lit and then the session began. Usually Rabbu was the only person allowed to remain inside on such occasions. Other maids handed over the necessary things at the door, muttering disapproval (Chughtai 1942).[865]

Ismat Chughtai uses the vocabulary of a little girl to show the complexity of same-sex desire in colonial India. She uses the imagery of an elephant to show the girl's confusion. Her sense of confusion can be understood to be the confusion associated with same-sex desires at that time. The elephant in the room was hence, disturbing not only for the girl but for everybody at that point of time.

> The elephant inside the quilt heaved up and then sat down. I was mute. The elephant started to sway again. I was scared stiff (Chughtai 1942).[866]

The women in Chughtai's story do not become lesbians despite engaging in sexual activities with one another. Chughtai hence, does not fuse desire to identity (Patel 2016:125).[867]

According to Chandrima Chakraborty, the Indian male ascetic came to draw a lot of attention by the British. Ascetics came to be seen as a contradictory example of the weak Indian male and hence, could pose a challenge to the expansive aims of the empire (Chakraborty 2011).[868] Ascetics were the only bodies that were beyond surveillance by the colonial regime. Chakraborty points out that it is this ascetic masculinity that came to be hailed by the nationalists as representative of Indian nationalism. The redefining of Hindu masculinity had to then happen along these lines if they were to challenge the dominance of the British. Celibacy and self-controlled

masculinity was the complete subversion of the image that the British had constructed. It came to represent self-control, courage and independence. Thus, the need to question how ideas of nationhood inscribed themselves into gendered bodies. One needs to acknowledge the anxieties of the nationalists while reshaping Hindu masculinity for it was a complex concept deeply embedded in the society.

According to Nandy – Oscar Wilde, G.E. Moore, J.M. Keynes, Lytton Strachey, Virginia Woolf, E.M. Forster and W.H. Auden – all homosexuals, stood for the opposite of the conventional empire and the norms of Victorian morality which engulfed the colony too (Nandy 1983: 42-43).[869] A 'transcultural protest' against the 'hyper-masculine' Raj was produced in the form of Mohandas Gandhi (Nandy 1983: 48).[870] After the sepoy revolt of 1857, there was an increased emphasis on the notion of Kshatriyahood. In this turn towards aggressive nationalism, the ascetic elements of existence were overcome by the virile kshatriya- that represented the feminine principle in the cosmos, which Nandy calls Dionysian (Nandy 1983: 10).[871]

Colonial opposition that came to be emulated by emphasis on kshatriyahood was not about opposition between masculine and feminine. Nandy points out; it was rather compatible with Eve K. Sedgwick's elaboration of homosociality.[872] Nandy points out that the effeminate male/ the hermaphrodite/ androgynous man is the contrast of the superior colonizing male. Homosexuality according to Nandy represented the inferiority of the colonized male (in Nandy's view, homosexuality) (Sedgwick 1985).[873] Gandhi subverts this image by embracing androgyny. This feminity when seen to represent maternal care (not conjugal sexuality) acquires a position superior to that of masculinity itself (Nandy 1983: 53).[874]

The anti-colonial movement led by the nationalists then stands for the very same notions propogated by the colonizers. Resistance by the nationalists as well as empowering of the nation happens on the very same terms, which is, targeting of homosexuality. Homosexuality is seen as an unnatural vice of the nation of which the nation requires purging. There was a war going on in the public sphere wherein the ideal society shaped by the state and the actual society as it existed came to be in contradiction. The individual came to detest the state for forcing an ideal set of norms. Post-independence India continued to reform the Indian public in the very same image. Unfortunately, the *bhadralok* of Independent India came to be influenced by

the very same set of ideals. Alternate sexualities came to be marginalized. The multivalence of sexuality prevalent till colonialism came to be disciplined through social sanctions. Expressions of queer sexuality rather than being western concepts had always been common in ancient India. It was the colonial regime's anxieties around homoeroticism that led to it being sidelined and ultimately criminalized. Colonial anxiety towards homosexuality had an impact on the response of the Nationalists too. Rejection of homosexuality by the nationalist elites then seems to be interconnected with the anxieties of the British (Menon 2007).[875] The nationalist rhetoric of any modern nation needs to be understood through the lens of 'imagined communities' a term used by Benedict Anderson. This sense of 'imagined community' comes to be reflected in a way that is beyond and larger than an individual. The nation had to be imagined and created in a manner that commonalities could be identified. This common history/culture in turn would help integrate the nation. Very often it would translate into a common heteronormative body politic. Alternate sexuality tampered with this idea of commonality. This meant that all queer spaces had to be erased and made invisible in order to uphold the new narrative of heteronormativity which dominated all nationalist discourses. Certain sexualities came to be deemed "respectable" while others had to be discarded. Individuals were forced to construct their sexuality according to the mandate of the nation. In a letter written by Gandhi for *Young India* (1929), homosexuality was referred to as an unnatural act and a vice. However, he also suggested that lust in both the cases (heterosexuality and homosexuality) were similar. He also pointed out that, 'unnatural though the vice is, it has come down to us from time immemorial (Vanita and Kidwai 2008: 255).[876] The 'queer past' of India continued to haunt the Hindu nationalists for India had been labeled by the Occident as the 'land of the Kamasutra'. The label came to be detested and one that shamed the elites. Apart from the Kamasutra, temple sculptures from Konark and Khajuraho as well as other literary texts provide evidence regarding a society that exhibited a wide range of sexual preferences. Clearly this is proof of the fact that alternate sexuality is not a borrowing from the West. It also means that in ancient India heterosexual relationship was not the only acceptable kind of relationship. Prime Minister Nehru claimed 'that homosexual behaviour was an aberration introduced into India in the British colonial period (Vanita and Kidwai 2008).[877] Vanita points out that this need to redefine the past as moral and pure, arises out of the need to defend the nation from western attempts to malign and present the

colony as one that exhibited uninhibited sensuality (Vanita and Kidwai 2008).[878] The 1911 translation of the *Kamasutra* by Madhavacharya depicts the alternate forms of sex as 'wrong forms of sex'. Clearly, he had an agenda in mind. He was attempting to build an image of the heterosexual male and omit the details of alternate sexualities. He hailed Section 377 within the text (Vanita and Kidwai 2008).[879] Homosexuality to this day is depicted as a borrowing of the West (Vanita and Kidwai 2008).[880] However, expressions of queer sexuality historically preceded colonialism. What followed colonialism was the reconstruction of sexual identities; to facilitate the establishment of the colonial regime which later came to be replicated in the modernizing rhetoric of the nationalists as well. According to Menon 'the normalization of heterosexual identity is a part of the processes of colonial modernity' (Menon 2007: 38).[881] Homophobia hence is intrinsically linked to the question of the nation. The nation building process in turn requires the rejection of all cultures that are proof of homosexuality. According to Menon, it is the heterosexual patriarchal family that comes to represent the ideal family unit of the nation (Menon 2007: 38-39).[882] Mumby opines - gender plays out differently, temporally and spatially. It is continuously being redefined on the basis of social interaction and social interrogation. Hence, the reshaping of gender is a process that will continue to unfold with changing power relations. It both defines and gets defined by the changing power relations (Mumby 1998: 169).[883] Till very recently, Macaulay's Section 377 of the Indian Penal Code loomed large.

CHAPTER V

DISCUSSION

The research was an attempt to examine the role of biomedical knowledge and practices in the perpetuation of colonial rule. Through the findings it became clear that administrative requirements were foremost while introducing biomedicine – it was a project undertaken to establish cultural hegemony. Hegemonic concern over the concern of the public health of the natives can be clearly gauged. The tools of knowledge, power and surveillance over sexuality facilitated this hegemonic concern. Colonial India was characterised, unsurprisingly, by a reluctance of the colonial government to undertake public health measures for the population. It was the realization that the mortality load was greater due to diseases than to battle casualties, and the difficulties in recruiting fresh troops, that compelled reluctant action. This was confined to the cantonments, and restricted to British troops and civilians, who were also protected through "cordon sanitaire." Venereal diseases however, drew unusual attention. This was not so much because it was an epidemiological priority, but because it came under the scrutiny of Victorian morality. The prevalence rate appears to have been coming down due to unknown reasons. The prevalence among Indian troops was significantly lower than among British troops, again due to unknown reasons. Yet without understanding the natural history of the disease, without an understanding of the size of the problem, preventive measures were embarked upon. The research therefore, involved a study of the colonial 'vice' related to venereal diseases during British rule in India. The aim was to study the prostitutes and soldiers affected by the disease. The feminine body in particular came to be seen as one that was very sexual. Alternate sexualities came to be criminalised. There was a deliberate omission and an invisibility of alternate sexualities in the archival sources (for it disturbed the image of colonial heterosexual masculinity). The unofficial cultures of sexuality, on the other hand, for instance, the fictions of the British Raj explicitly mention homosexual encounters.

We see that in the late nineteenth and early 20th century, public health and sanitation (particularly in the case of venereal diseases) became challenging for governance. In this work, I have looked at two pieces of sanitary legislations – The Cantonment Act of 1864 and The Contagious Diseases Act of 1868. Though the Acts

were initially meant to control the movement of soldiers and prostitutes, they did come to extend beyond the confinement of the cantonments. The Acts hint at the growing tendency of the colonial state to intervene and thereby, redefine issues related to the most intimate spheres of domestic life. The Contagious Diseases Act therefore, went beyond its limited sanitary scope and affected the private lives of the colonized as well. However, the colonized too used the law, thereby, giving it distinctive meanings and redefining its scope. Amna Khalid in her work titled 'Subordinate Negotiations: Indigenous staff, the colonial state and Public health' highlights the role of native subordinates, the *goomastahs* (who held clerical positions in health offices and were supposed to report clandestine prostitution) in shaping colonial policies (Pati 2009).[884]Colonial law, hence, was shaped as much by the colonizers as they were by the colonized. Colonial medicine had a profound impact within certain colonial enclaves – the army, the jails and the lunatic asylums. Venereal diseases such as Syphilis and Gonorrhoea were two of the most dreaded sexually transmitted contagious diseases. As a result of the growing incidence of venereal diseases, the colonial government took steps by opening lock hospitals and passing legislations that forced public prostitutes to register. These women were examined fortnightly. Lock hospitals became a site for treatment and cure for the prostitutes alone. Hence, the civilian patients were kept out.

The military reports portrayed the natives and the mixed breed as immoral individuals that engaged in sexual excesses. Native women were seen as dirty, unclean and diseased. They were easily available for the soldiers and hence, seen as a threat. The 1943 Annual Medical Report of Bengal pointed to the fact that unclean prostitutes (in need of money) roamed freely and were probably the chief factor behind the rising incidence of venereal disease in the army. It was important to draw attention to the fact that this was the year of the Bengal famine when poverty was widespread. According to a European mine owner 'the average local miner's wife will sell her body to a soldier for a few *annas*' (Khan 2012: 245).[885] The red light areas visited by the soldiers for its sexual laxity were the filthiest areas, ridden with disease. The authorities were anxious about the degeneration of the soldiers both physically and morally. In response to which, the Acts came to be introduced. However, the authorities overlooked the conditions driving women towards prostitution. A number of women had taken up prostitution to provide for their families during famines.

Clearly, more women were taking up prostitution as a profession as a result of the after effects of the famine. Rather than curbing the poverty conditions post-famine, the political move was to bring about regulations to control the prostitutes and provide safe pleasure to the soldiers (for otherwise, the soldiers would adopt other ways such as masturbation and same sex relationships to satisfy themselves).

Through an archival study of policies around venereal diseases we also observed themes revolving around colonialism, race and gender. Along with the medical and military history of venereal diseases, we also got a picture of the political, social and cultural impact on the history of the colonized people. Hence, while we tried to understand the laws and practices around venereal diseases and disease control, there were more complex themes which had to be taken account of. Though the Contagious Diseases laws look like laws principally protecting the health of the soldiers, it came out quite clearly that military health was not the sole determinant. There were other factors at work in the making as well as practicing of these laws. Also, despite looking into venereal diseases and admitting diseased women in Lock Hospitals, the reproductive health of the woman or that of the natives was never looked into. Utilitarian ideas very often came to influence this restricted scope of public health in the case of venereal diseases. Imrana Qadeer traces this sidelining of women's health to present times. Across societies, women's sexuality and reproductive role were controlled. History has been witness to the fact that women's fertility has been considered necessary for social and economic reasons. In the nineteenth century too, there were attempts to perfect this control through religion, law and education. Health of the woman however does not figure much in studies of the nineteenth century. In the Contagious Diseases Act era, the social experiment of disease control was restricted principally to European women in order to conserve resources (Tambe: 2009).[886]

The rehabilitation and the well-being of the Indian prostitute was never of concern; it was purely strategic. Ballhatchet does make mention of a proposal made by the Medical Board of the Madras Government for the need of a public dispensary to issue medicine to the sick, with a special ward for those female patients whose cases might require special attention (Ballhatchet: 1980).[887] We however, cannot lose sight of the view of colonial officials towards the problem of venereal diseases. Instead of focusing on curing the disease or preventing it, the authorities focused on

policing activities. Also, with utilitarianism and the paucity of funds being a constant constraint, cure of the "natives" was never the prime agenda. The idea was to keep funds only for the benefit of the "white community". In Dr. Cunningham's words regarding the expenses on the maintenance of the system "if the government desires to continue the Act for the benefit of soldiers and sailors and the European community, the class of people frequented by them" (GOI 1888: 102-129).[888] The use of "the class of people frequented by them" speaks volumes about the limitation of the Act. They were stingy to the extent that even collecting information regarding the venereal disease affected general population had become a huge burden. The Acts for the prevention of venereal diseases were already limited in nature (leaving no scope for the consideration of the health of the prostitutes).

> Calcutta, Madras and Bombay may be asked to report annually… … ... The Secretary of State suggests that similar information should be acquired, "in all other parts of India also." The desired information will be forthcoming as regards the increase or decrease amongst the troops in the cantonments, but as regards the general population it would be difficult to obtain, and even if obtainable would serve no useful purpose (GOI 1889: 68-70).[889]

Clearly, then the "humanitarian intervention" had been a farce. There were other forces then that had worked behind such an intervention.

Though there was a decline in the rate of incidence of venereal diseases from the mid-nineteenth century onwards, they remained a source of fear. These were diseases with moral responsibility attached to the medical consequences. Officials gauged very early that venereal diseases did not just affect individuals. The entire "race" and its superiority was at stake. The spread of venereal disease would eventually make the entire English "race" diseased and thereby mark the end of Britain's supremacy, the end of the British Empire. Health thus became a moral and a national problem (Levine 2003: 2).[890]

Venereal diseases came to be seen as racial poison, as a result of its invalidating effect. In reality, though, venereal diseases were seldom fatal though the morbidity rates as shown by Kenneth Ballhatchet were high (Ballhatchet 1980).[891] It is important to observe here that there were other diseases which were of a more epidemic variety. The death toll was higher due too other diseases which needed immediate attention in the form of health measures. In contrast, in the 1860s when

venereal diseases came to be feared by both medical and military authorities it was already on a decline (Levine 2003).[892] It is crucial to then question the factors that drew such public and medical attention. We gather that the disease came to be associated with immorality. Of course, we cannot here overlook the need to maintain the purity of the race and hence, the need to control women.

Race comes out as a very central theme in the discussion around venereal diseases. In the colonies every aspect of life was regulated by racial awareness. British racial superiority was reflected in place of residence, occupation, political representation. In such an atmosphere, venereal diseases were threatening this very superior nature of the English race which gave it the power to rule. Hence, we see that Britain's racial consciousness was connected to its imperial role. Levine argues that race, in turn was closely related to the act of sex- which came to include anxieties around the body, reproduction and threat of miscegenation (Levine 2003). [893] Prostitution and venereal diseases occupied the imagination of officials far more because of the hardening racism than just the health implications on an individual. With the prostitute woman as the principal carrier of disease, she had to be controlled. We see a contradiction here – on the one hand, the military officials provided the soldiers with women for 'safe pleasure' and on the other discouraged the union between the two races. However, in both cases there is an underlying concern for the preservation of the structure of power.

The passing of Contagious Diseases Act was also done as a "civilizing" mission. Indians were portrayed as a race indifferent to moral degradation. The common official view was that hereditary prostitution castes were embraced in India without hesitation. Such assumptions molded British policies which came to have an effect on the lives of those which the policies affected. A range of other domestic issues came to be attacked. Prostitution was not the sole arena in which the colonial government made attempts to intervene. The government made attempts to intrude into the private lives of the natives by controlling their sexual habits. Prostitution remained the most thoroughly managed of such policies. We see legislation around the sale of girls into brothels, widow remarriage, female age of consent, sati, child marriage and female infanticide. Women's lives came to be mapped under the guise of protection.

By graduating from social sin in pre-colonial Bengal to a legal crime under colonial administration, prostitution became the subject of national debate (Banerjee 2000: 185).[894] Prostitution in the cantonments came to be hugely debated both by the British authorities and by the nationalist elites. Prostitution around barracks came to noticeably increase and was much talked about in the political circles for it had come to be linked with discourses on both race and nationalism. It came to draw a lot of attention in the journals. Leaders raised it as a matter of fury in the Legislative Assemblies. The vernacular newspapers too seem to have addressed this issue of rise in military prostitution (Khan 2012).[895] The former premier of Bengal, Fazlul Haq, in his address from the Jama Masjid in Delhi drew attention to the plight of the starving women of the Muslim community who were drawn to prostitution and were being exploited by the soldiers (Khan 2012).[896] There was a direct correlation between Calcutta's population explosion and the presence of soldiers. The war had given rise to many professions - one of them being prostitution. An Urdu paper, the *Ansari*, published in Delhi in 1944 stated that Calcutta's population had increased markedly because of the war and the large number of soldiers stationed there (Khan 2012).[897] A language of anti-colonialism came to be developed which linked immorality, destitute conditions post-famine and racial dilution. Thus, war and colonial rule itself came to be blamed for the decline of the nation. The nationalists came to raise the need to protect 'our' women and the need to maintain racial purity. The woman became the symbol of the nation. She became the centre of the Nationalist Movement. It thus, acquired the shape of a broader political cause. The symbolic threat to the woman came to be translated into a threat to the nation. The colonial prostitute seemed to contradict the nationalist representation of an ideal Indian *bhadramahila*. The ideal Indian woman was respectable and kept herself to the domestic space. The prostitute woman was not bound by the patriarchal norms. She posed a threat to the discourse that had come to be structured around the ideal conjugal and family life. No wonder then, the nationalists supported the efforts by the colonial authorities to punish women involved in prostitution. Victorian ideals of feminine moral restrictiveness and the idea of conjugal relations for the purpose of procreation alone came to be borrowed from the West. The ideal family was one where the woman was domesticated, sexually sublime and a figure of motherhood. As against this ideal representation of the perfect woman, the Indian woman too needed a reconstruction. Influenced by the need to reveal one's own cultural supremacy as distinct from the Western ideal and

from the traditional one, the English educated middle-class Indian came to be involved in the reforms of the domestic practices. The legislation was brought about as a result of their involvement and demands. The objective was also to distinguish the *bhadramahila* from the lower caste fallen woman. The debate on the women's question and the discussions on control of the "common" prostitute spreading venereal diseases brought a private matter into the public space. Like the British Government which saw the need to control women's sexuality, the intelligentsia too by demarcating public-private spaces for women and by making a distinction between women - sought the same control over sexuality of women.

Yasmin Khan in her article titled "Sex in an Imperial War Zone: Transnational Encounters in Second World War India" opines that the real threat was sex itself. To be more specific, it was the political economy of sex that caused such anxiety. The increased number of European soldiers stationed in India allowed intimate relationships to develop between the two races and distorted the demographies of the British Raj (Khan 2012: 243).[898] "Sex had to be brought into the public sphere, for the failure to exercise control over native sexuality would threaten the success of colonial rule" (Levine *op cit)*.[899] Such regulation and surveillance, they contended was vital to colonial rule. "Sexual dynamics crucially underpinned the whole operation of British empire and Victorian expansion" (Hyam 1991: 1).[900] If the British Empire was to survive it was a must that the imperial race exercise sexual restraint, the government had to intervene to enforce it. Sexual apprehensions alone did not shape racism. There were other aspects – such as the fear of the unknown, fear of a possible conflict, fear of a larger population of an alien and inferior culture, fear of disease and also fear of the economic competition for limited resources (Hyam 1991: 203).[901] However, "sex is at the very heart of racism" (Hyam 1991).[902] Racist blood mixture came to be seen as an evil with the hardening of racism. It becomes clear then, that anxieties around sex came to manipulate and shape policies which would prove effective in establishing white control (Hyam 1991).[903]

"Colonising the Body" (Arnold 1993)[904], "Medicine as a tool of Empire" (Harrison 1994)[905] are some of the phrases that have been used by scholars to portray the hegemonic function of health policies. Public Health in the area of venereal diseases too, had a variety of motives working behind its policies and their enforcement. The enforcement of the policies, as we saw, was an outcome of interests

and debates within and between the British and Indian communities. The discussion on public health legislation for the control of venereal diseases brought out its role in the consolidation of colonial rule. When the officials were arguing over the continuation of the Contagious Diseases Acts- they actually had in mind what would be the most favorable way to govern India.

Concerns around sexuality, eugenics and racism were at the centre of the discourses of both colonialists and nationalists. The British as well as the Indian patriarchy felt the need for reproductive regulation. These resulted in public discussion in the newspapers as well as the journals. Sexual indulgence and promiscuity came to be associated with venereal diseases. Clearly, ideas of race, culture and nationalism came to influence these discussions. The discussions were not only on the disease - as aspects of sexuality and hygiene also came to be discussed. In nineteenth century England, sexual revolution and sexual epidemics became a symbol of waning culture. Images of sexual crisis came to be created. George Gissing wrote in the nineteenth century that it was a period of sexual anarchy - all the laws that governed sexual identity and behaviour seemed to be breaking down (Showalter 1990: 3).[906] Karl Miller in his work *Men became Women, Women became Men* points out that it is during the nineteenth century that the word 'homosexuality' first came into use and hence, redefined masculinity (Showalter 1990: 3).[907] The public became aware of discussions around sexuality. The state in turn came to organise campaigns around social purity, raise awareness regarding sexual morality, implement legalities and censorship. Family was to be idealized as opposed to sexual excesses. The purity of the family was to be the strength of the nation (Reverend Arthur 1885: 3).[908]

Homosexuality emerges as a sexual identity which defines power and knowledge (Arondekar 2010).[909] Harkness was one of the first to draw attention to the importance of homosexual practice in the spread of venereal disease. A. J. King in his article *Homosexuality and Venereal Disease* points out the hazards of venereal disease resulting from homosexual practices seemed to be almost exclusive to males (Loraine 1974).[910] The problem among females was believed to be small and never received detailed consideration (Loraine 1974).[911] The emergence and medicalisation of the modern homosexual identity in the 1880s reached widespread public attention with Oscar Wilde's trial and conviction in 1895. Homosexual scandals came to be seen as signs of immorality. 'If England falls' one clergyman warned 'it will be this

sin… …that will have her ruin' (Showalter 1990:4).[912] Anxiety around prostitution and the sexual epidemic of venereal diseases altered the discourse around the body, sexuality and disease itself. This anxiety around rise of venereal disease increased homophobic reactions and promoted monogamous relationships and celibacy. Clearly, there was no attention paid to increasing awareness around sexual hygiene and prevention of disease. It was feared that as a race they would regress and degenerate. The only way to prevent this was to have stricter controls and a redefining of identities (gender, class, race and the nation). The regulations became more and more intense. Maintaining racial purity was the only way to demarcate. There was to be a distinct segregation between the East and the West for otherwise, there would be other problems at hand such as racial miscegenation and rebellion by the mixed breed as well as the natives. The redefinition of gender was not limited to women. It was now obvious that sexual preferences and sexual identity could no longer be put in neat categories. This resulted in a crisis of masculinity itself. There was a need felt to create images of robust masculinity (development of sports, athletics). This brings us to a discussion on the dilemma that British officials had about Indian men - 'manly yet homosexual, effeminate yet heterosexual.' Harvey C. Mansfield in his work makes a distinction between manliness and masculinity. In his book he talks about the levels of manliness. He points out how most studies search for unfailing characteristics of all males and are thus confined to the lowest common denominator, which is maleness or masculinity. However, manliness, according to him, has more than one level. Mansfield in his work chooses to omit the discussion on homosexuality. However, he does say that 'When the manly reject the unmanly as effeminate, they are really afraid of their own latent homosexuality' (Mansfield 2006: 92).[913]

Interestingly then, homosexuality came to be associated with effeminisation and hence, came to subvert the notion of colonial heterosexual masculinity. This explains the complete omission of homosexuality in the official archives. Anjali Arondekar and Charu Gupta stress on the ambivalence of the colonial archive towards sexuality. Despite the historical invisibility of homosexuality in the colonial archives – one saw how homosexuality became visible in the fictions of the Raj. Homosexuality is noticeable and subtle at the same time – undeniably anecdotal - in colonial travel diaries, ethno pornography and so on. Thus, one has to look beyond the

official archives. The narratives tell a different story altogether. Clearly, colonial homosexuality was never talked of explicitly. It never overtly proclaims itself. The British public attitude of disgust and condemnation of homosexuality ensured secrecy. Criminalisation, under section 377, further complicated matters. The British colonizers brought in regulations that criminalized homosexuality. Thus, the state promoted homophobia and heterosexual relations (Mishra 2018).[914] It is not by chance that homosexuals came to be detested around the same time as the trial of Oscar Wilde. The objective was to make an example of him to discourage homosexual activities. Homosexuals were being hounded during the peak of British imperialism. The attacks on them were very viciously and carefully organised (Mishra 2018).[915]

To conclude, carefully constructed binaries of sex and race were both upheld and compromised during the years of the Raj. Despite what appeared to look like a rigid demarcation between the colonizers and the colonized, reality seemed to have been otherwise. A wide array of relationships existed between the two races which probably deliberately went unacknowledged.

ENDNOTES

---

[2] Gilbert, Helen and Tompkins, Joanne (1996) *Post-colonial Drama: Theory, Practice, Politics.* London: Routledge, p 203.

[3] Boehmer, Elleke (1993) "Transfiguring: Colonial Body into Postcolonial Narrative," *Novel: A Forum on Fiction*

Vol 26, no. 3, *AfricanLiterature* Spring Issue pp 268-277.

[4] Butler, Judith (1993) *Bodies that Matter: On the Discursive limits of 'sex'*, Psychology Press.

[5] Duden, Barbara (1991) *The Woman beneath the Skin: A Doctor's Patients in Eighteenth Century Germany*, Harvard University Press, p 113.

[6] Laquer, Thomas (1990) *Making Sex: Body and Gender from the Greeks to Freud*, Harvard University Press.

[7]*ibid.* p 114.

[8]*ibid.* p 193.

[9] Arnold, David (1993) *Colonizing the Body: State, medicine and epidemic disease in nineteenth century in India,* University of California Press. Berkeley. p 4.

[10] Harrison, Mark (1994) *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914,* Cambridge University Press. p 2.

[11] Arnold, David. *op cit.* pp 8.

[12]*ibid*

[13]The miasmatic theory held that diseases were caused by a miasma (pollution), a noxious form of bad air. Therefore, the theory held that the origin of epidemics was due to a miasma, emanating from rotting organic matter. The theory was eventually given up by scientists and physicians after 1880, replaced by the germ theory of disease (specific germs, not miasma, caused specific diseases).

[14] Ramasubban, Radhika (1982) 'Public Health and Medical Research in India: Their Origins under the impact of the British Colonial Policy', *SAREC Report,* pp 9-10.

[15] Harrison, Mark. *op cit.*

[16] Arnold, David. *op cit.*

[17] Harrison, Mark. *op cit.*

[18] Arnold, David. *op cit.*

[19] The formulation of public health policy has also to be understood as a contest between the paternalist- authoritarian empire with a 'civilizing' mission on the one hand, and a 'liberal' empire on the other which had to keep in mind indigenous resistance.On the other hand, Radhika Ramasubban believes that despite the resistance, the British state could have still taken a more assertive role. The readiness to blame Indians was only a convenient excuse.

Ramasubban, Radhika (1982) 'Public Health and Medical Research in India: Their Origins under the impact of the British Colonial Policy', *SAREC Report,* pp 9-10.

[20] The colonial authorities made it look as if it was the Indian prostitute who was making the British army (and hence, in turn the British race) diseased. Kenneth Ballhatchet opines that the colonial authorities saw it as an 'oriental vice'.

[21] Harrison, Mark. *op cit*.

[22]Ballhatchet, Kenneth (1980) *Race, Sex and Class under the Raj: imperial attitudes and policies and their critics, 1793-1905.* London. Weidenfield and Nicolson.

Harrison, Mark *op cit.*

[23] Ramasubban, Radhika (1982) 'Public health and medical research in India: Their origins under the impact of British colonial policy', *SAREC Report.* pp 21-24.

[24] According to the environmentalist paradigm of causation of disease, it was the hot Indian climate which produced certain diseases. Measures adopted to control spread of miasma involved segregation, setting up European residences in hill stations (the climate was considered to be similar to that in England), cantonments, building up of walls between native troop locations and the British ones – all this was done to keep the miasma out.

[25] Arnold, David. *op cit*.

[26] Stoler, Ann (1989) 'Making Empire Respectable: The Politics of Race and Sexual Morality in twentieth century Colonial Cultures', *American Ethnologist,* Vol.16, No.4 (Nov 1989), pp 634-660.

[27] Levine, Philippa (2003) *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire.* Routledge. New York and London. pp 306.

[28] Guha, Sumit (2001) *Health and Population in South Asia- from earliest times to the present.* Permanent Black, New Delhi.

[29] Levine, Philippa. *op cit.*

[30] Ballhatchet, Kenneth. *op cit.* pp 95.

[31] A term used by Colonal J.Reid, Commissioner Lucknow Division in a Report on the working of the cantonment lock hospital, 1876.

[32] Ballhatchet, Kenneth. *op cit.*

Harrison, Mark. *op cit.*

[33] Ballhatchet, Kenneth. *op cit.* pp 40.

[34] Ghatak, Saran (2004) Body Politic: Colonialism and Medicine in Nineteenth Century India, paper presented in *The American Sociological Association*, San Francisco.

[35] Fourth Annual Report on the working of the lock-hospitals in the provinces of North-Western Provinces and Oudh for the year 1877, North-Western Provinces and Oudh Government Press, Allahabad, 1878. NLS (National Library of Scotland).

[36]Phadke, N.S. (1929) *Sex Problem in India: Being a plea for a eugenic movement in India and a study of all theoretical and practical questions pertaining to eugenics,* D.B. Taraporevala Sons & Co., Bombay, p 7.

[37] Said, Edward (1978) *Orientalism*, Vintage Books, New York, p 6.

[38]Amiya P. Sen (2006) *The Indispensable Vivekanda: An Anthology of Our Times*. Permanent Black.

[39] Amiya P. Sen (2013) *Swami Vivekananda*. OUP.

[40] Levine, Philippa (2003) *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire.* Routledge. New York and London. pp2.

[41] Whitehead, Judy (1995) 'Bodies clean and unclean: prostitution, sanitary legislation and respectable feminity in colonial north India', *Gender and History,* 7.1, pp 41-63.

[42] ------- (1996) 'Bodies of evidence, bodies of rule: The Ilbert Bill, revivalism, and age of consent in colonial india', *Sociological Bulletin,* Vol 45, No. 1, March. p 32.

[43] Ballhatchet, Kenneth. *op cit*.

[44] Hyam, Ronald (1991) *Empire and Sexuality: The British Experience.* Manchester University Press, Manchester and New York. Ronald Hyam in this text mentions the existence of innumerable instances of masturbation, homosexuality and paedophilia as the forms of sexuality, which later in the Victorian era came to be dreaded. The provision of safe pleasure (prostitutes in cantonments) was a solution to this.

[45] Report of the Royal Commission on the administration and the operation of the Contagious Diseases Act, (1866-69), 1881 quoted in Walkowitz, Judith (1990) *Prostitution and Victorian Society.* p 71.

[46] Ramasubban, Radhika. *op cit.* pp 9-10.

[47] Ballhatchet, Kenneth. *op cit.* p 11.

[48]*ibid.* pp 11-12.

[49] Office Memorandum No.528, Military Department, dated nineteenth December 1863; GOI, Home files, legislative branch, March 1864, No.11-13, Part B. NAI (National Archives of India).

[50] Despite emphatic moral arguments against the continuation of any such Act, their protests were full of racial undertones. The broader moral tones of the petitions and memorials of the missionaries were undercut by a desire to preserve the Western Christian values (which was another representation of the colonial state itself).

[51] Report on Lock Hospitals by Thos. Carr, Archdeacon, Bombay, dated twentieth September 1834, GOI, Home files, Legislative branch, March 1864, No.11-13, Part B. NAI.

[52] Harrison, Mark. *op cit*.

[53] Memorandum on CDA by W.J.Moore, Surgeon general, GOI, Home sanitary files, June 1888, No.102-129, Part A. NAI.

[54] Ballhatchet, Kenneth. *op cit*.

[55] Letter from the secretary of state for India to the governor general in council, No. 297, dated 15th Aug 1863; GOI, Home files, Legislative branch, March 1864, No. 11-13, Part B. NAI.

[56] Hyam, Ronald (1991) *Empire and Sexuality: The British Experience*, Manchester University Press. Manchester and New York. p 64.

[57] Report by Surgeon Marshall, 84th regiment, dated 31st 1848, GOI, Home files, Legislative branch, March 1864, No. 11-13, Part B. NAI

[58] Levine, Philippa. *op cit*. pp 311.

[59]*ibid.*

[60]Banerjee, Sumanta (1993) "The 'Beshya' and the 'Babu': Prostitute and Clientele in nineteenth Century Bengal", *Economic and Political Weekly*, 28.45. pp 2461-2472.

Veena Oldenburg (1990) *Lifestyle as Resistance: The Case of the Courtesans of Lucknow, India*. Feminist Studies.

[61]According to Phillipa Levine European prostitutes were declared of Jewish or French origin. Thus denying possibily of an English woman being a prostitute.

[62]Banerjee, Sumanta. *op cit*. p 82.

[63]Clare Anderson (2004) *Legible Bodies, Race, Criminality and Colonialism in South Asia,* Berg Publishers.

[64]Cullen and Wilcox (2010) *Encyclopaedia of Criminological Theory, Lombroso Cesare: Female Offender.* SagePublication.

[65]Guptoo, Nandini (2001) *The Politics of the Urban Poor in early twentieth century India* Cambridge University Press, p 4.

[66]Oldenburg, Veena (1990) *Lifestyle as Resistance: The Case of the Courtesans of Lucknow, India*. Feminist Studies, p 16.

[67] First Annual Report of the Sanitary Commissioner for Bengal, 1868. Alipore Jail Press (printed by William Jones), Calcutta. p 23.

[68] Sudipta Kaviraj (2002) "Ideas of Freedom in Modern India" in R. Taylor (ed) *The Idea of Freedom in Asia and Africa*. Stanford University Press. pp 117-330.

[69] Mitra, Premender (1940) "Pratikir Bhul", *Nar-Naree*, I (4), March issue, pp 123-127.

[70]Gupta, Charu (2012) *Gendering Colonial India: Reforms, Print, Caste and Communalism*. Orient Blackswan Private Limited.

[71]*ibid*

[72] John, M.E. and Nair, J. (1998) 'A Question of Silence. An Introduction', in M.E. John and J. Nair (eds), *A Question of Silence? The Sexual Economies of Modern India*. Kali for Women. Delhi. p 1.

[73] Burton, Richard (1886) *The Book of the Thousand Nights and a Night*, Medina edition, London, p 63.

[74] Dror Ze'evi (2006) *Producing Desire: Changing Sexual Discourse in the Ottoman Middle East, 1500-1900*. Umiversity of California Press. London.

[75]*ibid*. pp 206-207.

[76] Sir George Fletcher MacMunn (1933) *The Underworld of India*, Jarrolds.

[77] Forster, E.M. (2005) *A Passage to India*. Penguin Classics.

[78]*ibid*. p 190.

[79] Lawrence, T.E. (1935) *Seven Pillars of Wisdom: A Triumph* quoted in Sedgwick *Between Men.* Garden City, New York, p 194-195.

[80] Forster, E.M. (1953) *The Hill of Devi*. Harcourt Trade Publishers.

[81]*ibid* p 125.

[82] Chaudhary, Zahid (2001) *Controlling the Ganymedes: The Colonial Gaze in J.R. Ackerley's Hindoo Holiday*, South Asia, Vol. XXIV, pp 47-57.

[83] Kathryn Hansen (2004) "Theatrical Transvestism in the Parsi, Gujarati and Marathi Theatres (1850-1940)" in Srivastava, Sanjay ed. *Sexual Sites, Seminal Attitudes: sexualities, masculinities and culture in South Asia.* Sage Publications.

[84] Carla Petievich (2008) *When Men speak as Women: Vocal Masquerade in Indo-Muslim Poetry*. OUP India.

[85] Srivastava, Sanjay ed. (2004) *Sexual Sites, Seminal Attitudes: sexualities, masculinities and culture in South Asia.* Sage Publications.

[86] Ballhatchet, Kenneth. *op cit*.

[87]Criminal Tribes Act 1871.

[88]**377. Unnatural offences**: Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life, or with imprisonment of either description for term which may extend to ten years, and shall also be liable to fine.

Explanation: Penetration is sufficient to constitute the carnal intercourse necessary to the offense described in this section.

[89]*Queen Empress v. Khairati*, Indian Law Reports (1884), Allahabad, pp 204-206.

[90]*ibid*

[91]*ibid*

[92]*ibid*

[93]Qui-hi/ koi-hai – is anyone there? The usual phrase used to summon a servant.

[94] The Barrack-Room Ballads were written in a vernacular dialect and is a collection of a series of songs and poems by Rudyard Kipling pertaining to the Victorian British Army. It has some of Kipling's most popular poems, "Gunga Din", "Tommy", "Mandalay", and "Danny Deever" which contributed to his fame.

[95]Sramek, Joseph (2011) *Gender, Morality and Race in Company India*. Springer. p 71.

[96] Report of the Commissioners enquiring the sanitary state of the army. 1864.

[97] Strachan, Hew (1984) *Wellington's Legacy: The Reform of the British Army, 1830–1854*. Manchester: Manchester University Press. pp 50–51.

[98] Omissi, David (1994) *The Sepoy and the Raj: The Indian Army, 1860–1940*. London: Macmillan Press. p 27.

[99] For much of the century, there was marked resistance to any proposals for diversions such as libraries or theatres for the men as there was to such schemes as savings banks for soldiers. In the early nineteenth century, men enlisted to the army for 21 years. This lengthy term, combined with the weakened health of many - for some, even before they left Britain meant that most died in India. The terms of service were changed by the 1847 Time of Service in the Army Act, which reduced the term to 10 years. By this time, morbidity had also decreased considerably. Cardwell's 1870 reforms reduced the years of service even further.

[100] Edwardes, SM (1924) *Crime in India: A Brief Review of the More Important Offences Included in the Annual Criminal Returns with Chapters on Prostitution & Miscellaneous Matters*. London: Oxford University Press. pp 71-79.

[101] Lieutenant-Colonel James Marshall (1944) 'Prevention of Venereal Disease in the British Army' (paper presented at the Inter-Allied Conference on War Medicine, *Royal Society of Medicine*. p 260.

[102]Ruiz, Maria I. R. (2010) 'Fallen Women and the London Lock Hospital Laws and By-Laws of 1840', in *Journal of English Studies*, Vol 8.

[103]Fessler, A. (1951) 'Venereal disease and Prostitution in the Reports of the Poor Law Commission 1834-1850'. *British Journal of Venereal Diseases*. September 27(3). p 154 https://www.ncbi.nlm.nih.gov/pubmed/14886625.

[104] Kaminsky, Arnold (1979) Morality Legislation and British troops in late nineteenth century India, *Military Affairs,* vol 43, No 2.

[105] Levine, Philippa (1996) 'Rereading the 1890s: Venereal Disease as "Constitutional Crisis" in Britain and British India', *The Journal of Asian Studies,* vol 55, no. 3. pp 585-612.

[106] Hyam, Ronald (1991) *Empire and Sexuality: The British Experience*, Manchester University Press. Manchester and New York. p 64.

[107] Hamilton, Margaret (1978) 'Opposition to the Contagious Diseases Acts, 1864-1886', *Albion: A Quarterly Journal Concerned with British Studies*. Vol 10, No.1, pp 17.

[108] Levine, Philippa *op cit*.

[109]*ibid.*

[110] Arnold, David. *op cit*.

[111] Kaminsky, Arnold. *op cit.*

[112] Levine, Philippa. *op cit.*

[113] Watteville, Herman de (1954) *The British Soldier. His Daily Life from Tudor to Modern Times*. London: J. M. Dent & Sons. p 78.

[114] James, Lawrence (1997) *Raj: The Making and Unmaking of British India*. London: Little, Brown and Company. p 136.

[115] Stanley, Peter (1998) *White Mutiny: British Military Culture in India, 1825–1875*. London: Hurst. p 21.

[116] Report of the Commissioners appointed to Inquire into the Sanitary State of the Army in India. 1860. p 21.

[117] Chamber's Encyclopedia (1863) Edinburgh: W & R Chambers. Vol. V. 645.

[118] Roy, Kaushik 'The Armed Expansion of the English East India Company: 1740s - 1849' in Daniel P. Marston and Chandar S. Sundaram (eds) (2007) *A Military History of India and South Asia: From the East India Company to the Nuclear Era*. Westport, CT: Praeger. p 3.

[119] 'Fevers' – often malarial, were increasingly seen as unfortunate side-effects of the 'tropics'.
Harrison, Mark (1999) *Climates and Constitutions*: *Health, Race, Environment and British Imperialism in India 1600-1850.* New York, Oxford University Press.
Arnold, David (1993) *Colonizing the Body: State, Medicine and Epidemic Disease in Nineteenth century in India.* Oxford University Press.

[120] Annual Report on the Military Lock Hospitals of the Madras Presidency for the Year 1871. Madras: Government Press. NAI.

[121] Extract, letter from Assistant Surgeon Price of HM 12th Foot at Trichinopoly [n.d.], Fort St George Military Consultations, 1 March 1805. Board of Commissioners Collections 1807–1808. APAC F/4/200/4502. NAI.

[122] These were the states and rulers who were persuaded or forced into 'alliances' with the Company.

[123] Sramek, Joseph. *op cit*.

[124] Scott, James C. (1985) *Weapons of the Weak: Everyday Forms of Peasant Resistance*. New Haven: Yale University Press.

[125] Dewey, Clive (1993) *Anglo-Indian Attitudes: The Mind of the Indian Civil Service*. London: Hambledon.

[126] Chakrabarti, Pratik (2011) *Materials and Medicine: Trade, Conquest and Therapeutics in the Eighteenth Century*, Manchester University Press, p 83.

[127] Harrison, Mark 'Was There an Oriental Renaissance in Medicine? The Evidence of the Nineteenth-Century Medical Press', in David Finkelstein and Douglas M. Peers (ed.) (2000) *Negotiating India in the Nineteenth-Century Media*. Basingstoke: Macmillan. Pp 233–238.

[128] Stanley, Peter (1998) *White Mutiny: British Military Culture in India (1825-1875).* Hurst and Company. London. pp 7–21.

[129] Prebble, E. E. (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2). pp 55-62.

[130] *ibid* p 56.

[131] *ibid* p 56.

[132] *ibid*

[133] *ibid*

[134] *ibid*

[135] Prebble, E. E. (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2). pp 55-62.

[136] *ibid*

[137] *ibid*

[138] *ibid*

[139] *ibid*

[140] Prebble, E. E. (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2). pp 55-62.

[141] *ibid*

[142] *ibid* p 59.

[143] *ibid* p 59.

[144] *ibid* p 59.

[145] An international unit of penicillin equivalent to 0.606 micrograms of the crystalline compound.

[146] Prebble, E. E. (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2). p 59.

[147] *ibid* p 59.

[148]Prebble, E. E. (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2).

[149]*ibid*

[150]*ibid.*

[151]*ibid*

[152]Prebble, E. E. (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2). p 62.

[153]*ibid*

[154]*ibid*

[155]*ibid*

[156]Prebble, E. E. (1946) 'Venereal Disease in India', *The British Journal of Venereal diseases*. June issue. 22(2). p 62.

[157]*ibid*

[158]*ibid*

[159]*ibid*

[160]*ibid*

[161] Wheeler, F. (1878) Extract from the proceedings of the Cantonment Committee.

[162] Fourth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1877, Allahabad: North-Western Provinces and Oudh Government Press, 1878. p 1. NLS.

[163]*ibid*

[164]*ibid*

[165]*ibid*

[166] J.B. Hamilton, M.D., Surgeon-Major, A.M.D., In medical charge of Lock-Hospital, *Summary Report*, Cawnpore, 9th January, 1878. NLS.

[167] Fourth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1877, Allahabad: North-Western Provinces and Oudh Government Press, 1878. p 2. NLS.

[168] Fourth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1877, Allahabad: North-Western Provinces and Oudh Government Press, 1878, p 2. NLS.

[169]*ibid*

[170]*ibid.* pp 2-3.

[171] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Allahabad: North-Western Provinces and Oudh Government Press, 1879. p 1. NLS.

[172]*ibid*

[173]*ibid*

[174] Sixth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Allahabad: North-Western Provinces and Oudh Government Press, 1880. p 3. NLS.

[175]*ibid*

[176]*ibid*

[177]*ibid*

[178]*ibid*

[179] Seventh Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Allahabad: North-Western Provinces and Oudh Government Press, 1881. p 2. NLS.

[180]*ibid*

[181]*ibid*

[182] Eighth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Allahabad: North-Western Provinces and Oudh Government Press, 1882. p 3. NLS.

[183]*ibid*

[184]*ibid*

[185]*ibid*

[186] Eighth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Allahabad: North-Western Provinces and Oudh Government Press, 1882. p 3.

[187]*ibid*

[188]*ibid*

[189]*ibid*

[190]*ibid*

[191] Letter from A.J. Lawrence, Esq., Magistrate, Agra to Commissioner, Agra Division. No. 16. Dated the 28th of January, 1878. NLS.

[192] Fourth Annual Report on the Agra Lock-Hospital for 1877, No. 16, 28th January, Allahabad NWP & Oudh Government Press 1878. p 6. NLS.

[193]*ibid*

[194] A.J. Lawrence, Esq., Magistrate, Agra. Annual Report on the Agra Lock-Hospital for 1877, No. 16, 28th January, 1878. p 6. NLS.

[195] Fourth Annual Report on the Agra Lock-Hospital for 1877, No. 16, 28th January, Allahabad NWP & Oudh Government Press 1878. p 6. NLS.

[196] Reid, M.B., A. Scott (Surgeon, In medical charge of Lock-Hospital), Annual Report on the Agra Hospital for 1877. Agra, the 1st January, 1878. NLS.

[197] *ibid* p8

[198] *ibid* p8

[199]*ibid* p8

[200]*ibid* p8

[201]*Ibid* p8.

[202] Reid, A. Scott (M.B., Surgeon, In medical charge of Lock-Hospital), Annual Report on the Agra Hospital for 1877. Agra, the 1st January, 1878. NLS. p8

[203]*ibid* p8.

[204]*ibid* p8

[205] Statistics provided by A. Scott, M.B., Surgeon, In medical charge of Lock-Hospital, Agra, Annual Report on the Agra Lock Hospital for 1877. 1st January, 1878. p 9. NLS.

[206]*ibid p* 9.

[207]*ibid* p 9.

[208] Fifth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878. From the Secretary to Government NWP & Oudh. Sanitation Department. Dated the 28th of August, 1879. p 4. NLS.

[209]*ibid* p5

[210]*ibid* p5

[211]*ibid* p5

[212]Fifth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878. From the Secretary to Government NWP & Oudh. Sanitation Department. Dated the 28th of August, 1879. p 5. NLS.

[213]*ibid* p5

[214]*ibid* p5

[215]*ibid* p5

[216] Sixth Annual Report of the Working of the Lock Hospitals in the North-West Provinces and Oudh for the year 1879. From the Secretary, NWP & Oudh to the GOI – Home, Revenue and Agricultural Department. Home Department 1880. Dated the 17th of August, 1880. p 4. NLS.

[217]*ibid* p4

[218]*ibid* p4

[219]*ibid* p4

[220]*ibid* p4

[221]Sixth Annual Report of the Working of the Lock Hospitals in the North-West Provinces and Oudh for the year 1879. From the Secretary, NWP & Oudh to the GOI – Home, Revenue and Agricultural Department. Home Department 1880. Dated the 17th of August, 1880. p 5. NLS.

[222]*ibid* p5

[223]*ibid* p5

[224]*ibid* p5

[225]*ibid* p5

[226]*ibid* p5

[227]Sixth Annual Report of the Working of the Lock Hospitals in the North-West Provinces and Oudh for the year 1879. From the Secretary, NWP & Oudh to the GOI – Home, Revenue and Agricultural Department. Home Department 1880. Dated the 17th of August, 1880. p 5. NLS.

[228]*ibid* p5

[229]*ibid* p5

[230]*ibid* p5

[231]*ibid* p5

[232] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880 by C. Planck, Surgeon-Major, Sanitary Commissioner and Superintendent General of Vaccination, NWP & Oudh dated the 24th of March, 1881. p 3. NLS.

[233]*ibid* p3

[234]*ibid* p3

[235]*ibid* p3

[236]*ibid* p3

[237]*ibid* p3

[238]Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880 by C. Planck, Surgeon-Major, Sanitary Commissioner and Superintendent General of Vaccination, NWP & Oudh dated the 24th of March, 1881. p 3. NLS.

[239]*ibid* p3

[240]*ibid* p4

[241]*ibid* p4

[242]*ibid* p4

[243]*ibid* p4

[244] Eighth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880 by Charles Planck, F.R.C.S.E., F.S.S., Dy. Surgeon-General, Sanitary Commissioner, NWP and Oudh, dated the 27th of April, 1882. p 4. NLS.

[245]*ibid* p 4

[246]*ibid* p 5

[247]*ibid* p 5

[248]*ibid* p 5

[249]Eighth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880 by Charles Planck, F.R.C.S.E., F.S.S., Dy. Surgeon-General, Sanitary Commissioner, NWP and Oudh, dated the 27th of April, 1882. p 5. NLS.

[250]*ibid* p 5

[251]*ibid* p 5

[252]*ibid* p 5

[253]*ibid* p 5

[254]*ibid* p 5

[255] Letter from R. M. Edwards, Esq., Commissioner, Rohilkhand Division to Secretary to Government, North-Western Provinces and Oudh. No. 23, dated Bareilly, 14th March, 1878. NLS.

[256]*ibid*

[257]*ibid*

[258]*ibid*

[259]*ibid*

[260]*ibid*

[261] *ibid*

[262] G. R. Triphook (M.B., F.L.S, in medical charge) *Extracts from proceedings of the Cantonment Committee assembled at 8 A.M. on the 2nd February, 1878, at the Cantonment Magistrate's Office, Bareilly*. Annual Report dated 14th March, 1878. P 16. NLS.

[263] Annual Report on the Bareilly Lock-Hospital for 1877, No. 23, dated Bareilly, the 14th March, 1878. p 17.NLS.

[264] Annual Report on the Bareilly Lock-Hospital for 1877, No. 23, dated Bareilly, the 14th March, 1878. p 17.NLS.

[265] Letter from R.M. Edwards, Esq., Commissioner, Rohilkhand Division to Secretary to Government, North-Western Provinces and Oudh. No. 23, dated Bareilly, the 14th March, 1878. p 16. NLS.

[266] Annual Report on the Bareilly Lock-Hospital for 1877, No. 23, dated Bareilly, the 14th March, 1878. p 17. NLS.

[267] Annual Report on the Bareilly Lock-Hospital for 1877, No. 23, dated Bareilly, the 14th March, 1878. p 17. NLS.

[268] G.R. Triphook, M.B., F.L.S., Surgeon, A.M.D., In medical charge Bareilly, Annual Report on the Bareilly Lock-Hospital for 1877. January 1878. NLS.

[269] *ibid* p 19.

[270] Report from R.M. Edwards, Esq., Commissioner, Rohilkhand Division to Secretary to Government, North-Western Provinces and Oudh. No. 23, dated Bareilly, the 14th March, 1878. p 19. NLS.

[271] Triphook *op cit* p 19.

[272] *ibid* p 19.

[273] *ibid* p 19

[274] *ibid* p 19

[275] *ibid* p 19

[276] *ibid* p 19

[277] Fifth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878. Dated the 17th of May, 1879. p 8. NLS.

[278] *ibid* p 8.

[279] *ibid* p 8.

[280] *ibid* p 8.

[281] Fifth Annual Report of the working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878. Dated the 17th of May, 1879. p 8. NLS.

[282] *ibid* p 8.

[283] *ibid* p 8.

[284] *ibid* p 8.

[285] From The Secretary to Government, N.W. Provinces and Oudh, Sanitation 1879 Dept. dated the 28th August, 1879. p 10. NLS.

[286] C. Planck. Sanitary Commissioner Report. Nainital. 25th May 1880. p 10. NLS.

[287] *ibid* p 10

[288] *ibid* p 11

[289] From The Secretary to Government, N.W. Provinces and Oudh to The Secretary to the Government of India, Home, Revenue, and Agricultural Department. No. 176. Home Department. Dated the 17th August, 1880. p 8. NLS.

[290]*ibid* p 8.

[291] Extract by C. Planck (Surgeon Major, Sanitary Commissioner and Superintendant General of Vaccination, NWP & Oudh) Allahabad. Home Department. 24th March, 1881. p 26. NLS.

[292]*ibid* p 27.

[293]*ibid* p 27.

[294]*ibid* p 27.

[295] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department Files. p 8. NLS.

[296]*ibid* p 8.

[297]*ibid* p 8.

[298]*ibid* p 9.

[299] Fourth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1877. Allahabad. 1878. p 23. NLS.

[300] W. Ashton, M.B. (Surgeon-Major, In medical charge of Lock-Hospital). Annual Report on the Allahabad Lock-Hospital for 1877. Allahabad. North-Western Provinces and Oudh Government Press. 1878. p 23. NLS.

[301] Annual Report on the Allahabad Lock-Hospital for 1877. Allahabad. North-Western Provinces and Oudh Government Press. 1878. p 23. NLS.

[302]*ibid* p 23.

[303]*ibid* p 23.

[304]*ibid* p 24.

[305] Fourth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1877. Allahabad. 1878. p 24. NLS.

[306] W. Ashton, M.B., Surgeon-Major, In medical charge of Lock-Hospital Allahabad. North-Western Provinces and Oudh Government Press. 1878. p 24. NLS.

[307] Fourth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1877. Allahabad. 1878. p 24. NLS.

[308] Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878. Allahabad. 1879. p 6. NLS.

[309]*ibid* p 6.

[310]*ibid* p 6.

[311]*ibid* p 6.

[312]*ibid* p 6.

[313]Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878. Allahabad. 1879. p 6. NLS.

[314]*ibid* p 7.

[315]*ibid* p 7.

[316]Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878. Allahabad. 1879. p 7. NLS.

[317]*ibid* p 7.

[318]*ibid* p 7.

[319]*ibid* p 7.

[320]Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Allahabad. 1880. p 1. NLS.

[321]*ibid* p 1.

[322]*ibid* p 1.

[323] C. Planck. Sanitary Commissioner Report. Sanitary Department 1879. Nainital. NWP & Oudh Press. 25th May 1880. p 2. NLS.

[324]*ibid* p 2.

[325]*ibid* p 2.

[326] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Allahabad. 1880. p 3. NLS.

[327] From The Secretary to Government, N.W. Provinces and Oudh to The Secretary to the Government of India, Home, Revenue, and Agricultural Department. No. 176. Home Department. Dated the 17th August, 1880. p 1. NLS.

[328]*ibid* p 1.

[329] Seventh Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Allahabad. 1881. p 1. NLS.

[330]*ibid* p 1.

[331]*ibid* p 1.

[332] Extract by C. Planck (Surgeon Major, Sanitary Commissioner and Superintendant General of Vaccination, NWP & Oudh) Allahabad. Home Department. 24th March, 1881. p 1. NLS.

[333]*ibid* p 1.

[334] Eighth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1881. Home Department 1881. Dated the 4th July 1881. p 1. NLS.

[335]*ibid* p 1.

[336]*ibid* p 1.

[337]*ibid* p 1.

[338]*ibid* p 1.

[339] Eighth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880 extract by Charles Planck (F.R.C.S.E., F.S.S., Dy. Surgeon-General, Sanitary Commissioner, NWP and Oudh), dated the 27th of April, 1882. p 2. NLS.

[340] G.W.C. Plowden (Major, Cantt. Magte., and Secy., Cantt. Committee) Extract from the proceedings of the Cantonment Committee assembled at Meerut on Saturday, the 2nd of March, 1878. p 28. NLS.

[341] Annual Report on the Lock-Hospital at Meerut for 1877, No. 6, dated Meerut, the 17th January, 1878. p 29. NLS.

[342] W. Moir (M.B., A.M., Medical Officer) Annual Statement of the Lock Hospital at Meerut for the year 1877. Meerut. Dated 1st January, 1878. p 30. NLS.

[343] Annual Report on the Lock-Hospital at Meerut for 1877, No. 6, dated Meerut, the 17th January, 1878. p 30. NLS.

[344] *ibid* p 30.

[345] W. Moir (M.B., A.M., Medical Officer) Annual Statement of the Lock Hospital at Meerut for the year 1877. Meerut. Dated 1st January, 1878. p 31. NLS.

[346] G.W.C. Plowden (Major, Cantt. Magte., and Secy., Cantt. Committee) Extract from the proceedings of the Cantonment Committee assembled at Meerut on Saturday, the 2nd of March, 1878. p 31. NLS.

[347] Annual Report on the Lock-Hospital at Meerut for 1877, No. 6, dated Meerut, the 17th January, 1878. p 31. NLS.

[348] W. Moir (M.B., A.M., Medical Officer) Annual Statement of the Lock Hospital at Meerut for the year 1877. Meerut. Dated 1st January, 1878. p 31. NLS.

[349] *ibid* p 31.

[350] Annual Report on the Lock-Hospital at Meerut for 1877, No. 6, dated Meerut, the 17th January, 1878. p 31. NLS.

[351] W. Moir (M.B., A.M., Medical Officer) Annual Statement of the Lock Hospital at Meerut for the year 1877. Meerut. Dated 1st January, 1878. p 32. NLS.

[352] *ibid* p 32.

[353] Annual Report on the Lock-Hospital at Meerut for 1877, No. 6, dated Meerut, the 17th January, 1878. p 32. NLS.

[354] Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878. Allahabad. 1879. p 9. NLS.

[355] *ibid* p 9.

[356] *ibid* p 9.

[357] *ibid* p 9.

[358] C. Planck. Sanitary Commissioner Report. Sanitary Department 1879. Nainital. NWP & Oudh Press. 17th May 1879. p 9. NLS.

[359] *ibid* p 9.

[360] *ibid* p 9.

[361] Fifth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1878. Allahabad. 1879. p 9. NLS.

[362] *ibid* p 9.

[363] *ibid* p 9.

[364] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. NLS.

[365] *ibid* p 6.

[366] *ibid* p 6.

[367] *ibid* p 6.

[368] *ibid* p 6.

[369] *ibid* p 6.
[370] *ibid* p 7.
[371] *ibid* p 7.
[372] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 4. NLS.
[373] *ibid* p 4.
[374] *ibid* p 4.
[375] *ibid* p 4.
[376] *ibid* p 5.
[377] *ibid* p 5.
[378] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 5. NLS.
[379] *ibid* p 5.
[380] *ibid* p 5.
[381] *ibid* p 5.
[382] *ibid* p 5.
[383] Letter from R. Wall (Esq., Magistrate of Benares to The Commissioner, 5th division, Benares) No. 8, dated Benares, the nineteenth January, 1878. p 35. NLS.
[384] *ibid* p 36.
[385] W. H. Lowther (Col., President) Remarks by the Cantonment Committee. No. 8, dated Benares, the nineteenth January, 1878. p 36. NLS.
[386] *ibid* p 36.
[387] *ibid* p 36.
[388] *ibid* p 36.
[389] *ibid* p 36.
[390] C.C. Dempster, Surgeon-Major, A.M.D., In medical charge of Lock-Hospital. Annual Report on the Benares Lock-Hospital for 1877. Benares, 1st January, 1878. NLS.
[391] *ibid* p 36.
[392] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878. Benares: North-Western Provinces and Oudh Government Press, 1879. p 11. NLS.
[393] *ibid* p 11.
[394] *ibid* p 11.
[395] *ibid* p 11.
[396] *ibid* p 12.
[397] *ibid* p 12.
[398] Sixth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 12. NLS.
[399] *ibid* p 12.
[400] *ibid* p 12.

[401]Sixth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 13. NLS.

[402]*ibid* p 13.

[403]*ibid* p 13.

[404] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department Files. p 10. NLS.

[405]*ibid* p 10.

[406]*ibid* p 10.

[407]*ibid* p 11.

[408]Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department Files. p 11. NLS.

[409]*ibid* p 11.

[410]*ibid* p 12.

[411]*ibid* p 12.

[412] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Moradabad. North-Western Provinces and Oudh for the year 1877. Moradabad. North-Western Provinces and Oudh Government Press. 1878. p 40. NLS.

[413] Annual Report on Lock-Hospital at Moradabad for 1877. North-Western Provinces and Oudh Government Press. p 40. NLS.

[414]*ibid* p 40.

[415] R.J. Leeds (Officiating Magistrate) Annual Report on Lock-Hospital at Moradabad for 1877. North-Western Provinces and Oudh Government Press. p 41. NLS.

[416] T. Barnewall (Surgeon-Major, In medical charge Det. 1-18th Regiment and Superintendent) Annual Report on Lock-Hospital at Moradabad for 1877. North-Western Provinces and Oudh Government Press. p 41. NLS.

[417]*ibid* p 42.

[418]*ibid* p 42.

[419]*ibid* p 42.

[420]*ibid* p 42.

[421] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Moradabad: North-Western Provinces and Oudh Government Press, 1879. p 12. NLS.

[422]*ibid* p 12.

[423]*ibid* p 12.

[424]*ibid* p 12.

[425]*ibid* p 13.

[426] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 14. NLS.

[427]*ibid* p 14.

[428]*ibid* p 14.

[429] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 12. NLS.
[430]*ibid* p 12.
[431]*ibid* p 12.
[432]*ibid* p 12.
[433]*ibid* p 13.
[434]*ibid* p 13.
[435] Letter from Captain A.C. Toker (Cantonment Magistrate, Ranikhet) to The Senior Assistant Commissioner, Kumaun. No. 27, dated Ranikhet, the 1st of January, 1878. p 45. NLS.
[436] Fourth Annual Report on the working of the lock-hospitals in the provinces of North-Western Provinces and Oudh for the year 1877, North-Western Provinces and Oudh Government Press, Allahabad, 1878. p 45. NLS.
[437] L.A. Irving (Surgeon, A.M.D., In medical charge of Lock-Hospital) Annual Report on the Lock-Hospital at Ranikhet for 1877. p 45. NLS.
[438]*ibid* p 45.
[439]*ibid* p 45.
[440] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878. Ranikhet: North-Western Provinces and Oudh Government Press, 1879. p 13. NLS.
[441]*ibid* p 13.
[442]*ibid* p 13.
[443]*ibid* p 13.
[444]*ibid* p 13.
[445]*ibid* p 13.
[446]Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878. Ranikhet: North-Western Provinces and Oudh Government Press, 1879. p 13. NLS.
[447]*ibid* p 13.
[448]*ibid* p 13.
[449]*ibid* p 13.
[450]*ibid* p 14.
[451] Wald, Erica (2014) *Vice in the Barracks: Medicine, the Military and the Making of Colonial India, 1780-1868*.
Palgrave Macmillan.
[452] Sixth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 15. NLS.
[453]*ibid* p 15.
[454]*ibid* p 15.
[455]*ibid* p 16.
[456]*ibid* p 16.

[457]Sixth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 16. NLS.

[458]*ibid* p 16.

[459]*ibid* p 17.

[460]*ibid* p 17.

[461]*ibid* p 17.

[462] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 14. NLS.

[463]*ibid* p 14.

[464]*ibid* p 14.

[465]*ibid* p 14.

[466] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Moradabad. North-Western Provinces and Oudh for the year 1877. Fyzabad. North-Western Provinces and Oudh Government Press. 1878. p 95. NLS.

[467]*ibid* p 95.

[468] H. Gibbon (M.B., Surgeon Major, In medical charge 1-25th Regiment and Senior Medical Officer) Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Moradabad. North-Western Provinces and Oudh for the year 1877. Fyzabad. North-Western Provinces and Oudh Government Press. 1878. p 95. NLS.

[469]*ibid* p 96.

[470]*ibid* p 96.

[471] G.J.H. Evatt (M.D., Surgeon-Major, A.M.D., Staff Surgeon, Fyzabad) Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Moradabad. North-Western Provinces and Oudh for the year 1877. Fyzabad. North-Western Provinces and Oudh Government Press. 1878. p 97. NLS.

[472]*ibid* p 97.

[473]*ibid* p 97.

[474]*ibid* p 97.

[475] C.J. Skerry (Colonel 81st Regiment, Commanding at Fyzabad) Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Fyzabad. North-Western Provinces and Oudh Government Press. 1878. p 98. NLS.

[476]*ibid* p 98.

[477] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Fyzabad: North-Western Provinces and Oudh Government Press, 1879. p 10. NLS.

[478]*ibid* p 10.

[479]*ibid* p 10.

[480] Sixth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 11. NLS.

[481]*ibid* p 11.

[482]*ibid* p 11.

[483]Sixth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 11. NLS.

[484]*ibid* p 12.

[485] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department Files. p 9. NLS.

[486]*ibid* p 9.

[487]*ibid* p 9.

[488]*ibid* p 10.

[489]*ibid* p 10.

[490]*ibid* p 10.

[491] T. Bedford (Superintendent, Commissioner's office) Copy of docket No. 780, dated 4th April, 1878. p 101. NLS.

[492] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Moradabad. North-Western Provinces and Oudh for the year 1877. Sitapur. North-Western Provinces and Oudh Government Press. 1878. p 102. NLS.

[493]*ibid* p 103.

[494]*ibid* p 103.

[495]*ibid* p 104.

[496] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Sitapur: North-Western Provinces and Oudh Government Press, 1879. p 24. NLS.

[497]*ibid* p 24.

[498]*ibid* p 24.

[499]*ibid* p 25.

[500]Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Sitapur: North-Western Provinces and Oudh Government Press, 1879. p 25. NLS.

[501]*ibid* p 25.

[502]*ibid* p 26.

[503]*ibid* p 26.

[504] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 17. NLS.

[505]*ibid* p 17.

[506]*ibid* p 17.

[507]*ibid* p 17.

[508] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Jhansi. North-Western Provinces and Oudh Government Press. 1878. p 74. NLS.

[509] R. Annesley, Major, Cantonment Magistrate. Extract form the proceedings of the Jhansi Cantonment Committee, assembled at the Cantonment Magistrate's Office at 11 A.M. on the 8th January, 1878, agreeably to station orders dated 5th January, 1878. p 74. NLS.

[510] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Fyzabad. North-Western Provinces and Oudh Government Press. 1878. p 74. NLS.

[511] J. Judd, Apothy, 1st class, H.M.'s 39th Regiment, In medical charge of Lock-Hospital and R. Annesley, Major, Secretary, Cantonment Committee Report, 1878. p 75. NLS.

[512]*ibid* p 75.

[513] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Jhansi. North-Western Provinces and Oudh Government Press. 1878. p 75. NLS.

[514]*ibid* p 75.

[515]*ibid* p 75.

[516]*ibid* p 75.

[517] J. Judd, Apothy, 1st class, H.M.'s 39th Regiment, In medical charge of Lock-Hospital and R. Annesley, Major, Secretary, Cantonment Committee Report, 1878. p 76.NLS.

[518]*ibid* p 76.

[519] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Jhansi. North-Western Provinces and Oudh Government Press. 1878. p 76. NLS.

[520] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Jhansi. North-Western Provinces and Oudh Government Press. 1878. p 76. NLS.

[521] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Jhansi: North-Western Provinces and Oudh Government Press, 1879. p 16. NLS.

[522]*ibid* p 16.

[523]*ibid* p 16.

[524]*ibid* p 16.

[525]Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Jhansi: North-Western Provinces and Oudh Government Press, 1879. p 16. NLS.

[526]*ibid* p 16.

[527]*ibid* p 16.

[528]*ibid* p 16.

[529] Sixth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 18. NLS.

[530]*ibid* p 18.

[531]*ibid* p 18.

[532]*ibid* p 18.

[533] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 16. NLS.

[534]*ibid* p 16.

[535]*ibid* p 16.

[536]*ibid* p 16.

[537]*ibid* p 16.

[538]Letter from Colonel James Reid, Commissioner, Lucknow Division to Sanitary Commissioner, North-Western Provinces. No. 92 D, dated Lucknow, the 26th March, 1878. p 79. NLS.

[539]Letter from Colonel James Reid, Commissioner, Lucknow Division to Sanitary Commissioner, North-Western Provinces. No. 92 D, dated Lucknow, the 26th March, 1878. p 79. NLS.

[540] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Luknow. North-Western Provinces and Oudh Government Press. 1878. p 79. NLS.

[541] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Lucknow. North-Western Provinces and Oudh Government Press. 1878. p 90. NLS.

[542] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Lucknow. North-Western Provinces and Oudh Government Press. 1878. p 90. NLS.

[543]Letter from Colonel James Reid, Commissioner, Lucknow Division to Sanitary Commissioner, North-Western Provinces. No. 92 D, dated Lucknow, the 26th March, 1878. p 79. NLS.

[544]*ibid* p 79.

[545] R Chamberlain, Lieutenant General, Commanding Oudh Division. *Memorandum*. dated the twentiethFebruary, 1878. Lucknow. p 81. NLS.

[546]*ibid* p 82

[547]*ibid* p 81

[548]Letter from Colonel James Reid, Commissioner, Lucknow Division to Sanitary Commissioner, North-Western Provinces. No. 92 D, dated Lucknow, the 26th March, 1878. p 80. NLS.

[549] F.M. Newberry, Captain, City Magistrate. *Memorandum*. Dated 21st March, 1878. p 81. NLS

[550] R Chamberlain, Lieutenant General, Commanding Oudh Division. *Memorandum*. Dated the twentieth February, 1878. Lucknow. p 81. NLS.

[551]*ibid* p 81.

[552]*ibid* p 82.

[553]*ibid* p 82.

[554] J.A.S Hutchinson, M.D., Deputy Surgeon General, I. F. Lucknow Circle. *Memorandum*. dated the 27th Februrary, 1878. Lucknow. p 83. NLS.

[555]*ibid* p 83.

[556]M. Horsford, Major, Offg. Cantonment Magistrate. *Memorandum on Lock Hospital Report for 1877*. Dated the 16th March, 1878. Lucknow. p 84. NLS.

[557]Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Lucknow. North-Western Provinces and Oudh Government Press. 1878. p 85. NLS.

[558]*ibid* p 85.

[559]*ibid* p 85.

[560] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Lucknow. North-Western Provinces and Oudh Government Press. 1878. p 87. NLS.

[561]E. Fairland, Staff Surgeon. Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1877. dated 1st February 1878. Lucknow. p 88. NLS.

[562]*ibid* p 88.

[563] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Lucknow. North-Western Provinces and Oudh Government Press. 1878. p 88. NLS.
[564] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Lucknow. North-Western Provinces and Oudh Government Press. 1878. p 86. NLS.
[565]*ibid* p 87.
[566]*ibid* p 92.
[567] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Lucknow. North-Western Provinces and Oudh Government Press. 1878. p 92. NLS.
[568] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Lucknow: North-Western Provinces and Oudh Government Press, 1879. p 2. NLS.
[569]*ibid* p 2.
[570]*ibid* p 2.
[571]*ibid* p 2.
[572]*ibid* p 2.
[573]Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Lucknow: North-Western Provinces and Oudh Government Press, 1879. p 2. NLS.
[574]*ibid* p 2.
[575]*ibid* p 2.
[576]*ibid* p 3.
[577]*ibid* p 3.
[578] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 7. NLS.
[579]*ibid* p 8.
[580]*ibid* p 8.
[581]*ibid* p 8.
[582]*ibid* p 8.
[583]Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 8. NLS.
[584]*ibid* p 8.
[585]*ibid* p 8.
[586]*ibid* p 9.
[587]*ibid* p 10.
[588] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 6. NLS.
[589]*ibid* p 6
[590]*ibid* p 6.
[591] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 6. NLS.

[592] *ibid* p 6.

[593] *ibid* p 7.

[594] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 7. NLS.

[595] *ibid* p 7.

[596] *ibid* p 7.

[597] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 7. NLS.

[598] *ibid* p 7.

[599] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 8. NLS.

[600] Letter from E. Colvin, Esq., Officiating Commissioner, Meerut Division to the Secy. To Govt., N.W. Provinces and Oudh. No. 28, dated the 11th February, 1878. p 53. NLS.

[601] Letter from Captain D. Chatterton, Secretary, Cantonment Committee to the Magistrate of Saharanpur. No. 33, dated Roorkee, the 29th of January, 1878. p 53. NLS.

[602] Annual Report by R. Blood (M.D., Surgeon, A.M.D., In medical charge of lock hospital) Roorkee. N.W. Provinces and Oudh. dated the 24th January, 1878. p 54. NLS.

[603] *ibid* p 54.

[604] *ibid* p 54.

[605] Annual Report by R. Blood (M.D., Surgeon, A.M.D., In medical charge of lock hospital) Roorkee. N.W. Provinces and Oudh. dated the 24th January, 1878. p 54. NLS.

[606] *ibid* p 54.

[607] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Jhansi: North-Western Provinces and Oudh Government Press, 1879. p 17. NLS.

[608] *ibid* p 18.

[609] *ibid* p 18.

[610] *ibid* p 18.

[611] Sixth Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 17. NLS.

[612] *ibid* p 17.

[613] *ibid* p 17.

[614] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 14. NLS.

[615] *ibid* p 14.

[616] *ibid* p 14.

[617] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 14. NLS.

[618] *ibid* p 14.

[619] Letter from R.M. Edwards, Esq., Commissioner, Rohilkhand Division to the Secretary to Government, North-Western Provinces. No. 17, dated Bareilly, 12th February, 1878. p 57. NLS.

[620]*ibid* p 57.

[621]*ibid* p 57.

[622] Letter from R.M. Edwards, Esq., Commissioner, Rohilkhand Division to the Secretary to Government, North-Western Provinces. No. 17, dated Bareilly, 12th February, 1878. p 57. NLS.

[623] Letter from W. Duthoit, Esq., D.C.L., Magistrate of Shahjahanpur to the Commissioner, Rohilkhand. No. 11, dated Shahjahanpur, the 12th of January, 1878. p 57. NLS.

[624] E.B. Gardener, Surgeon-Major, I.M.D., In medical charge Staff and Lock-Hospital. Annual Statement of the Lock Hospital at Shahjahanpur, 6th January, 1878. p 58. NLS.

[625]*ibid* p 58.

[626] E.B. Gardener, Surgeon-Major, I.M.D., In medical charge Staff and Lock-Hospital. Annual Statement of the Lock Hospital at Shahjahanpur, 6th January, 1878. p 58. NLS.

[627]*ibid*p 58.

[628] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Lucknow. North-Western Provinces and Oudh Government Press. 1878. p 58. NLS.

[629] E.B. Gardener, Surgeon-Major, I.M.D., In medical charge Staff and Lock-Hospital. Annual Statement of the Lock Hospital at Shahjahanpur, 6th January, 1878. p 58. NLS.

[630]*ibid* p 59.

[631] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Shahjahanpur: North-Western Provinces and Oudh Government Press, 1879. p 14. NLS.

[632] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Shahjahanpur: North-Western Provinces and Oudh Government Press, 1879. p 14. NLS.

[633]*ibid* p 14.

[634] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Shahjahanpur: North-Western Provinces and Oudh Government Press, 1879. p 14. NLS.

[635]*ibid* p 14.

[636] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Shahjahanpur: North-Western Provinces and Oudh Government Press, 1879. p 14. NLS.

[637] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 15. NLS.

[638]*ibid* p 15.

[639] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 15. NLS.

[640]*ibid* p 15.

[641]*ibid* p 15.

[642] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 13. NLS.

[643] *ibid* p 13.

[644] *ibid* p 13.

[645] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 13. NLS.

[646] *ibid* p 13.

[647] *ibid* p 13.

[648] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 14. NLS.

[649] *ibid* p 14.

[650] Letter from E. Colvin, Esq., Offg. Commissioner, Meerut Division to The Secretary to Government, N.W. Provinces and Oudh. No. 29, dated Meerut, the 11th February, 1878. p 61. NLS.

[651] *ibid* p 61.

[652] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Chakrata. North-Western Provinces and Oudh Government Press. 1878. p 62. NLS.

[653] *ibid* p 62.

[654] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Chakrata. North-Western Provinces and Oudh Government Press. 1878. p 62. NLS.

[655] *ibid* p 62.

[656] Letter from H.G. Ross, Esq., C.S., Superintendent, Dehradun to The Officiating Commissioner, Meerut Division. No. 30, dated Dehradun, the 4th February, 1878. p 62. NLS.

[657] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Chakrata. North-Western Provinces and Oudh Government Press. 1878. p 63. NLS.

[658] *ibid* p 63.

[659] Letter from W.M. Mitchell, Esq., in medical charge of Lock-Hospital, Chakrata to The Cantonment Magistrateand Secretary to the Cantonment Committee, Chakrata. 1st December, 1877. NLS.

[660] W.M. Mitchell, Apothecary, 62nd Regt., In medical charge of Lock-Hospital. Annual Reort on the Chakrata Lock-Hospital for 1877. NLS.

[661] *ibid* p 63.

[662] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Chakrata: North-Western Provinces and Oudh Government Press, 1879. p 15. NLS.

[663] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Chakrata: North-Western Provinces and Oudh Government Press, 1879. p 15. NLS.

[664] *ibid* p 15.

[665] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Chakrata: North-Western Provinces and Oudh Government Press, 1879. p 15. NLS.

[666] *ibid* p 15.

[667] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 21. NLS.

[668] *ibid* p 21.

[669] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 21. NLS.

[670] *ibid* p 21.

[671] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 17. NLS.

[672] *ibid* p 17.

[673] *ibid* p 18.

[674] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 18. NLS.

[675] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 18. NLS.

[676] Letter from C. Currie, Esq., Commissioner, Agra Division to Secretary to Government, North Western Provinces and Oudh. Docket No. 6, dated Agra, 29th January, 1878. p 66. NLS.

[677] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Muttra. North-Western Provinces and Oudh Government Press. 1878. p 66. NLS.

[678] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Muttra. North-Western Provinces and Oudh Government Press. 1878. p 66. NLS.

[679] Letter from T.B. Tracy, Esq., Magistrate of Muttra to the Commissioner, Agra Division. No. 3, dated Muttra, 3rd January, 1878. p 66. NLS.

[680] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Muttra: North-Western Provinces and Oudh Government Press, 1879. p 19. NLS.

[681] *ibid* p 19.

[682] *ibid* p 19.

[683] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Muttra: North-Western Provinces and Oudh Government Press, 1879. p 19. NLS.

[684] *ibid* p 19.

[685] *ibid* p 19.

[686] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 21. NLS.

[687] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 21. NLS.

[688] *ibid* p 21.

[689] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 17. NLS.

[690] *ibid* p 17.

[691] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 17. NLS.

[692] *ibid* p 17.

[693] Letter from Major General H. Ramsay, Commissioner, Kumaun Division to the Secretary to Government, North-Western Provinces and Oudh. No. 30, dated Ramnagar, 14th January, 1878. p 68. NLS.

[694] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Nainital. North-Western Provinces and Oudh Government Press. 1878. p 68. NLS.

[695] *ibid* p 69.

[696] *ibid* p 69.

[697] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Nainital. North-Western Provinces and Oudh Government Press. 1878. p 68. NLS.

[698] *ibid* p 69.

[699] *ibid* p 69.

[700] J.E. Moffatt, Surgeon-Major, A.M.D., In medical charge of Lock-Hospital. Annual Report on the Nainital Lock-Hospital for 1877. p 69. NLS.

[701] *ibid* p 69.

[702] J.E. Moffatt, Surgeon-Major, A.M.D., In medical charge of Lock-Hospital. Annual Report on the Nainital Lock-Hospital for 1877. p 69. NLS.

[703] *ibid* p 69.

[704] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Nainital. North-Western Provinces and Oudh Government Press. 1878. p 69. NLS.

[705] J.E. Moffatt, Surgeon-Major, A.M.D., In medical charge of Lock-Hospital. Annual Report on the Nainital Lock-Hospital for 1877. p 70. NLS.

[706] *ibid* p 70.

[707] Fourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Nainital. North-Western Provinces and Oudh Government Press. 1878. p 70. NLS.

[708] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Nainital: North-Western Provinces and Oudh Government Press, 1879. p 17. NLS.

[709] *ibid* p 17.

[710] Fifth Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh for the year 1878, Nainital: North-Western Provinces and Oudh Government Press, 1879. p 17. NLS.

[711] *ibid* p 17.

[712] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 19. NLS.

[713] *ibid* p 19.

[714] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 20. NLS.

[715]*ibid* p 20.

[716]*ibid* p 20.

[717] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 20. NLS.

[718]*ibid* p 20.

[719]*ibid* p 20.

[720] Sixth Annual Report on the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1879. Sanitation Department. Dated the 28th August, 1879. p 20. NLS.

[721] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 16. NLS.

[722]*ibid* p 17.

[723] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 17. NLS.

[724] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 18. NLS.

[725]*ibid* p 18.

[726]*ibid* p 18.

[727]*ibid* p 18.

[728] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 18. NLS.

[729]*ibid* p 18.

[730]*ibid* p 18.

[731]*ibid* p 18.

[732] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 19. NLS.

[733]*ibid* p 19.

[734]*ibid* p 19.

[735] Seventh Annual Report of the Working of the Lock Hospitals in the North-Western Provinces and Oudh for the year 1880. Home Department. No. 176. Dated the 17th August, 1880. p 19. NLS.

[736] C. Planck (Sanitary Commissioner, NWP and Oudh). Fourth Annual Report Summary. Allahabad. Dated the 22nd April, 1878. p 128. NLS.

[737] C. Planck (Sanitary Commissioner, NWP and Oudh). Fourth Annual Report Summary. Allahabad. Dated the 22nd April, 1878. p 128. NLS.

[738]*ibid* p 128.

[739]*ibid* p 128.

[740] C. Planck (Sanitary Commissioner, NWP and Oudh). Fourth Annual Report Summary. Allahabad. Dated the 22nd April, 1878. p 128. NLS.

[741]*ibid* p 128.

[742] *ibid* p 128.

[743] C. Planck (Sanitary Commissioner, NWP and Oudh). Fourth Annual Report Summary. Allahabad. Dated the 22nd April, 1878. p 128. NLS.

[744] *ibid* p 128.

[745] C. Planck (Sanitary Commissioner, NWP and Oudh). Fourth Annual Report Summary. Allahabad. Dated the 22nd April, 1878. p 129. NLS.

[746] *ibid* p 129.

[747] *ibid* p 129.

[748] C. Planck (Sanitary Commissioner, NWP and Oudh). Fourth Annual Report Summary. Allahabad. Dated the 22nd April, 1878. p 131. NLS.

[749] *ibid* p 131.

[750] Letter from R. Smeaton (The Secretary to Government, N.W.P. and Oudh). Sanitation Department, dated Nainital, the 28th August, 1879. p1. NLS.

[751] *ibid* p 2

[752] *ibid* p 2

[753] *ibid* p 2

[754] Extract by C. Planck (Surgeon Major, Sanitary Commissioner and Superintendant General of Vaccination NWP & Oudh), Record of General Results, Allahabad. Home Department. 24th March, 1881. p 21. NLS.

[755] Extract by C. Planck (Surgeon Major, Sanitary Commissioner and Superintendant General of Vaccination NWP & Oudh), Record of General Results, Allahabad. Home Department. 24th March, 1881. p 22. NLS.

[756] Arnold, David. *op cit*.

[757] Headrick, Daniel R. (1981) *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century,* New York, Oxford University Press.

Curtin, Philip D. (1964) *The Image of Africa: British Ideas and Action, 1780-1850*, Madison: University of Wisconsin Press.

-------------------- (1989) *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century*, Cambridge, Cambridge University Press.

[758] Arnold, David. *op cit*. p 8.

[759] Cited in Ernst, Waltraud (2007) 'Beyond East and West: From the History of Colonial Medicine to a social history of Medicine(s) in South Asia' *Social History of Medicine* 20, no. 3, p 505-524 and Mukherji, Prajit Bihari (2009) *Nationalizing the Body: The Medical Market, Print and Daktari Medicine,* London, Anthem Press. pp 8, 32.

[760] Ernst, Waltraud (1991) *Mad tales from the Raj: European Insane in British India*. London, Routledge.

[761] Arnold, David. *op cit*. p 9.

[762] Dirks, N. (1996) *Colonialism and Its Forms of Knowledge*. Princeton: Princeton University Press.

[763] Stoler, L.A. (1990) 'Making Empire Respectable. The Politics of Race and Sexual Morality in twentieth Century Colonial Cultures', in J. Breman (ed.) *Imperial Monkeys Business. Racial Supremacy in Social Darwinist Theory and Colonial Practice,* Amsterdam: VU University Press, p 35.

[764] Said, E. (1978) *Orientalism*, London: Penguin.

[765]*ibid* pp 207-208

[766] Stoler. *op cit* .1990.

[767]*ibid* pp 51–101.

[768]Stoler. *op cit*. 1990

[769]Arondekar, Anjali (2009) *For the Record: On Sexuality and Colonial Archive in Colonial India*. Duke University Press.

[770] Home Department, 1920. Report of Mr. E.C. Shuttleworth, Superintendent of Police, Rangoon, on the Extent, Distribution, and Regulation of Prostitution in the Cities of Calcutta, Madras, Bombay, Colombo, and Rangoon. January, Police-A, No. 24-29. New Delhi: National Archives of India.

[771]Need, Lynda (1988) *Myths of Sexuality: Representations of Women in Victorian Britain* Blackwell Publishing House. Hoboken. pp 120-121.

[772] Guha, Sumit (2001) *Health and Population in South Asia – from earliest times to the present.* Permanent Black. New Delhi.

[773]Atkins, David (1986) *The Reluctant Major*. The Toat Press Pulborough, West Sussex.

[774]Guha, Sumit. *op cit*.

[775]*ibid*

[776]*ibid*

[777] Sanitary Commission Report 1909

[778]Guha, Sumit. *op cit*.

[779] Ewbank and Preston (1990) 'Personal Health Behaviour and the Decline in Infant and Child Mortality' in Caldwell (ed.) *What we Know about Health Transition*. Australian National University.

[780]Guha, Ratnabir (2010) 'Governing Bodies: Colonial Power, Sanitary Politics and the Contagious Diseases Act in Calcutta(1860s-90s)' in https://www.academia.edu/.

[781] Cited in Souttar, W.M. (1879) Annual Report on the Police Administration of the Town of Calcutta and its Suburbs for the year 1878, Calcutta.

[782]Mukherjee, S.K. (1923) *Prostitution in India*. Calcutta Press. pp 264-266.

[783] Enloe, Cynthia (2000) *Bananas, Beaches, and Bases: Making Feminist Sense of International Politics*. Berkeley: University of California Press, p 195

Levine, Philippa. *op cit*. pp 579-602.

[784]Chang, Sandy (2012) *A Colonial Haunting: Prostitution and the Politics of sex-trafficking in British India, 1917-1939.* University of British Columbia. Vancouver.

[785]Spivak, Gayatri (1988) 'Can the subaltern speak' in Nelson and Grossberg ed. *Marxism and the interpretation of culture.* University of Illinois Press.

[786]Chang, Sandy. *op cit.*

[787] Gupta, Charu (2012) *Gendering Colonial India: Reforms, Print, Caste and Communalism*. Orient Blackswan Private Limited.

[788]Tambe, Ashwini (2009) *Codes of misconduct: Regulating Prostitution in Late Colonial Bombay*, University of Minnesota Press. pp 104-107.

[789] Tambe, A. (2009) "Gandhi's fallen sisters: Difference and the National Body Politic" *Social Scientist* 37. pp 21-38.

[790]Charavarty, Sri Chandrakanta (1924) *Samkramak Rog*, Calcutta Press.

[791]Sarkar, Tanika (2001)*Hindu Wife, Hindu Nation*. Permanent Black.

[792]*ibid*

[793]*ibid*

[794]*ibid*

[795]Sarkar, Tanika "A Prehistory of Rights: The Age of Consent Debate in Colonial Bengal", *Feminist Studies*.https://www.researchgate.net/publication/270382905_A_Prehistory_of_Rights_The_Age_of_Consent_Debate_in_Colonial_Bengal.

Sinha, Mrinalini (1995) *Colonial Masculinity: The Manly Englishman and The Effeminate Bengali in the Late Nineteenth Century*, Manchester University Press, Manchester. Chapter 4.

Gupta, Charu (2012) *Gendering Colonial India: Reforms, Print, Caste and Communalism*. Orient Blackswan Private Limited.

[796] Arnold, David (1993) *Colonising the Body: State Medicine and Epidemic Disease in Nineteenth Century India*, New Delhi, OUP, p 254.

[797] Mukherjee, Sujata (2017) *Gender, Medicine and Society in Colonial India*. OUP.

[798]*ibid*

[799]Guha, Supriya (1998) "From Dias to Doctors: The Medicalisation of Childbirth in Colonial India" in Understanding *Womens Health Issues : A Reader*. Kali.p6

[800] MacCormack, C. P., &Strathern, M. ed. (1980). *Nature, Culture, Gender*. Cambridge: Cambridge University Press.

[801]Bhaskaran, S (2002) 'The Politics of Penetration: Section 377 and the Indian Penal Code', in Ruth Vanita (ed) *Queering India: Same Sex Love and Eroticism in Indian Culture and Society*, London: Routledge, p 16.

[802] Arondekar, Anjali (2009) *For the Record: On Sexuality and the Colonial Archive in India*. Duke University Press.

[803] Tanushree Ghosh 'How Queer, religion is an ally' *Indian Express*. May 14, 2018.

[804]*ibid*

[805] Arondekar, Anjali. *op cit*. pp1-26.

[806]Lord-superintendents of the imperial household.

[807] Hinchy, Jessica (2014) 'The Sexual Politics of Imperial Expansion: Eunuchs and Indirect Colonial Rule in Mid-Nineteenth Century India, *Gender & History*. Vol 26 No. 3, pp 414-437. https://doi.org/10.1111/1468-0424.12082.

[808] Vanita and Kidwai (2008) *Same-Sex love in India: A Literary History*. Penguin Books India.

[809]Ballhatchet, Kenneth. *op cit*.

[810]Lord Curzon blamed it on early marriage.

[811] Peers, Douglas M. 'Imperial vice: sex, drink and the heath of British troops in north Indian cantonments, 1800-1858' in Omissi and Killingray ed. (1999) *Guardians of Empire: The Armed Forces of the Colonial Powers, c.1700–1964*. Manchester University Press.

[812] Ballhatchet, Kenneth. *op cit*. p162.

[813] Aldrich, Robert (2002) *Colonialism and Homosexuality*. Routledge. p3.

[814] Gupta, Charu. *op Cit*. p 325.

[815] Kathryn Hansen (1991) *Grounds for Play: The Nautanki Theatre of India*. University of California Press.

[816] Sinha, Mrinalini (1995)*Colonial Masculinity: The 'manly Englishman' and The' Effeminate Bengali' in the late nineteenth century*. Manchester University Press. p 19.

[817] *ibid p* 5.

[818] Rupkatha Journal on Interdisciplinary Studies in Humanities 3.4 (5)

[819] Bhaskaran. *op cit*.

[820] *ibid* p 38

[821] *ibid* p 40

[822] *ibid* p 41

[823] *The Richard Burton Diaries* (2012) Yale University Press. p 77

[824] Doniger, Wendy (2018) *Beyond Dharma: Dissent in the Ancient Indian Sciences of Sex and Politics* Speaking Tiger Publishing Pvt. Ltd.

[825] *ibid*

[826] Basham, A.L. (reprinted 1986) *The Wonder that was India*. Rupa co. p 172.

[827] Kugle, Scott (2010) *Homosexuality in Islam: Critical Reflection on Gay, Lesbian and Transgender Muslims*. Oneworld Publications.p 37.

[828] Arondekar, Anjali op cit

[829] *ibid*

[830] *ibid*

[831] *ibid* p14

[832] Forster, E.M. (2005) A *Passage to India*. Penguin Classics.

[833] Furbank, P.N. (1981) *E.M. Forster: A Life*, Volume 1, Harvest, p 245.

[834] Forster, E.M. *op cit*. p 306.

[835] *ibid* p 58-59.

Nandy, Ashis (1989) *The Intimate Enemy: Loss and Recovery of Self Under Colonialism*. OUP.

[836] Ackerley, J.R. (reprinted 2000) *Hindoo Holiday*. New York Review of Books.

[837] Ackerley. J.R. *ibid*

[838] *ibid*p 39.

[839] *ibid*

[840] *ibid* pp 64, 142

[841]Freud's most important articles on homosexuality were written between 1905-1922 Three essays on the theory of sexuality wherein he propounded that all humans were bisexual. Homosexuality emerged from this original bisexual disposition.

[842] Nandy, Ashish. *op cit*

[843]*ibid*

[844]Arondekar, Anjali. *op cit*. p 27

[845]*ibid* p 41

[846] Atkins, David. *op cit*. p 13.

[847]*ibid*

[848]*ibid*

[849] Nussbaum, Martha (2007) *The Clash Within: Violence, Hope and India's Future*, Harvard University Press, Cambridge.

[850] Mosse, George Lachmann (1985) *Nationalism and Sexuality: Middle-class Morality and Sexual Norms in Modern Europe*. University of Wisconsin Press.

[851]Nussbaum, Martha. *op cit*. p 196.

[852] Mosse, George Lachmann. *op cit*.

[853]Nussbaum, Martha. *op cit*. p 197

[854] Discussion with Rustom Bharucha.

[855] Bose and Bhattacharya (2007)*Phobic and the Erotic: The Politics of sexualities in contemporary India*. Seagull Books.

[856] Chatterjee, Partha (1993) *The Nation and its Fragments: Colonial and Post-Colonial Histories*. Princeton University Press.

[857] Vanita and Kidwai. *op cit*.

[858]*ibid*

[859]*ibid* p198

[860] Premendra Mitra (1940, April) PratikirBhul [Nature 's Error]. Nara-Naree [Man-Woman], 1 (5), 183-188 cited in Sutanuka Banerjee (2012) *Probing The Problematics Of Gender And Sexuality: An Intercultural Approach To Critical Discourses On Body In The Colonial Bengali Magazine Nara-Naree* Global Media Journal – Indian Edition/ISSN 2249-5835 Sponsored by the University of Calcutta/ www.caluniv.ac.in Summer Issue / June 2012 Vol. 3/No.1

[861]*ibid*

[862] Suthrell, C. (2004). *Unzipping Gender: Sex, Cross-dressing and Culture*. New York: Oxford.

[863] Sarkar, T. (1995). Hindu Conjugality and Nationalism in Late Nineteenth Century Bengal. In J. Bagchi (Ed.), *Indian Women: Myth and Reality*. Hyderabad: Sangam Books. pp 98-112.

Sarkar, T. (2001) *Hindu Wife, Hindu Nation: Community, Religion, and Cultural Nationalism*. Delhi: Permanent Black

[864] Patel, Geeta (2016) *Risky Bodies & Techno-Intimacy: Reflections on Sexuality, Media. Science, Finance*. Women Unlimited. p 65.

[865] Chughtai, Ismat (1942) *Lihaf*. www.manushi.in

[866]*ibid*

[867] Patel, Geeta. *op cit*. p 125

[868]Chandrima Chakraborty (2011) *Masculinity, Ascetism, Hinduism: Past and Present Imaginings of India* Permanent Black, Delhi. pp 263.

[869] Nandy, Ashish. *op cit*.

[870]*ibid* p 48

[871]*ibid*

[872] Intensification of hyper-masculine erotic bonding by means, and in the service, the rigorous disavowal of homosexuality

[873]Sedgwick. *op cit*.

[874] Nandy, Ashish. *op cit*.

[875] Menon, Nivedita(2007) *Sexualities: Issues in Contemporary Indian Feminism*. Zed Books.

[876] Vanita and Kidwai. *op cit*. p 255

[877]*ibid*

[878]*ibid*

[879]*ibid*

[880]*ibid*

[881] Menon, Nivedita. *op cit*. p 38

[882]*ibid p* 38- 39

[883] Mumby, D. K. (1998). 'Organizing Men: Power, Discourse, and the Social Construction of Masculinity(s) in the Workplace'. *Communication Theory*, 8, 164-183.

[884]Khalid, Amna 'Western Science, Indigenous Medicine and the Princely States: The Case of the Ayurvedic Reorganisation in Travancore, 1870-1940' in Harrison and Pati (ed.) (2009) *Society, Medicine and Politics in Colonial India*. Routledge. India.

[885]Khan, Yasmin (2012) 'Sex in an Imperial War Zone: Transnational Encounters in Second World War India' *History Workshop Journal,* OUP. p 245.

[886] Tambe, Ashwini (2009) *Codes of Misconduct: Regulating Prostitution in Late Colonial Bombay.* Zubaan. New Delhi. pp123.

[887] Ballhatchet, Kenneth (1980) *Race, Sex and Class under the Raj: imperial attitudes and policies and their critics, 1793-1905.* London. Weidenfield and Nicolson. p 23.

[888] Cited in the Minute by the Commander-in-chief, dated 23rd January 1888. Home files, sanitary branch, June 1888, No. 102-129, Part A.

[889] From Her Majesty's Secretary of State for India February Proceedings, dated 22nd November 1888, Home files, sanitary branch, No. 68-70, 1889.

[890] Levine, Philippa (2003) *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire.* Routledge. New York and London. p 2.

[891] Ballhatchet, Kenneth. *op cit*.

[892] Levine, Philippa. *op cit.*

[893]*ibid.*

[894] Banerjee, Sumanta (2000) *Dangerous Outcast: The prostitute in nineteenth century Bengal.* Seagull Books. Calcutta. p 185.

[895] Khan, Yasmin. *op cit*.

[896]*ibid*

[897] *ibid*

[898]Yasmin Khan (2012) "Sex in an Imperial War Zone: Transnational Encounters in Second World War India" *History Workshop Journal,* OUP.

[899] Levine, Philippa. *op cit.*

[900] Hyam, Ronald (1991) *Empire and Sexuality: The British Experience.* Manchester University Press. Manchester and New York. p 1.

[901]*ibid.*

[902]*ibid.*

[903]*ibid.*

[904] Arnold, David (1993) *Colonizing the Body: State, Medicine and Epidemic Disease in Nineteenth century in India.* Oxford University Press.

[905] Harrison, Mark (1994) *Public Health in British India: Anglo-Indian preventive medicine 1859-1914.* Cambridge University Press. New Delhi.

[906] Elaine Showalter (1990) *Sexual Anarchy: Gender and Culture at the Fin de Siecle*. Penguin Books.

[907]*ibid*

[908]*ibid* p3.

[909]Arondekar, Anjali (2010) *For the Record: On Sexuality and the Colonial Archive in India*. Orient Blackswan.

[910] Loraine, Dr J. A. (ed.) (1974) *Understanding Homosexuality: Its Biological and Psychological Bases*. Medical and Technical Publishing Co Ltd. England.

[911]*ibid*

[912] Showalter, Elaine. *op cit*.

[913] Mansfield, Harvey C. (2006) *Manliness* Yale University Press. New Haven and London.

[914] https://www.theguardian.com/books/2018/mar/17/the-crisis-in-modern-masculinity

[915]https://www.theguardian.com/books/2018/mar/17/the-crisis-in-modern-masculinity

REFERENCES:

I Primary Sources- Government Documents

1. Govt. of India Home-Legislative Proceedings. 1860 - 1881.

2. Govt. of India Home-Public files. 1860 - 1900.

3. Govt. of India Home-Sanitary files. 1870 - 1900.

4. Govt. of India, Report of Sanitary Commissioner. 1868 - 1890.

5. Annual Report on the Working of the Lock-Hospitals in the North-Western Provinces and Oudh 1877- 1883.

II Books and Journals

1. Ackerley, J.R. (2000) *Hindoo holiday: An Indian journal*, New York Review Books, New York.
2. Aldrich, Robert (2002) *Colonialism and Homosexuality*. Routledge.
3. Anandhi, S. (1998) *Reproductive Bodies and Regulated Sexuality: Birth Control Debates in early twentieth Century Tamilnadu* in Mary John and Janaki Nair (ed.) A Question of Silence: the sexual economies of modern India. New Delhi: Kali for Women.
4. Anagol, Padma (2007) 'Rebellious Wives and Dysfunctional Marriages: Indian Women's Discourses and Participation in the Debates over Restitution of Conjugal Rights and the Child Marriage Controversy in the 1880s and 1890s' in Tanika Sarkar and Sumit Sarkar (ed.) *Women and Social Reform in Modern India.* Ranikhet: Permanent Black, Vol 1, pp 420-465.
5. Anderson, Clare (2004) *Legible Bodies, Race, Criminality and Colonialism in South Asia,* Berg Publishers.
6. Arnold, David (1986)'Cholera and Colonialism in British India' in *Past &Present,* No.113, Nov issue, pp 118-151.
7. Arnold, David (1993) *Colonizing the Body: State, medicine and epidemic disease in nineteenth century in India,* University of California Press. Berkeley.

8. Arondekar, Anjali (2009) *For the Record: On Sexuality and Colonial Archive in Colonial India*. Duke University Press.

9. Atkins, David (1986) *The Reluctant Major*. The Toat Press Pulborough, West Sussex.

10. Ballhatchet, Kenneth (1980) *Race, Sex and Class under the Raj: imperial attitudes and policies and their critics, 1793-1905.* London: Weidenfield and Nicolson.

11. Bandyopadhay, Sekhar (2007) 'Caste, Widow-Remarriage, and the Reform of Popular Culture in Colonial Bengal' in Tanika Sarkar and Sumit Sarkar (ed.) *Women and Social Reform in Modern India.* Ranikhet: Permanent Black, Vol 1, pp 145-171.

12. Banerjee, Sikata (2003) 'Gender and Nationalism: The Masculinization of Hinduism and Female Political Participation in India'in *Women's Studies International Forum,* Vol. 26, No. 2, pp 167-179.

13. Banerjee, Sumanta (1993) 'The 'Beshya' and the 'Babu': Prostitute and Clientele in nineteenth Century Bengal', *Economic and Political Weekly*, 28.45. pp 2461-2472.

14. Banerjee, Sumanta (2000) *Dangerous Outcast: The prostitute in nineteenth century Bengal.* Seagull Books. Calcutta.

15. Banerjee, Sutanaka (2012) 'Probing the Problematics of Gender and Sexuality: An Intercultural Approach to Critical Discourses on Body in the Colonial Bengali Magazine *Nara-Naree*', *Global Media Journal*. Indian Edition/ISSN 2249-5835. Summer Issue/June. Vol. 3. No. 1.

16. Basham, A.L. (reprinted 1986) *The Wonder that was India*. Rupa co.

17. Basu, Aparna (1976) 'Role of Women in the Freedom Movement', in B.R. Nanda (ed.) *Indian Women from Purdah to Modernity*, Delhi: Vikas.

18. Bhaskaran, S (2002) 'The Politics of Penetration: Section 377 and the Indian Penal Code', in Ruth Vanita (ed) *Queering India: Same Sex Love and Eroticism in Indian Culture and Society*, London: Routledge, p 16.

19. Boehmer, Elleke (1993) 'Transfiguring: Colonial Body into Postcolonial Narrative,' *Novel: A Forum on Fiction* Vol 26, no. 3, *African Literature* Spring Issue pp 268-277.
20. Bose, B and Bhattacharya, S. (ed.) (2007) *The phobic and the erotic: the politics of sexualities in contemporary India*, Seagull Books, Calcutta.
21. Burton, Richard (1886) *The Book of the Thousand Nights and a Night*, Medina edition, London.
22. Butler, Judith (1993) *Bodies that Matter: On the Discursive limits of 'sex'*, Psychology Press.
23. Carroll, Lucy (2007) 'Law, Custom and Statutory Social Reform: The Hindu Widows' Remarriage Act of 1856' in Tanika Sarkar and Sumit Sarkar (ed.) *Women and Social Reform in Modern India.* Ranikhet: Permanent Black, Vol 1, pp 113-144.
24. Chang, Sandy (2012) *A Colonial Haunting: Prostitution and the Politics of sex-trafficking in British India, 1917-1939.* University of British Columbia. Vancouver.
25. Chakraborty, Chandrima(2011)*Masculinity, Asceticm, Hinduism: Past and Present Imaginings of India*. Permanent Black. Delhi.
26. Chakrabarti, Pratik (2011) *Materials and Medicine: Trade, Conquest and Therapeutics in the Eighteenth Century*, Manchester University Press.
27. Chakravarty, Sri Chandrakanta (1924) *Samkramak Rog*, Calcutta Press.
28. Chakravarti, Uma (2003) Gendering *Caste: Through a feminist lens*. Calcutta: Stree.
29. Chakravarti, Uma (2010) 'Whatever happened to the Vedic Dasi: Orientalism, Nationalism, and a Script for the Past' inKumkum Sangari and Sudesh Vaid (ed.) *Recasting Women: Essays in Colonial History*. New Delhi: Kali for Women, pp 27-87.
30. Chatterjee, Partha (1989) 'Colonialism, Nationalism and Colonized Women: The Contest in India'in *American Ethnologist,* Vol. 16, No.4, Nov issue, pp 622-633.

31. Chatterjee, Partha (1993) *The Nation and its Fragments: Colonial and Post-Colonial Histories*. Princeton University Press.

32. Chatterjee, Partha (2010) 'The Nationalist Resolution of the Women's Question' inKumkum Sangari and Sudesh Vaid (ed.) *Recasting Women: Essays in Colonial History*. New Delhi: Kali for Women, pp233-253.

33. Chaudhury, Maitrayee (2010) 'Nationalism is not what it used to be, can Feminism be any different: A View from India' in *Journal of Gender Studies*, Nov-Dec issue.

34. Chaudhary, Maitreyee (2011) Indian *Women's Movement: Reform and Revival*. New Delhi: Palm Leaf Publications.

35. Chaudhary, Zahid (2001) *Controlling the Ganymedes: The Colonial Gaze in J.R. Ackerley's Hindoo Holiday*, South Asia, Vol. XXIV, pp 47-5.

36. Chughtai,Ismat (1941)*Lihaaf (The Quilt)*. http://www.manushi-india.org.

37. Cullen and Wilcox (2010) *Encyclopaedia of Criminological Theory, Lombroso Cesare: Female Offender*. Sage Publication.

38. Curtin, D. Philip (1964) *The Image of Africa: British Ideas and Action, 1780-1850*, Madison: University of Wisconsin Press.

39. Curtin, D. Philip (1989) *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century*, Cambridge, Cambridge University Press.

40. Devi, Kailashbasini (2007) 'The Woeful Plight of Hindu Women' in Tanika Sarkar and Sumit Sarkar (ed.) *Women and Social Reform in Modern India.* Ranikhet: Permanent Black, Vol. 2, pp 288-312.

41. Devika, J. (2008) *Individuals, Householders, Citizens: Malayalis and Family Planning, 1930-1970.* New Delhi: Zubaan.

42. Dewey, Clive (1993) *Anglo-Indian Attitudes: The Mind of theIndian Civil Service*. London: Hambledon.

43. Dirks, N. (1996) *Colonialism and Its Forms of Knowledge*. Princeton: Princeton University Press.

44. Doniger, Wendy (2018) *Beyond Dharma: Dissent in the Ancient Indian Sciences of Sex and Politics* Speaking Tiger Publishing Pvt. Ltd.

45. Dror, Ze'evi (2006) *Producing Desire: Changing Sexual Discourse in the Ottoman Middle East, 1500-1900*. University of California Press. London.
46. Duden, Barbara (1991) *The Woman beneath the Skin: A Doctor's Patients in Eighteenth Century Germany*, Harvard University Press, p 113.
47. Edwardes, S.M. (1924) *Crime in India: A Brief Review of the More Important Offences Included in the Annual Criminal Returns with Chapters on Prostitution & Miscellaneous Matters*. London: Oxford University Press.
48. Ernst, Waltraud (1991) *Mad tales from the Raj: European Insane in British India*. London, Routledge.
49. Ernst, Waltraud (2007) 'Beyond East and West: From the History of Colonial Medicine to a social history of Medicine(s) in South Asia' *Social History of Medicine* 20, no. 3, p 505-524
50. Ewbank and Preston (1990) 'Personal Health Behaviour and the Decline in Infant and Child Mortality' in Caldwell (ed.) *What we Know about Health Transition*. Australian National University.
51. Forbes, Geraldine (2007) 'Education for Women' in Tanika Sarkar and Sumit Sarkar (ed.) *Women and Social Reform in Modern India.* Ranikhet: Permanent Black, Vol 1, pp 83-112.
52. Fessler, A. (1951) 'Venereal disease and Prostitution in the Reports of the Poor Law Commission 1834-1850'. *British Journal of Venereal Diseases*. September 27(3). p 154 https://www.ncbi.nlm.nih.gov/pubmed/14886625.
53. Forster, E.M (1953) *The Hill of Devi*. Harcourt Trade Publishers.
54. Forster, E.M. (2005) *A passage to India*, Penguin Classics, New Delhi.
55. Foucault, Michael (1977) *Nietzsche, Genealogy, History*, translated by D. Bouchard and S. Simon, 'Language, Counter-Memory, Practice', Ithaca: Cornell University Press.
56. Furbank, P.N. (1981) E.M. Forster: A Life, Volume 1, *Harvest*, p 245.
57. Ghatak, Saran (2004) 'Body Politic: Colonialism and Medicine in Nineteenth Century India', paper presented in *The American Sociological Association*, San Francisco.

58. Ghosh, Suchetana (2002) *Interpreting Prostitution: Violence Commodified.* New Delhi: Unpublished dissertation submitted to Jawaharlal Nehru University.

59. Ghosh, Tanushree 'How Queer, religion is an ally' *Indian Express*. May 14, 2018.

60. Gilbert, Helen and Tompkins, Joanne (1996) *Post-colonial Drama: Theory, Practice, Politics.* London: Routledge.

61. Guha, Sumit (2001) *Health and Population in South Asia- from earliest times to the present.* Permanent Black, New Delhi.

62. Guha, Ratnabir (2010) 'Governing Bodies: Colonial Power, Sanitary Politics and the Contagious Diseases Act in Calcutta(1860s-90s)' in https://www.academia.edu/.

63. Guha, Supriya (1998) "From Dias to Doctors: The Medicalisation of Childbirth in Colonial India" in Understanding *Womens Health Issues: A Reader*. Kali. p 6.

64. Gupta, Charu (2012) *Gendering Colonial India: Reforms, Print, Caste and Communalism*. Orient Blackswan Private Limited.

65. Guptoo, Nandini (2001) *The Politics of the Urban Poor in early twentieth century India* Cambridge University Press.

66. Hamilton, Margaret (1978) 'Opposition to the Contagious Diseases Acts, 1864-1886', *Albion: A Quarterly Journal Concerned with British Studies*. Vol 10, No.1, pp 17.

67. Harrison, Mark (1994) *Public Health in British India: Anglo-Indian preventive medicine 1859-1914.* Cambridge University Press. New Delhi.

68. Harrison, Mark (1999) *Climates and Constitutions*: *Health, Race, Environment and British Imperialism in India 1600-1850.* New York, Oxford University Press.

69. Harrison, Mark and Pati, Biswamoy (2001) *Health, Medicine and Empire: Perspectives on Colonial India.* Orient Longman.

70. Headrick, Daniel R. (1981) *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century,* New York, Oxford University Press.

71. Hinchy, Jessica (2014) 'The Sexual Politics of Imperial Expansion: Eunuchs and Indirect Colonial Rule in Mid-Nineteenth Century India', *Gender & History*. Vol 26 No. 3, pp 414-437. https:// doi.org/10.1111/1468-0424.12082.
72. Hyam, Ronald (1991) *Empire and Sexuality: The British Experience*, Manchester University Press. Manchester and New York.
73. James, Lawrence (1997) *Raj: The Making and Unmaking of British India*. London: Little, Brown and Company.
74. John, M.E. and Nair, J. (1998) 'A Question of Silence. An Introduction', in M.E. John and J. Nair (eds), *A Question of Silence? The Sexual Economies of Modern India*. Kali for Women. Delhi.
75. Kaminsky, Arnold (1979) Morality Legislation and British troops in late nineteenth century India, *Military Affairs,* vol 43, No 2.
76. Kasturi, Leela and Mazumdar, Vina(2013) *Women and Indian Nationalism*. Centre for Women's Development Studies- Occasional Paper,Vol.20. pp 1-33.
77. Kaviraj, Sudipta (2002) 'Ideas of Freedom in North India', in Taylor R. (ed.) *The Idea of Freedom in Asia and Africa*. Stanford University Press.
78. Khan, M. Shamsad (1994) *Medicine, Health and the Nationalist Discourse in Colonial India.* New Delhi: Unpublished dissertation submitted to Jawaharlal Nehru University.
79. Khan, Yasmin (2012) 'Sex in an Imperial War Zone: Transnational Encounters in Second World War India' *History Workshop Journal,* OUP.
80. Kosambi, Meera (2000) 'A window in the prison house: women's education and the politics of social reform in nineteenth century western India'in *History of Education*,Vol.29, No. 5, 429-442.
81. Kotiswaran, Prabha (2012) *Dangerous Sex, Invisible Labour: Sex Work and the Law in India.* New Delhi: Oxford University Press.
82. Krishnaswamy, Revathi (2014) *Effeminism: The economy of colonial desire*. Ann Arbor: The University of Michigan Press.
83. Hanlon, Rosalind O' (1991) 'Issues of Widowhood: Gender and Resistance in Colonial Western India' in Douglas Haynes and Gyan Prakash (ed.) *Contesting*

Power: Resistance and Everyday Social Relations in South Asia. Delhi: Oxford University Press, pp 62-108.

84. Hansen, Kathryn (1991) *Grounds for Play: The Nautanki Theatre of India*. University of California Press.
85. Hansen, Kathryn (2004) "Theatrical Transvestism in the Parsi, Gujarati and Marathi Theatres (1850-1940)" in Sanjay Srivastava ed. *Sexual Sites, Seminal Attitudes: sexualities, masculinities and culture in South Asia.* Sage Publications.
86. Kaviraj, Sudipta (2002) "Ideas of Freedom in Modern India" in R. Taylor (ed) *The Idea of Freedom in Asia and Africa*. Stanford University Press. pp 117-330.
87. Killingray (ed.) (1999) *Guardians of Empire: The Armed Forces of the Colonial Powers, c.1700–1964*. Manchester University Press.
88. Kotiswaran, Prabha (ed.) (2011) *Issues in Contemporary Indian Feminism: Sex Work.* New Delhi: Women Unlimited.
89. Krishnaswamy, R. (2014) *Effeminism: The economy of colonial desire*, Ann Arbor, The University of Michigan Press.
90. Kugle, Scott (2010) *Homosexuality in Islam: Critical Reflection on Gay, Lesbian and Transgender Muslims*. One world Publications.
91. Laquer, Thomas (1990) *Making Sex: Body and Gender from the Greeks to Freud*, Harvard University Press.
92. Lawrence, T.E. (1935) *Seven Pillars of Wisdom: A Triumph* quoted in Sedgwick *Between Men.* Garden City, New York.
93. Levine, Philippa (1996) 'Rereading the 1890s: Venereal Disease as "Constitutional Crisis" in Britain and British India', *The Journal of Asian Studies,* vol 55, no. 3. pp 585-612.
94. Levine, Philippa (2003) *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire.* Routledge. New York and London.
95. Loraine, J. A. (ed.) (1974) *Understanding Homosexuality: Its Biological and Psychological Bases*. Medical and Technical Publishing Co Ltd. England.
96. MacCormack, C. P., & Strathern, M. ed. (1980). *Nature, Culture, Gender*. Cambridge: Cambridge University Press.

97. MacMunn, Sir George Fletcher (1933)*The Underworld of India*. Jarrolds.

98. Mani, Lata (2007) 'Production of an Official Discourse on Sati in early nineteenth century Bengal'in Tanika Sarkar and Sumit Sarkar (ed.) *Women and Social Reform in Modern India.*Ranikhet: Permanent Black, Vol 1, pp 53-82.

99. Mansfield, Harvey C. (2006) *Manliness* Yale University Press. New Haven and London.

100. Megha, Mridul (2011) *Public Health in British India: A Study of Venereal Diseases during the Raj (1860-1930).* New Delhi: Unpublished dissertation submitted to Jawaharlal Nehru University.

101. Megha, Mridul (2016) 'Women and Healthcare in colonial times: A Focussed Study of the CDA (1860-1940)', *International Journal of Studies in History and Culture*, ISSN 2349 0934, Issue 2, Vol II, Fall Winter.

102. Megha, Mridul (2017) 'Body Politic: Sexuality, Health and Hygiene in Colonial India (1860-1930)', *South Asian Journal of Multidisciplinary Studies*, ISSN 2349-7858, pp 286-310.

103. Menon, Nivedita (2007) *Sexualities: Issues in Contemporary Indian Feminism*. Zed Books.

104. Mishra, Sabya Sachi Raman (1999) *The Colonial 'Vice': prostitutes, soldiers and venereal diseases during British rule in India, c. 1860-1900*. New Delhi: Unpublished PhD submitted to Jawaharlal Nehru University.

105. Mitra, Premender (1940) "Pratikir Bhul", *Nar-Naree*, I (4), March issue, pp 123-127.

106. Mitra, Premender (1940, April) PratikirBhul [Nature 's Error]. Nara-Naree [Man-Woman], 1 (5), 183-188 cited in Sutanuka Banerjee (2012) *Probing The Problematics Of Gender And Sexuality: An Intercultural Approach To Critical Discourses On Body In The Colonial Bengali Magazine Nara-Naree* Global Media Journal – Indian Edition/ISSN 2249-5835. Sponsored by the University of Calcutta/ www.caluniv.ac.in Summer Issue / June 2012 Vol. 3/No.1.

107. Mosse, George Lachmann (1985) *Nationalism and Sexuality: Middle-class Morality and Sexual Norms in Modern Europe*. University of Wisconsin Press.

108. Mumby, D. K. (1998). 'Organizing Men: Power, Discourse, and the Social Construction of Masculinity(s) in the Workplace'. *Communication Theory*, 8, 164-183.
109. Mukherji, Prajit Bihari (2009) *Nationalizing the Body: The Medical Market, Print and Daktari Medicine,* London, Anthem Press.
110. Mukherjee, S.K. (1923) *Prostitution in India*. Calcutta Press.
111. Mukherjee, Sujata (2017) *Gender, Medicine and Society in Colonial India*. OUP.
112. Nandy, Ashis (1989) *The Intimate Enemy: Loss and Recovery of Self Under Colonialism*. OUP.
113. Need, Lynda (1988) *Myths of Sexuality: Representations of Women in Victorian Britain* Blackwell Publishing House. Hoboken.
114. Nussbaum, Martha (2007) *The Clash Within: Violence, Hope and India's Future*, Harvard University Press, Cambridge.
115. Oldenburg, Veena (1991) 'Lifestyle as Resistance: The Case of the Courtesans of Lucknow',in Douglas Haynes and Gyan Prakash (ed.) *Contesting Power: Resistance and Everyday Social Relations in South Asia*,Delhi: Oxford University Press, pp 23-61.
116. Omissi, David (1994) *The Sepoy and the Raj: The Indian Army, 1860–1940*. London: Macmillan Press.
117. Pannikar, K.N. 'Editorial Introduction for the special issue on Essays in the Intellectual History of colonial India' in *Studies in History*,Vol. 3, No.1, Jan-June 1987, p 1-8.
118. Patel, Geeta (2016) *Risky Bodies & Techno-Intimacy: Reflections on Sexuality, Media. Science, Finance*. Women Unlimited.
119. Phadke, N.S. (1929) *Sex Problem in India: Being a plea for a eugenic movement in India and a study of all theoretical and practical questions pertaining to eugenics,* D.B. Taraporevala Sons & Co., Bombay.
120. Petievich, Carla (2008) *When Men speak as Women: Vocal Masquerade in Indo-Muslim Poetry*. OUP India.
121. Prakash, Gyan (1992) '*Postcolonial Criticism and Indian Historiography'* in *Social Text*, No. 31/32, Third World and Post-Colonial Issues, p 8-19.

122. Prebble, E. E. (1946) ‘Venereal Disease in India’, *The British Journal of Venereal diseases*. June issue. 22(2). pp 55-62.

123. Qadeer, Imrana (2001) (ed.) *Public Health and the Poverty of Reforms: The South Asian Predicament.* New Delhi: Sage, 2001.

124. Ramasubban, Radhika (1982) ‘Public Health and Medical Research in India: Their Origins under the impact of the British Colonial Policy’, *SAREC Report,* pp 9-10.

125. Roy, Kaushik (2007) ‘The Armed Expansion of the English East India Company: 1740s - 1849’ in Daniel P. Marston and Chandar S. Sundaram (ed.) *A Military History of India and South Asia: From the East India Company to the Nuclear Era*. Westport, CT: Praeger.

126. Roy, Rammohan (2007)‘Tracts against Sati*’* in Tanika Sarkar and Sumit Sarkar (ed.) *Women and Social Reform in Modern India*. Ranikhet: Permanent Black, Vol 2, pp 277-287.

127. Ruiz, Maria I. R. (2010) ‘Fallen Women and the London Lock Hospital Laws and By-Laws of 1840’, in *Journal of English Studies*, Vol 8.

128. Said, Edward (1978) *Orientalism*, Vintage Books, New York.

129. Sangari, Kumkum (2001) *Politics of the Possible: Essays on Gender, History, Narratives, Colonial English.* New Delhi: Tulika, 2001.

130. Sarkar, T. (1995). Hindu Conjugality and Nationalism in Late Nineteenth Century Bengal. In Bagchi (Ed.), *Indian Women: Myth and Reality*. Hyderabad: Sangam Books. pp 98-112.

131. Sarkar, T. (2001) *Hindu Wife, Hindu Nation: Community, Religion, and Cultural Nationalism*. Delhi: Permanent Black.

132. Sarkar, T. (2007) ‘Conjugality and Hindu Nationalism: Resisting Colonial Reason and the Death of a Child-Wife’ in Tanika Sarkar and Sumit Sarkar (ed.) *Women and Social Reform in Modern India*. Ranikhet: Permanent Black, Vol 1, pp 385-419.

133. Scott, James C. (1985) *Weapons of the Weak: Everyday Forms of Peasant Resistance*. New Haven: Yale University Press.

134. Sen, Amiya P. (2006) *The Indispensable Vivekanda: An Anthology of Our Times*. Permanent Black.
135. Sen, Amiya P. (2013) *Swami Vivekananda*. OUP.
136. Sen, S (ed.) (2011) *Intimate Others: Marriage and sexualities in India*, Stree, School of Women's Studies, Jadavpur University.
137. Shirsat, Pravinkumar Ruprao (201) Colonial *Regime and State-led Modernity: an examination of Health Discourse in Colonial India*. New Delhi: Unpublished PhD submitted to Jawaharlal Nehru University.
138. Showalter, Elaine (1990) *Sexual Anarchy: Gender and Culture at the Fin de Siecle*. Penguin Books.
139. Sinha, Mrinalini (1995) *Colonial Masculinity: The Manly Englishman and The Effeminate Bengali in the Late Nineteenth Century*, Manchester University Press, Manchester.
140. Sinha, Mrinalini (2007) 'Gender in the Critiques of Colonialism and Nationalism'in Tanika Sarkar and Sumit Sarkar (ed.) *Women and Social Reform in Modern India* Ranikhet: Permanent Black, Vol. 2, pp 211-242.
141. Spivak, Gayatri (1988) 'Can the subaltern speak' in Nelson and Grossberg (ed.) *Marxism and the interpretation of culture.* University of Illinois Press.
142. Spivak, Gayatri Chakravorty (2009) 'Nationalism and the Imagination' in *Lectora*, Vol.15, pp 75-98.
143. Sramek, Joseph (2011) *Gender, Morality and Race in Company India*. Springer.
144. Srivastava, Sanjay (ed.) (2004) *Sexual Sites, Seminal Attitudes: sexualities, masculinities and culture in South Asia.* Sage Publications.
145. Srivastava, Sanjay (ed.) (2013) *Sexuality studies*. New Delhi: Oxford University Press.
146. Stanley, Peter (1998) *White Mutiny: British Military Culture in India, 1825–1875*. London: Hurst.
147. Stoler, L.A. (1990) 'Making Empire Respectable. The Politics of Race and Sexual Morality in twentieth Century Colonial Cultures', in J. Breman (ed.)

Imperial Monkeys Business. Racial Supremacy in Social Darwinist Theory and Colonial Practice, Amsterdam: VU University Press.

148. Strachan, Hew (1984) *Wellington's Legacy: The Reform of the British Army, 1830–1854*. Manchester: Manchester University Press.
149. Sir George Fletcher MacMunn (1933) *The Underworld of India*, Jarrolds.
150. Srivastava, S. and Brasted, H. (ed.) (2004) *Sexual sites, seminal attitudes: Sexualities, masculinities and culture in South Asia*, Sage Publications, New Delhi.
151. Srivastava, S. (2006) *Passionate Modernity: Sexuality, class and consumption in India*, Routledge, New Delhi.
152. Srivastava, S (ed.) (2013) *Sexuality studies*. Oxford University Press, New Delhi.
153. Stoler, Ann (1989) 'Making Empire Respectable: The Politics of Race and Sexual Morality in twentieth century Colonial Cultures', *American Ethnologist,* Vol.16, No.4 (Nov 1989), pp 634-660.
154. Tambe, Ashwini (2009) *Codes of misconduct: Regulating Prostitution in Late Colonial Bombay*, University of Minnesota Press.
155. *The Richard Burton Diaries* (2012) Yale University Press.
156. Vanita and Kidwai (2008) *Same-Sex love in India: A Literary History*. Penguin Books India.
157. Vanita, Ruth (ed.) (2002) *Queering India: Same-sex love and eroticism in Indian culture and society*, Routledge, New York and London.
158. Vishwanathan, Kedar (2010) 'Aesthetics, Nationalism, and the Image of the Woman in Modern Indian Art' in *CLCWeb: Comparative Literature and Culture*, Vol.12, Issue 2, Article 4, June issue (accessed online http://docs.lib.purdue.edu/clcweb/vol12/iss2/4 on 11th July 2013).
159. Wald, Erica (2014) *Vice in the Barracks: Medicine, the Military and the Making of Colonial India, 1780-1868*. Palgrave Macmillan.
160. Watteville, Herman de (1954) *The British Soldier. His Daily Life from Tudor to Modern Times*. London: J. M. Dent & Sons.

161. Whitehead, Judy (1995) ‘Bodies clean and unclean: prostitution, sanitary legislation and respectable feminity in colonial north India’, *Gender and History,* 7.1, pp 41-63.

162. Whitehead, Judy (1996) ‘Bodies of evidence, bodies of rule: The Ilbert Bill, revivalism, and age of consent in colonial India’, *Sociological Bulletin,* Vol 45, No. 1, March. p 32.

163. Yang, Anand A. (2007) *Whose Sati? Widow Burning in early nineteenth century India* in Tanika Sarkar and Sumit Sarkar ed. Women and Social Reform in Modern India. Ranikhet: Permanent Black, Vol 1, pp 21-52.

164. Ze’evi, Dror (2006)*Producing Desire: Changing Sexual Discourse in the Ottoman Middle East, 1500-1900*. University of California Press. London.