

THE
CONTAGIOUS DISEASES' ACTS
IN INDIA:

THEIR COMPLETE FAILURE,

PROVED FROM AUTHENTIC RETURNS.

BY

W. C. MADGE.

Calcutta:

PRINTED BY THE CALCUTTA CENTRAL PRESS CO., LD.,
5 COUNCIL HOUSE STREET.

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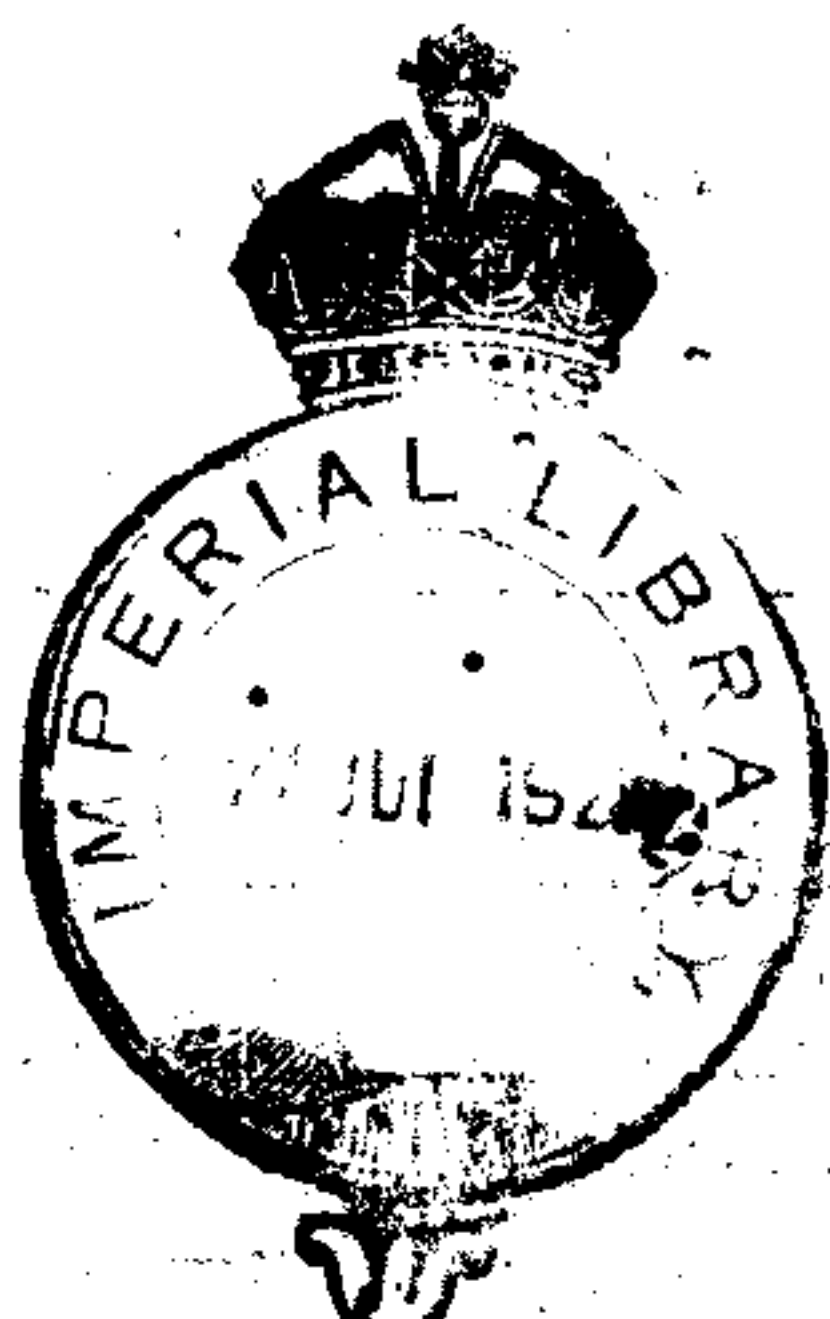
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PREFACE.

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IF it were true that the consequences of immorality could be prevented by physical arrangements, without any moral reform in the mind of the immoral man, all moral law would be extinguished, because it would be stultified by facts; for it would then only remain for people bent on self-indulgence to choose their vice and find out the method of satisfying it in safety.

No intelligent opponent of the Contagious Diseases' Acts has ever objected to the tenderest care being taken of any victims of venereal disease, male or female. On the contrary, the most effective treatment of all such sufferers has always been advocated with a view to their restoration to a virtuous life after the cure of the bodily suffering. What has been objected to is the compulsory subjection of women alone to personal restraint, usually including gross outrage, not with a view to their reform and removal from a career of vice, but with a deliberate purpose of physically preparing them to continue the practice of vice, while their male partners in immorality are left entirely free, even when in a diseased condition, to indulge in vice and thus spread the very disease, which a solemn pretence is made of wishing and trying to suppress. Is not this sacrificing the liberty of women to the license of men? If the system of so-called "Protection" introduced by the Acts had ever succeeded anywhere, its success would for the first time in human history have not only shown morality and science to be in deadly conflict, but also resulted in the abolition of morality. A chain is no stronger than its weakest link, and a practical world could not afford to be governed by a theory of ethics which had been broken down in practice.

To prove that this system of "Protection" has not only not succeeded in India, where it has been on trial for nearly twenty-five years, openly for the greater part of that time, and secretly for the last three of these years, but has completely failed, is the object of this pamphlet, to which the earnest and careful attention of all honest men is solicited.

Its figures are all taken from authenticated official sources, to which reference is in every case made.

W. C. MADGE.

CALCUTTA, March 25th, 1895.

THE HISTORY OF MEDICAL EFFORT TO SUPPRESS VENEREAL DISEASE in the British Army in India divides itself into three periods :—

- (1) The period before the introduction of the C. D. Acts ;
- (2) The period of the working of these Acts ; and
- (3) The period following the abolition of these Acts.

I. The following extract from para. 14 of the Memorandum of the British Army Sanitary Commission on the report of the Sanitary Commissioner with the Government of India for 1889—dated London, War Office, August 28th, 1891—contains the verdict of the highest military-medical in the British Empire, which is finally responsible for the sanitary arrangements of the British Army, on the first of these three periods :—

“These (lock) hospitals existed for 18 years, from 1867 to 1884 inclusive. The figures for the individual years 1870-79 are not given, but it appears that during these ten years the average annual admissions from venereal disease were: for Bengal 209, Madras 189, Bombay 292 ; and all India 294. *Instead of a decrease there had been a marked rise, amounting roughly to about one-third in each Army.* And what is still more worthy of notice is that *the statistics of 1866, before lock hospitals were established, are much more favourable than those of 1884, when these hospitals had*

been at work for 18 years. The figures of 1866, apparently, are not available for Bombay ; but for Bengal they give 217 cases per thousand in 1866, and 290 in 1884 ; for Madras 226 in 1866, and 306 in 1884 ; or, if comparison be confined to the more serious forms of primary disease, we find that in Bengal the rates rose from 64 in 1866 to 86 in 1884, and in Madras from 80 in 1866 to 101 in 1884."

The outstanding facts of this déclaration are, *first*, that, as regards a particular period of 10 years from 1870 to 1879, during which the Acts were in full operation, there was not only no decrease in disease, but a "marked rise ;" and *second* that, as regards the entire period of 18 years during which the Acts were enforced, the prevalence of disease, as shown in hospital admissions, and whether as respects secondary or primary disease, was worse at the end of the period than before the Acts were introduced.

The figures for the individual years from 1870 to 1879, which were omitted from the Indian Sanitary Commissioner's Report for 1889, will be given further on together with the figures for all the intervening years down to 1885 ; and they will show that, with slight fluctuations, there has been a progressive increase in disease during the whole period of the operation of the Acts ; but the point which unbiassed minds will fasten on at this stage is that, *in the final judgment of the British Army Sanitary Commission, the British Army in India, fared better before the introduction of the Acts than after it.*

To prevent any charge of unfairness, or of mutilating extracts, a further quotation is here made from the above para. 24

of the same document ; though it will best be fully considered later on. It is this :—

“ The (Indian) Sanitary Commissioner would explain these remarkable results by ‘ the greater youth and inexperience of the soldier, the smaller proportion of married men, and the more frequent and extended movement of troops ; ’ and it is to be borne in mind that the short service system came into force in 1870, and has been in operation since that time. Whatever degree of importance, however, is to be attached to these causes of increase, the fact remains that the expectation of benefit to be derived from lock hospitals when they were established was very far from being fulfilled.”

“ The true character of the boast that the Acts were preventive, and that disease could be entirely suppressed under them, is here clearly revealed. What the Indian Army Sanitary Commissioner evidently contends is that the Acts *would have proved* preventive and disease *would have been* suppressed, *if* soldiers had been older and married, and there had been less frequent and less extensive troop movements. This interesting speculation, which certainly reveals more of the originality of the Indian Sanitary Commissioner than of the facts of disease in the Army, will be presently considered. The facts, meanwhile, are that the Army fared better before the Acts than during their incidence, and that the benefit expected from them was not realised.”

II. In considering the second period, it is necessary to go to the late Dr. Barclay's Note on the “ Experimental closure of several Indian Lock Hospitals during 1884,” because it was published authoritatively in 1886 by the Indian Sanitary Commissioner as the unanswerable defence of the Acts by the Indian Medical Department, and because—though strangely suppressing some striking figures, which have been otherwise obtained, and are

given below—it contains several groupings of figures which are not otherwise accessible to the public.

As this note of Dr. Barclay's was considered a masterpiece of scientific reasoning, and has often been incorrectly referred to as establishing beyond question the prophylactic virtues of the Acts, it is only fair, before examining Dr. Barclay's methods of reasoning, to realise plainly the basis from which he starts, and the limitations which he acknowledges. He says:—

"The utility of any special measures against these diseases had come of late years to be greatly doubted, and this especially because, in spite of the continued operations of certain laws enacted in 1864 to suppress and, if possible, extirpate them, *these diseases have given rise to progressively higher admission rates of late years.* The rise in the admission rates, especially since 1877, led many to believe that the futility of protective measures was fully established, and that it was desirable at once to put an end to them as involving a useless expenditure of public money. Before, however, finally condemning the system it was resolved, early in 1885, to view the effect of the measures in operation in the light of an experiment to be made by closing selected lock hospitals throughout India during one year, and comparing the prevalence of venereal disease among the troops quartered at these cantonments with that existing in them before the experiment and with the venereal prevalence exhibited in stations still protected."

Unless the result of the experiment tried in 1885 proved, beyond question, that mitigation of disease corresponded in some recognisable way with "protection," the experiment

could in no way tell against the experience of the preceding 15 years, which showed progressively higher admission rates under the operation of the Acts.

Two preliminary remarks have to be made at this stage about two suggestive differences, not merely of opinion, but in methods of judgment, between the advocates and opponents of the Acts. The first is that, as Dr. Barclay professed to desire to draw his inferences from a "wider basis" than that which had been previously employed, he ought, instead of selecting the figures of particular stations, while carrying out his experiment in chosen stations, to have submitted the figures obtained from every station during the period of his experiment, without exception, so that the comparison to be made should rest upon the widest possible basis available. This was the more necessary, for purposes of scientific accuracy, not to say fidelity, because, while even the figures of the selected stations were not favourable to the theories which Dr. Barclay tried to extort from them, the figures of the entire field covered by the Acts during the same period, which have been obtained independently of Dr. Barclay, are not merely less favourable, but absolutely fatal to his theories. The second remark is that Dr. Barclay, instead of proceeding to examine his statistics with an open mind, undertook their examination with a bias which made the discovery of the truth by him, if he desired to discover it, impossible. As this is a strong statement, its proof had better be given here in his own words. When confronted with increases of disease in protected stations, instead of at once recognising in them arguments, so far as they went, against the efficiency of the Acts, he made up his mind, firstly, that the protective system could not be at fault, and then set about discovering or inventing other causes to explain the facts that thwarted him. "It was quite evident" he says, with either astounding naïveté or astounding effrontery,

that "some new cause or causes had come into operation to account for these progressive ratios ; for, even assuming that the means taken to repress these diseases were entirely powerless, *it could scarcely be contended that they actually fostered disease.*"

The only escape from a charge of wilful unfairness, when making such a statement as this, lies in pleading guilty to entire ignorance of the very elements of the controversy on the subject—a controversy of nearly twenty years' standing, with an elaborate literature of its own; for, if there is one point, on which the opponents of the Act have always and everywhere insisted (and as regards which they are now borne out by the final verdict of the British Army Sanitary Commission), it is that the enforcement of the Acts has not only not suppressed but has uniformly aggravated disease. And this opinion, apart from being generally based on experience, was supported by the particular facts that (1) in many examined cases, certification of cleanliness has proved no protection whatever, although, to speak plainly, (2) it has attracted customers and so increased vice, while at the same time (3) men have been known to contract disease, apparently from one another, by resorting in quick succession to certified women in whom disease could not be traced ; and finally (4) the concentration of vice among limited female victims of the system has not only destroyed them faster, but in so doing has increased the number of male sufferers from them. Now these differences of opinion, whether sound or unsound, claim a scientific basis in ascertained facts, which have been and can be substantiated ; and the audacity or dulness which ignores them, and impudently assumes, without any attempted disproof of them, that the Acts cannot be said to increase disease, should be clearly realised by all honest students of all further statements and conclusions from the same source. Even if unconscious, such manipulation must prove misleading.

The following figures are taken from paras. 9 and 10 of Dr. Barclay's note :—

Stations.				ADMISSION RATES.	
				1875-1884.	1885.
Where the Acts were suspended.	Chuckrata	...	...	164.7	129.0
	Murree	...	...	124.8	184.7
	Kussowlee	...	...	116.1	343.2
	Meerut	...	...	271.5	511.9
	Allahabad	...	...	315.7	527.6
	Rawalpindi	...	...	200.1	482.2
	Meean Meer	...	..	230.3	382.7
	Peshawar	...	...	185.8	373.5
	Delhi	...	...	206.3	246.2
	Cawnpore	....	...	287.8	329.1
Where the Acts continue to be fully enforced.	Dum-Dum	...	...	253.0	351.9
	Barrackpore	...	...	293.9	248.8
	Dinapore	...	...	267.8	311.6
	Agra	...	...	307.6	434.1
	Bareilly	...	...	267.3	471.0
	Benares	...	...	466.1	527.0
	Roorkee	...	...	205.9	351.5
	Muttra	...	...	260.4	188.0
	Jhansi Lucks	...	...	187.0	243.7
	Lucknow	...	...	317.8	381.8
	Faizabad	...	...	278.3	317.0
	Seetapore	...	...	310.2	318.6
	Jullundur	...	...	251.2	226.0
	Umballa	...	...	212.9	328.4
	Sialkote	...	...	300.2	324.9
	Ferozepore	...	...	189.2	208.7
	Meoltan	...	...	239.0	250.6
	Nowsherah	...	...	180.2	404.0
	Saugor	...	..	272.9	220.4
	Jubbulpore	...	...	341.8	473.2

It will be seen from these figures that, with the single exception of Chuckrata, among the ten unprotected stations, and with the four exceptions of Barrackpore, Muttra, Jullundur, and Saugor, among the 20 protected stations, there was an increase in the admission rate per thousand in all other stations. One striking fact is that the decrease shown in the unprotected station of Chuckrata is better than any decrease shown in any protected station, a fact of some importance and

significance in relation to the complementary fact, which may be mentioned here in passing, that, in the year of this experiment, 1885, the very worst increase in disease in any station in India was shown in the protected station of Wellington in the Madras Presidency. If this system of protection had any scientific consistency, and bore any analogy to the system of vaccination, it would be as though small-pox had broken out most virulently in some place where vaccination had been thoroughly carried out, and had broken out most mildly in a place where there had been no vaccination at all. Not to make too much, however, of this curious double fact, it will be seen that, in the great majority of stations, protected and unprotected alike, the admission rate of 1885 showed an increase over the average admission rate of the preceding ten years from 1875 to 1884 inclusive. What Dr. Barclay strangely extorted from this verdict of facts against his system was the curiously unscientific assumption that because, on the whole, larger increases were recorded in the unprotected than in the protected stations, therefore the increase in the unprotected stations must be owing to the want of protection; whereas the increase in the protected stations must be owing to some other causes! Some scientific consistency might perhaps have been put into this assumption, if the efficiency of protection had been placed beyond question by all past experience—as it has been, for instance, in the case of vaccination; but seeing that, as Dr. Barclay admits, past experience had been so unsatisfactory as to have aroused doubts of the efficacy of the system up to 1884, and a year's grace had been allowed for a testing experiment in 1885, it would be difficult to match the impudence of the assumption. Even if plausible reasons could be given for the recorded increases in protected stations, it would be necessary to show that these reasons were not also responsible for increases in unprotected stations. But before examining these reasons it is well to glance at the following figures obtained from official sources independently of Dr. Barclay, and most unjustifiably suppressed by him in his memorandum:—

Stations.				1884.	1885.
Bengal.	1.	Barrackpore ...	...	146·2	194·17 +
	2.	Darjeeling ...	...	170·12	186·91 +
	3.	Dum-Dum ...	...	264·3	345·94 +
	4.	Dinapore ...	...	265·21	219·80 -
North-Western Provinces and Oudh.	5.	Agra ...	...	284·0	434·9 +
	6.	Bareilly ...	...	235·0	484·8 +
	7.	Benares ...	...	309·0	365·8 +
	8.	Fategarh ...	...	315·0	360·2 +
	9.	Faizabad ...	...	192·3	229·3 +
	10.	Jhansi ...	...	136·2	169·9 +
	11.	Lucknow ...	...	240·6	296·8 +
	12.	Moradabad ...	...	403·6	971·8 +
	13.	Muttra ...	...	295·8	161·7 -
	14.	Naini Tal ...	...	273·2	304·1 +
	15.	Ranikhet ...	...	262·8	241·8 -
	16.	Roorkee ...	...	217·6	345·4 +
	17.	Shajehanpore ...	...	284·0	326·3 +
	18.	Seetapore ...	...	228·5	220·5 -
Punjab.	19.	Attock ...	...	277·22	136·69 -
	20.	Dugshai ...	...	211·83	278·26 +
	21.	Dalhousie ...	...	212·21	72·37 -
	22.	Ferozepore ...	...	154·54	153·85 -
	23.	Jullundur ...	...	319·49	289·41 -
	24.	Multan ...	...	279·80	255·67 -
	25.	Nowshera ...	...	144·34	299·81 +
	26.	Umballa ...	...	200·78	425·83 +
	27.	Sabathoo ...	...	.....	244·51
	28.	Sialkote ...	...	290·22	267·59 -
Central Provinces.	29.	Jubbulpore ...	...	155·4	432·79 +
	30.	Kampti ...	...	179·4	264·46 +
	31.	Pachmari ...	...	235·77	149·12 -
	32.	Saugor ...	...	184·4	126·63 -
33.	Hyderabad - Secundrabad.			242·45	244·12 +
34.	British Burmah ...			176·86	198·8 +

These figures* show that, of a total of 34 hospitals given in this return, if we leave out Sabathoo, which affords no material for comparison, we have 33 hospitals, in only 12 of which disease decreased in 1885, while in 21 of them disease increased. Not only so, but if the figures are scrutinised, it will be seen that, excepting Dalhousie, where the improvement in 1885 was very marked, in the majority of the other 11 stations the improvement was trivial, whereas in many of the 21 hospitals in which disease grew worse, the decline was of a serious character. Now 1885 was the year of special experiment, in which protective arrangements were being specially tried ; and if the protective system were judged by the result of 1885 alone, they would have, in sheer honesty, to be confessed a complete failure. If, up to 1884, grave doubts existed of the utility of the system, and the results of 1885 declared it an utter failure, with what honesty, not to speak of scientific precision, can intermediate averages be cooked up in 1886 to secure any other verdict ?

Of what use is a special experiment in a particular year if, when the system on trial is proved a disastrous failure, we refuse to accept the evidence, in the sense in which it has been uniformly interpreted, and fly back on the manipulated averages of an anterior period—which has been acknowledged to tell against the system—in order to extort proofs in favour of a foregone conclusion ? Whatever excuse may have been manufactured for confining the comparison to the stations in which the system had been tried for an equal number of years, it is impossible to justify the suppression of the figures just quoted.

* Taken from Twelfth Report of Working of Lock Hospitals in North-Western Provinces and Oudh, 1885 : Annual Report of Punjab Lock Hospitals, 1885 : Review by Chief Commissioner of Report on Lock Hospitals, Central Provinces, 1885 : Annual Report of Working of Secunderabad Lock Hospital, 1885 : Report on Lock Hospitals, British Burmah, 1885 : Annual Reports on Bengal Lock Hospitals, 1885 : with Government Resolution thereon.

If the value of any medicine were being tested, and its use in ten stations, in which it had been tried for ten years, was carefully examined, but it was found that in twenty stations, in which it was used in the year before the enquiry, it was found to be deadly in its effects, it would surely be equally ridiculous and dishonest to exclude all consideration of these deadly effects, merely because, in ten of these 20 stations, the medicine had been used for longer or shorter periods than in the other ten.

With these facts before him, the intelligent statistician will hardly demand any special examination of the methods in which Dr. Barclay has tried to explain away the unquestioned increase of disease in protected stations. He attributes it to three main causes : (1) the youth of the soldiers under the Cardwell scheme, (2) the unmarried condition of the majority, and (3) movement of troops, which is said to increase disease. The objections to the first two explanations are that the years of the greatest accession of young men do not correspond with the years of the greatest prevalence of disease, and that until the actual disposition of the married strength is accurately recorded—which no attempt is made to do—it is impossible to study it as a factor in the etiology of disease. As regards the third explanation, not only does it fail to explain increases in stations entirely off the line of large troop movements in particular years, but no attempt is made honestly to trace its effects in unprotected stations. If troop movements actually increase disease, why should they not do so in unprotected as well as in protected stations? In fact, it is loosely assumed, as already shown, that protection must check disease, and the want of it increase it ; and the position coolly taken up throughout is that, inasmuch as there is an increase of disease in all stations, it can only be owing to the want of protection in unprotected stations, but must be owing to some other causes in properly protected stations. Everything comes to the statistician who expects ; and it is not perhaps surprising that to the mind brought by

Dr. Barclay to the figures examined above, the figures echoed the astonishing conclusions which they did.

The foregoing figures relate to the Bengal Command; and have been selected from Dr. Barclay's figures, not because the Madras and Bombay figures, with which it is unnecessary to burden this production, differ in any characteristic feature from those of Bengal, but because other figures for testing their value by comparison have not been so easily procurable by the writer as figures from Bengal. But the following figures taken from Dr. Barclay's own note, and relating to all India, will show at a glance the general and steady growth of disease prevalence between 1871 and 1885, inclusive, 15 years during which the Acts were enforced throughout India :—

1871 .. 196.8	1876 ... 189.9	1881 ... 260.5
1872 ... 179.0	1877 ... 208.5	1882 ... 265.2
1873 ... 166.7	1878 ... 271.3	1883* A. 270.3
1874 ... 192.7	1879 ... 234.8	1884 ... 293.9
1875 ... 205.1	1880 ... 249.7	1885 ... 342.7

The Acts having been enforced in all cantonments from 1871 to 1880, and suspended in a few stations between 1881 and 1884, irrespectively of the special experiment tried in 1885, it appears that though, in spite of occasional fluctuations, there was a general tendency to increase during the incidence of the Acts, yet there seems to have been a much more rapid growth from 1871 to 1878, when the Acts were enforced everywhere, than during the four years from 1881 to 1884, when the Acts were withdrawn from some localities. Even the large figure 293.9 in 1884 does not show such big jump from the figures of any of the three preceding years as that disclosed between 1871 and 1877, or even between 1877 and 1878. Whatever the cause of this state of things, the fact is undeniable that disease increased at a much worse rate during the general enforcement of the Acts than during their partial suspension : while, so far as Dr. Barclay's review was concerned, the very worst results were secured

in 1885, the year of the special experiment, when it may be reasonably assumed that the advocates of the Acts, who were in charge of the measures taken under it, were doing their best to obtain satisfactory results under it. It has been said, indeed, that anything can be made of statistics. But it is only fair to remember that the statistics here utilized have been furnished by the supporters of the Acts and endorsed by the Indian Medical Department as affording a conclusive mathematical demonstration of their success.

III. It remains only to consider the period following the abolition of the Acts. Of this period the years 1889, 1892, and 1893 are here taken up only, because the figures relating to them have been considered bad, have been published with some amount of outcry, and have formed the subject of special recommendations made by the Indian Medical Authorities to the British Army Sanitary Commission. Some reference has been made in the opening remarks of this paper to the verdict of the British Army Sanitary Commission upon some of them. It may be added that the figures were considered so different from those of earlier years that the British Army Sanitary Commission "could not help enquiring whether they have been prepared throughout on the same system, or some changes have been introduced which may account for at least part of the increase." No answer has been published to this enquiry; and the fact is significant in view of the suspicion that changes have been made, if not as some professional witnesses have publicly stated, by the inclusion of diseases not strictly of a venereal character, though aggravated by venereal complications, at any rate by reckoning every re-admission of the same man as a new diseased man. Immorality belongs to individual identities, and if a man is admitted 3 or 5 times a year to hospital for this disease, he still remains one and the same individual, and the 100th part of a corps of 500 men; and it is monstrous to reckon him as 3 or 5 different

men, for the dishonest purpose of representing $\frac{1}{100}$ th or $\frac{1}{100}$ th i.e., $\frac{1}{100}$ th, part of the corps, as being disabled from disease all the year. At any rate, we have seen what view the highest Medical Military Authorities in Britain have taken of the figures of 1889.

Of those for 1892, we find the British Army Sanitary Commission saying, in page 160 of their report, just published :—

“For the last five years the general venereal ratios for the European Army of India stand

thus* per 1,000 of strength. The	1888	...	376.6
	1889	...	418.5
ratio for 1892 shows an increase of	1890	...	503.5
9 cases per 1,000 over 1891; but the	1891	...	400.7
rate for 1891, it will be observed,	1892	...	409.9

was over 100 per 1,000 less than it was in 1890.

Still, even with this diminution as compared with 1890, it admits of no question that in 1892 venereal disease prevailed among European soldiers in India to such an extent as to constitute a most serious cause of inefficiency. In a separate memorandum which we submitted in December 1893, we discussed this question at length, and gave the reasons why we arrived at the conclusion that the evil had been very slightly mitigated in India under the lock hospital system, and that *the re-introduction of the system on sanitary grounds could not be recommended.*”

Apart from the double verdict, pronounced on the system in 1891 and repeated in 1892, we observe the same fluctuations in admissions which have characterised the returns of earlier years. The reader will remember that in 1890, when the Acts were supposed to have been abolished, they were being secretly carried out in several Indian cantonments; so that Lord

Roberts, who contradicted this discovery when it was first made, subsequently apologised for his denials and admitted its accuracy. The increase of disease in these years, when the Acts were being secretly enforced, rather bears out the contention of their opponents that they have always promoted disease.

Of the figures for 1893 the only detailed account yet before the public will be found in the "Army Medical Department Report for the year 1893, Vol. XXXV," lately published in London, from pages 109, 126, and 142 of which, relating respectively to Bengal, Madras, and Bombay, the following figures have been taken:—

	Admissions.	Rates per mille.	Constantly sick.	Ratio.
Bengal	19,343	449.9	1593.99	36.77
Madras	6,447	483.0	...	42.76
Bombay	6,268	463.8	...	33.63
Total	32,058	3)1396.7	...	3)113.16
		465.5	...	37.72

It will be seen that the total admissions in all India aggregated 32,058, giving an average admission rate per thousand of 465.5, with a "constantly sick" average of 1593.99 for Bengal, and a total ratio of "constantly sick" for all India of 37.72. It is to be regretted that the total "constantly sick" for all India, while indicated in a manner by the ratios per thousand given for Madras and Bombay, are not plainly stated in figures as for Bengal. However, the ratios of "constantly sick" given for Bombay and Madras, when considered in relation to the total admissions for the three presidencies given in the first column, which shows that the whole admissions for Madras and Bombay were about two thirds of the total admissions for Bengal, enable us to estimate that the "constantly sick" in Bombay and Madras, if not less than 1,062, would not be more than 1,593; giving a rough, freely estimated total of

3,000. With these figures before us, it must have surprised all informed students of the subject to find the Hon'ble Sir G. White, Commander-in-Chief in India, making the following strange statement in the Legislative Council of India on the 7th February last:—

“The extent to which disease prevails in the Army, and the probability that the removal of restrictions that could formerly be enforced would increase the extent of this disease, and the consequent inefficiency of the Army, have been exhaustively put before Her Majesty's Government. How necessary such a representation is may be inferred from the fact, now notorious, that in the year 1893 the admissions to hospital for disease alone among our British soldiers in India were 466 per thousand. This is practically 50 per cent. of strength. For a rough and ready calculation this proportion may be adopted, and it gives us, out of a total of 70,000 British soldiers, 35,000 admissions to hospital for diseases every year.”

The gravest objection to this unfortunate misrepresentation, of which His Excellency has doubtless been made the unconscious mouthpiece by military-medical advisers, is not that the ratio of admission has been overstated by a fraction, and the total admissions overdrawn by about 3,000 men, when the actual figures, as shown above, were available, and would be preferable, but that the Commander-in-Chief has unaccountably overlooked the real meaning of the Hon'ble Lee Warner's question “whether the statistics of admission included re-admissions of the same diseased patient, which are counted fresh admissions,” and His Excellency's answer “Yes.” As a matter of fact, not only is it unjustifiable to reckon actual admissions at 35,000 when only 32,051 are exactly known to have occurred, but it is surely inexcusable to reckon every admission as a man, when it is known that certain men, whatever their number, were admitted more than once; many, notoriously, several times.

Where men go in and out of hospital several times, for indefinite periods, sometimes at least remaining for a few days, if sometimes longer, even the very doubtful statement of which no proof is given, that 30 days form a fair average of the length of treatment for all kinds of venereal disease, would not affect the undeniable fact that the daily average of men in hospital is the only correct test of the number of men incapable of taking the field. The return of "constantly sick" therefore affords a more accurate estimate of the inefficiency of any fighting force than the total admissions during a whole year. To count a man who may be in hospital five times a year as five diseased men, when, of a band of 20, he may be the only diseased one against 19 healthy men, and to reckon him as one-twentieth of 100 fighting men, when he is only the one-hundredth, is surely a trick which the head of the army, if he had been carefully informed, could never have encouraged, and indeed may be depended on, now that it has been discovered, to visit with his displeasure. Taking the total of the admissions at even 35,000, the figure given by Sir G. White and the "constantly sick" at from 3,000 to 3,500, which His Excellency will find a large allowance, it is seen at a glance what a number of readmissions of the same persons must have taken place. Taking the total British Army at 70,000 and the "constantly sick" at even the large figure of 3,500, we find the inefficiency caused by venereal disease to amount at the outside to one-twentieth of the entire force, which is a very different figure to the one-half, or 50 per cent., to which His Excellency's medical advisers have committed him.

One consequence of blindly floating down arguments on figures furnished by incompetent advisers is seen in the following painful statement made by the Commander-in-Chief, which involves a grave wrong to all the married soldiers, and all unmarried men of good character and blameless life, in the Army :—

"The same figures show that IN TWO YEARS THE WHOLE BRITISH ARMY IN INDIA WILL HAVE BEEN TREATED IN HOSPITAL FOR DISEASE. The inefficiency that this wholesale infection must bring about under the hardships and exposure of a campaign, I cannot reduce to figures, but at the same time I cannot contemplate it without the gravest apprehension."

Is it seriously believed by any sane surgeon in the British Army in India that *in the course of two years every British soldier will have been incapacitated for war service by venereal disease*? If not, who is responsible for putting this misstatement into the mouth of the Head of the Army, and getting the insult authoritatively published? If the picture which His Excellency has tried, at the suggestion of untrustworthy advisers, to impress on the public imagination were true—if, in two years, every soldier became infected, and if many men, or any men, were admitted more than once, and the present inaccurate method of reckoning every admission of the same man as another man were continued—as why should it not, if it is adopted now?—we should be confronted with the *reductio ad absurdum* of the mental processes of the Indian Medical Department in a return of men rendered inefficient by disease, whose number exceeded the entire recorded strength of the British Army!

