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THE THIRD CLAUSE OF THE CANTONMENT AMENDMENT BILL AND THE INDIAN MEDICAL CONGRESS.

ONE very important advantage which the first Indian Medical Congress can claim to have secured is the abandonment by the Secretary of State for India of the third clause of the Cantonment Bill. That clause rendered a medical officer who examined a prostitute compulsorily or periodically, for the purpose of ascertaining whether she was or was not suffering from any venereal disease, liable on conviction in a summary way before the Cantonment Magistrate to a fine of Rs. 100 or to imprisonment. The Bill was framed in England and sent out to the Government of India to be passed by them into law. It was framed in accordance with the recommendation of a Departmental Committee consisting of Mr. Wilson, of opium fame, Mr. Russell, the Under-Secretary of India, and Mr. Stansfield, Members of Parliament, also of Sir Donald Stewart and Sir James Peile, Members of the India Council. The opinion of the Committee was divided, three being in favor of additional legislation and two considering that this was not required and that there must be hospitals, either separate buildings or separate wards, for the treatment of venereal diseases among this class of women. The majority of one, however, prevailed, and, be it observed, the majority consisted wholly of those members who have no acquaintance with India, whilst the minority of two were men who had spent the best part of their lives in India and were experienced in Indian affairs. The Bill is not a long one, it consists of only three clauses. The first clause deals with the title, extent and commencement, the second prohibits any canton-

ment rules which shall contain any regulation enjoining or permitting compulsory or periodical examination of any woman by medical officers or others, and the third inflicts the penalty which has already been referred to.

When this third clause was brought before the members of the Congress, it may be readily understood with what feelings it was received. It was felt that a wanton insult had been deliberately devised and flung at the whole body of medical men in the service of Government, and that, as regards the relationship of public servants to their duties, a new principle was about to be inaugurated wherein fines and imprisonment were to take the place of orders and departmental discipline. The clause was evidently inserted at the instance of a fanatic who, in his anxiety to secure free-trade in the spread of these loathsome venereal diseases, would have sacrificed the honour of the medical officers in the army and would have, as well stated by the Hon'ble Sir Griffith Evans in his speech at the meeting of the Viceroy's Council on January 24th, placed them in much the same position as a criminal tribe for which special penal legislation is necessary. The resolution placed before the Congress was as follows: "That the unofficial members of this Congress desire earnestly to represent to the proper authorities in India and at home the mischief likely to result from the proposed Cantonment Act Amendment Bill, especially in so far as the third clause is concerned, which proposes penal legislation aimed at public medical servants and implies that they cannot be trusted to carry out loyally and promptly the orders of Government on this subject." This resolution was passed unanimously and a few days later was presented to Sir Anthony Macdonell, the Home Secretary, by a deputation consisting of Surgeon-Colonel Harvey, Mr. Ernest Hart, Dr. Lethbridge and Dr. W. J. Simpson, who individually placed before the Home Secretary their own views and those of the members of the Congress on the subject. The deputation was received most courteously, and though nothing was promised, or could be promised, yet the members of the deputation felt that the question from the medical point of view had been placed strongly before the authorities and would, as coming from such a large and representative gathering of medical men as that of the Congress receive careful attention. The result

has justified expectation and the medical officers in Government service are to be congratulated on the withdrawal of the objectionable third clause which cast a slur on the whole service.

We have purposely refrained from connecting this question regarding the punishment of medical officers with that relating to the older one of examining and treating prostitutes for venereal disease. They are quite distinct. But there is one suggestion to which we desire to draw special attention as it cannot fail to meet many of the objections held by opponents to the Contagious Disease Acts. It was made by Sir Griffith Evans in his speech at the Imperial Legislative Council; and is that women doctors might be employed in the lock hospitals. It is a suggestion which seems to be an admirable one, and which, we think, might considerably assist in bringing about a compromise on a matter which cannot possibly remain in its present stage. Sir Griffith Evans said:—"We must bear in mind that, so long as we maintain a large European army in India under conditions of enforced celibacy, where only a proportion of them can be given leave to marry, we cannot hope that prostitution will cease in cantonments; for, as the Apostle remarks, all men have not the gift of continence; and the examination for the British army enquires only into the health, height and chest measurement, and does not include any examination as to their fitness to enter into celibate orders. Yet, once enlisted, celibacy is compulsorily imposed by Government upon the major part of them. Also there is in India a regular caste of hereditary professional prostitutes—an immemorial caste, with their own laws of succession, recognised by our courts; and it is shown by the evidence taken by the Committee of 1893 that by far the larger proportion of the prostitutes in cantonments belong to this class.

"If for the safety of the Empire and consideration for its finances England is bound to maintain this state of things, the least we can do is to adopt such measures as are possible to mitigate evils arising from diseases which seem at present to be inseparable from prostitution. I hope that in time much may be done to decrease the spread of venereal diseases by means of women doctors, who have of late been admitted to medical degrees. When there are a sufficient number of medical women to attend to the treatment of the diseases of women, we may hope that much of

the difficulty attending the examination of women will be removed.

"The element of shame and degradation which exists when such examination is conducted by men will be removed, and as no women, even prostitutes, can desire to suffer from this dreadful disease, we may hope that they will voluntarily resort in large numbers to hospitals superintended by women, and that women themselves, moved by compassion not only for their sister women, but for the unborn generations at present doomed to hideous disease, will themselves take determined steps to check the sacrifices to the Moloch of syphilis. The subject is of national importance. The disease strikes at the vitality of the race. Sooner or later the English nation must deal with it."

THE DISCUSSION ON MONS. HAFKINE'S PAPER ON ANTI-CHOLERAIC INOCULATIONS.

WITH one exception the remarks made by the different speakers in connection with Mons. Haffkine's communication to the Indian Medical Congress on anti-choleraic inoculations were distinguished by hopeful views entertained for the future of this form of preventive inoculation. Like the members of the Congress our readers will doubtless be interested in what was then said, and accordingly we propose to give the report *in extenso*. It will be seen that Mons. Haffkine very effectually dealt with the objections raised by Surgeon-Lieutenant-Colonel Lawrie, pointing out in a clear manner what septicæmia really meant and the mistake which was made in attempting to apply such a term to the anti-choleraic process.

Surgeon-Colonel Harvey, who was the first speaker, was of opinion that after the observations which had been made, there could be little doubt that the inoculations were protective during an epidemic and for a certain period after the epidemic. The questions which now remained to be solved were whether the influence produced was lasting or not, and, if not lasting, whether it could be made so. The observations at Lucknow were against the idea of a lasting effect, but at the same time it should not be forgotten that the vaccines used in Lucknow were very weak. In Chittagong and in Gaya, where he himself had been present at the inoculations, he had seen Mons. Haffkine obliged to put aside tubes of vac-