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Regulation of Syphilis and Gonorrhoea in the Colonial Lock Hospital of Allahabad (1877-1883).

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ABSTRACT

Western 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. In the late nineteenth and early twentieth century, public health and sanitation (particularly in the case of venereal diseases) became challenging for governance. 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 in the Lock hospitals which became a site for treatment and cure. The civilian patients were kept out.

Keywords: Lock Hospital Reports, Allahabad Lock Hospital, Syphilis, Gonorrhoea.

Venereal diseases came to be seen as racial poison, as a result of its invalidating effect. In reality, though, venereal diseases were seldom fatal. It is important to observe here that there were other diseases which were of a more epidemic variety. The death toll was higher due to 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). 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.

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.

This paper analyses the reports on the lock hospital in Allahabad during British rule. 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) 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, gonorrhoea) 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.

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).ⁱ 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).ⁱⁱ 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).ⁱⁱⁱ

TABLE 1 - STATEMENT SHOWING ADMISSIONS FOR EUROPEAN TROOPS FOR 1875, 1876 AND 1877.

Years	Average Strength	Total Admissions	Primary Syphilis	Gonorrhoea	Total admissions per 1000	Primary syphilis per 1000	Gonorrhoea 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^{iv}

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).^v 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).^{vi} 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).^{vii} 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 2 - SICKNESS AMONG THE WOMEN AS COMPARED TO THE TWO PREVIOUS YEARS^{viii}

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).^{ix}

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).^x 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).^{xi} 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).^{xiii} 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).^{xiii} 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).^{xiv} 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).^{xv} 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).^{xvi} 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).^{xvii} 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).^{xviii} 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 gonorrhoea; 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).^{xix} 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).^{xx} 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).^{xxi} 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).^{xxii} 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).^{xxiii} 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).^{xxiv} 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, was highly commended for his professional attainments 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).^{xxv} During the previous 12 months only one case of this kind had been reported by the police (Planck 1880: 2).^{xxvi} 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).^{xxvii} 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).^{xxviii} 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 171 in 1879 (Home Department 1880: 1).^{xxix} 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: 1).^{xxx} 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).^{xxxi} 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).^{xxxii} 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).^{xxxiii} 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).^{xxxiv} 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).^{xxxv}

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).^{xxxvi} 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).^{xxxvii} 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).^{xxxviii} 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).^{xxxix} 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).^{xl} 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).^{xli} The majority of them consorted with natives as well as Europeans.

Thus, 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. 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. Hence, these prostitutes caught in the colonial times of governance, reconfigured laws in interesting ways.

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 and the problem often cited was only that of unregistered prostitutes.

References:

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ⁱⁱⁱ Annual Report on the Allahabad Lock-Hospital for 1877. Allahabad. North-Western Provinces and Oudh Government Press. 1878. p 23. NLS.

^{iv} *ibid* p 23.

^v *ibid* p 23.

^{vi} *ibid* p 24.

^{vii} 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.

^{viii} W. Ashton, M.B., Surgeon-Major, In medical charge of Lock-Hospital Allahabad. North-Western Provinces and Oudh Government Press. 1878. p 24. NLS.

^{ix} 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.

^x 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.

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^{xii} *ibid* p 6.

^{xiii} *ibid* p 6.

^{xiv} *ibid* p 6.

^{xv} 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.

^{xvi} *ibid* p 7.

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^{xx}*ibid* p 7.

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^{xxvii}*ibid* p 2.

^{xxviii}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.

^{xxix}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.

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^{xxxvii}*ibid* p 1.

^{xxxviii}*ibid* p 1.

^{xxxix}*ibid* p 1.

^{xl}*ibid* p 1.

^{xli}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.