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An Exploration of the Lock Hospital in Lucknow during British Rule (1877-1883).

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ABSTRACT

This paper is a minor exploration of Public Health in British India in the context of venereal diseases. It attempts to study the preventive measures adopted to check the spread of venereal diseases. Preventive measures in the case of venereal diseases have been analyzed with respect to the consolidation of the British dominion, as well as the disputes that arose within the official circles and that between the colonizers and the colonized.

Keywords: Venereal Diseases, Syphilis, Gonorrhoea, Lock Hospital.

David Arnold in his book *Colonizing the Body: State, Medicine and Epidemic Disease in Nineteenth Century in India* portrayed Western medicine as one of the most powerful and penetrating parts of the entire colonizing process. This paper explores public health and venereal diseases along similar lines. The reports by the Cantonment Committee on the Lock Hospitals instituted to keep a check on the rise of venereal diseases show the limited scope of the public health initiatives. Their targeting nature made it public health only for the Europeans in the tropics, especially the troops. The lock hospitals, laws and preventive measures to control the spread of venereal diseases, though limiting its scope to the health of the troops alone, also came to regulate “native” women’s sexuality.

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, gonorrhoea) 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 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.

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).ⁱ The proportion of primary syphilis decreased to 58 in 1877 from 104 in 1876 (Reid 1878: 79).ⁱⁱ 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).ⁱⁱⁱ 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).^{iv} Hence, more than half the battery had been in hospital at least once for venereal disease during the past year.

TABLE 1 - 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.^v

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).^{vi}

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 thousand, while in 1874 it was only 77, and in, 1875, 104 (Reid 1878: 79).^{vii} 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).^{viii} 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).^{ix}

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).^x

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).^{xi} 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).^{xii} 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).^{xiii} 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).^{xiv} 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).^{xv} There was also the danger of men catching various diseases from the pilgrims passing to and from Ajudhia (Chamberlain 1878: 82).^{xvi} 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).^{xvii} 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).^{xviii}

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).^{xix} 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).^{xx} 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).^{xxi} 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).^{xxii}

TABLE 2 - 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.^{xxiii}

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).^{xxiv} 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).^{xxv}

TABLE 3 - 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.
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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 sought 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).^{xxvii} 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).^{xxviii} 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).^{xxix}

TABLE 4 – 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.
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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).^{xxxj} 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).^{xxxiii} 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).^{xxxiii} 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).^{xxxiv} 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).^{xxxv} 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).^{xxxvi} 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).^{xxxvii} 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).^{xxxviii} 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).^{xxxix} 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 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 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).^{xi} 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).^{xii} 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).^{xiii} 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).^{xiiii} 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).^{xv} Amongst these registered women 433 admissions to hospital occurred (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 8).^{xvi} 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).^{xvii} 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 gonorrhoea (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1879: 8).^{xviii} 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).^{xix} 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).^{xx} 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).ⁱ 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).ⁱⁱ 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).ⁱⁱⁱ 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).ⁱⁱⁱⁱ Thirty six new women were registered during the year, and all were found diseased on examination—3 having syphilis and 33 having gonorrhoea (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 6).^{lv} 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).^{lv} In all 8 cases of syphilis and 71 cases of gonorrhoea were detected amongst the women (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 7).^{lvi} 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).^{lvii} Of these 237 were cases of syphilis and 177 cases of gonorrhoea (Annual Report on the Lock Hospital at Lucknow Cantonments for the year 1880: 7).^{lviii} 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 comers 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).^{lix} 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).^{lx} 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).^{lxi} 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 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).^{lxii}

Thus, the lock hospitals became a way to gain control over the body of the prostitute through instruments of segregation. It is interesting to see how these lock hospitals were evaded by sex workers. The reports as seen usually stressed that they were quite successful with their containment measures. The reports also clearly show that the colonial authorities and the colonized were speaking in multiple voices, and the prostitutes were also negotiating with the state regarding various medical policies.

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ⁱⁱLetter 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.

ⁱⁱⁱFourth Annual Report on the Working of the Lock-Hospitals for the year 1877. Lucknow. North-Western Provinces and Oudh Government Press. 1878. p 79. NLS.

^{iv}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.

^vFourth 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.

^{vi}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.

^{vii}*ibid* p 79.

^{viii}R Chamberlain, Lieutenant General, Commanding Oudh Division. *Memorandum*. dated the twentieth February, 1878. Lucknow. p 81. NLS.

^{ix}*ibid* p 82

^x*ibid* p 81

^{xi}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.

^{xii}F.M. Newberry, Captain, City Magistrate. *Memorandum*. Dated 21st March, 1878. p 81. NLS

^{xiii}R Chamberlain, Lieutenant General, Commanding Oudh Division. *Memorandum*. Dated the twentieth February, 1878. Lucknow. p 81. NLS.

^{xiv}*ibid* p 81.

^{xv}*ibid* p 82.

^{xvi}*ibid* p 82.

^{xvii}J.A.S Hutchinson, M.D., Deputy Surgeon General, I. F. Lucknow Circle. *Memorandum*. dated the 27th February, 1878. Lucknow. p 83. NLS.

^{xviii}*ibid* p 83.

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^{xxi}*ibid* p 85.

^{xxii}*ibid* p 85.

- ^{xxiii} 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.
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- ^{xxvii} 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.
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- ^{xxx} 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.
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- ^{xxxvi} 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.
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