Colonizing the Female Body: The Prostitutes in Nineteenth Century Bengal

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ABSTRACT: Nineteenth Century Colonial Bengal witnessed the proliferation of different venereal diseases among the British soldiers besides cholera , malaria , small-pox and other ailments.The tedium of barrack life and the remoteness from their near and dear one provoked them to engage in a reckless sexual life which resulted in the increase of sexually transmitted disease. To satisfy the animal instinct of their 'boy soldiers' colonial authority had introduced regimental brothels and lock hospitals. But neither proved successful. The infected invalid soldiers not only stigmatized Victorian moral decency but also caused a huge financial loss .Thus the need of a strong legal framework was the urge of the time. So the colonial authority promulgated Contagious Disease Act which redefined the status of the prostitutes. To conceal the slack morality of their soldiers this black act projected the prostitutes as 'criminal' and the vector of venereal disease rather the victim of the situation.

KEY WORDS: Venereal Diseases, Regimental Brothel, Lock Hospitals, Contagious Disease Act, Civilizing Mission.

"Sexuality was carefully confined; it moved into home. The conjugal family took custody of it and absorbed it into the serious function of reproduction. One the subject of sex, silence Became the rule ….there was nothing to say about such things, nothing to see, and nothing to know." [Michel Foucault, *The History of Sexuality*, vol-1, pp.3-4]

This paper seeks to engage in two major themes: first, it intends to explore the health conditions of the prostitutes in and around colonial Calcutta, and secondly, it attempts to explicate the nature of colonial concern and the measures they had undertaken to remedy the situation. The most pertinent question that comes in order in such historical exploration relates to the nature of colonial success in containing the dread emanated from the proliferation of prostitution in nineteenth century Bengal. It assumes much more concern of the colonial masters presumably because the army population fell an easy prey to this unavoidable social institution of prostitution. The paper therefore attempts to locate it in the larger colonial project of hegemony and control. It seeks to read the colonial mind and look into how the government was thrown into a dilemma of passivity and action.

The trading ships of British East India Company had started their journey towards India, "the Chief jewel in the imperial crown."[1] But slowly did the traders become the rulers of this country. Nineteenth century India as well as Bengal witnessed British imperialism at its peak. The strategic location of Calcutta with its criss-crossed natural waterways, large hinterland and a dense network of bazars attracted the traders turned rulers, and Bengal became the "British Bridgehead." But unfortunately this strategic position of Calcutta was beset by a marshy topography and sultry weather, which made them uncomfortable here. As a result, the new settlers were succumbed to the annual attack of cholera, malaria, small pox, kala-azar and other ailments .The death toll of the British soldiers mounted day by day.

The following table exhibits the deaths in the Hospitals of Her Majesty's Regiment in the Garrison of Fort William.

				Ratio per 1000 of Strength	
Year	**Strength**	**Admission**	**Deaths**	**Admitted**	**Died**
1822	866	1303	75	1594.62	86.60
1823	828	1687	51	2037.24	61.59
1824	736	2268	103	3082.32	139.54
1825	902	2542	110	2818.18	121.95
1826	836	1826	96	2115.87	111.23
1827	893	1336	56	1496.08	62.71
1828	913	1776	42	1945.23	45.00
1829	885	1995	58	2253.67	62.14
1830	808	1722	59	2131.78	73.02
1831	831	1061	57	1276.77	68.59
1832	771	1024	59	1728.14	76.52
1833	687	1387	64	2018.92	93.15
1834	608	1166	57	1917.76	93.15
1835	743	1211	33	1629.87	44.41
1836	734	1245	25	1696.18	34.06
1837	709	899	26	1267.98	34.07
1838	633	694	22	1096.36	34.75
Total	13.410	25.142	497	----------	--------

Source: J.R Martin, *Influence of Tropical Climate on European Constitution,* London,1856 p.54.

This "woeful crescendo of death" made the colonial authority very anxious about their soldiers, as they were the main pillars of their "Eastern Empire." Major Sutherland rightly drew the attention of the Colonial Authority and said, "The ground work of our power in India is our substantial body of British soldiers."[2] So it became very pertinent to keep the soldiers fit and healthy to sustain their authority. Under this changing situation the colonial authority had decided to keep the British residents (only 0.06% of the total settlers) and soldiers immune from rest of the "Miasmatic unhealthy Indian Society" , and quarantine seemed to be the best way out. So White Town and Barracks were created respectively to save them from the vices.

The colonial authority introduced a very strict, regimented and disciplined life in Barracks. Life was not easy there. The soldiers had a parade centric life in Barrack. They had to do parade for everything. 365 days and 18 hours a day were spent in parade. In this dull and monotonous life, the only ray of hope was the letters, which came from their relatives in the distant lands. The military corporal screamed, "Come on! Mail up, boys!" Then he distributed the letters to Davies, Smith, Jones, Brown, Green and so on. Nevertheless, those who did not get any news got frustrated. However, their mates tried to encourage them by saying "cheer up. Better luck next time".[3] However, it was not easy to cheer them up.

Again, army rations were not adequate and most of their earnings were spent off in buying food from outside. In barracks arrived the vendors to make up the food deficiencies and announced their presence by

chanting in a loud voice, "Jimmy Kelly good for belly, take and try before you buy. Sweetie! Sweetie!"[4] Thus, the extreme climate, hunger, regular death of their co-soldiers and the tedium of daily life in barrack had a degenerative effect on their mind and body. As a result, they had selected 'Bottle' or 'Brothel' as their friends.

However, behind alcoholism there was a passive support of the colonial authority. They supplied beer and gin sufficiently in the canteen. The aim was "to keep British soldiers in India contended and to enable them to endure the tedium and discomfort of Barrack life." [5] But alas! This drinking habit became "a major factor in the incidence of hepatitis, heat apoplexy, phthisis and especially venereal disease among the soldiers."[6] Under the influence of liquor the soldiers became reckless and their drunken brawls in Calcutta streets were indeed a common sight in nineteenth century. The 'damsel errantry'(unmarried European women coming to India) who served to meet the physical and emotional needs of the upper class sahib, were not available to the low grade soldiers(Tommies) due to their poor income. So the urge for sexual desire pushed them towards masturbation and homosexual intercourses. This was a concern for the administration as it created permanent damage to their health. So "Prostitution was certainly regarded as preferable to masturbation…"[7]

Homosexuality, polygamy, masturbation and the association with the prostitute resulted in an increase of venereal diseases among the soldiers. In 1820-30s the number of such patients in the regimental hospitals of Bengal was 2400 per year.In1848, among the 15,558 soldiers of Bengal Army,847 were died in sexually transmitted disease.[8] Before the Mutiny of 1857, the number was horrible. The following table indicates the situation.

Year	Percentage of Admission (as against total admission)	Year	Percentage of Admission (as against total admission)
1829	11.6	1842	20.5
1830	10.6	1843	17.5
1831	11.8	1844	16.0
1832	14.0	1845	19.6
1833	26.8	1846	20.9
1834	32.2	1847	29.7
1835	28.4	1848	35.9
1836	26.2	1849	32.7
1837	24.2	1850	28.1
1838	26.8	1851	27.1

Source: Sabyasachi R. Mishra, '*An Empire De-masculinized!'The British Colonial State and the Problem of Syphilis in Nineteenth Century India'*, in Deepak Kumar (eds) , *Disease and Medicine in India:A Historical Overview ,* New Delhi, 2001 , p-173.

Nevertheless, the problem was not so complicated even in the last quarter of the 18th century, for, at that time the British soldiers were entitled to keep Indian concubines with them. The main objective behind this policy was to satisfy the sexual urge of the soldiers and " to bridge the language and communication gap with the native folks…"[9] The Government encouraged the marriage with Indian women "in the interest of building up the army."[10] But in the1790s, Lord Cornwallis and later Lord Wellesly stopped this system. It was a turning point in the sexual life of the Raj. In the words of Ronald Hyam, "If in the eighteenth century this was characterized by an active rate of overt sexual intimacy with Indian, by the twentieth century the predominant atmosphere was one of physical aloofness and suppressed eroticism."[11]

Moreover, the Government believed that unmarried soldiers were more efficient than the married one to perform their duty. As a result only 12% soldiers got the permission to marry and among them only 6% actually got married. Because if a soldier got married before the age of 30 years, his allowance would be stopped. So the soldiers avoided to get married. As a result, the presence of women in Barrack was a rare incident. Ed. Brown, a

British soldier said , " When I got home – apart from perhaps three women in the married quarters who were the wives of the band masters or band sergeants - I had not spoken to a women for nearly nine years ."[12]

These repressive policies of the Government was largely responsible for the proliferation of sexual diseases among the soldiers which was " the most destructive and perilous disease(s) in India "[13] , only next to smallpox. In order to check this, the Government had renovated the barracks to make it more comfortable, installed library, introduced games and sports, different physical training to divert their mind from this perilous habit. Punishment was also introduced and the government recommended, "5 instead of 3 rupees should be deducted from their pay."[14] When all these measures failed, a warning was given to them, "if you go trundling off into the village fields it will bring you calamitous results."[15] But nothing stopped them.

In the three Presidency towns, Bombay, Madras and Calcutta, the number of patient increased day by day. It became a 'stigma' to Victorian civilized army. In addition, due to the waste of working days the Government faced an enormous financial loss also. John Strachey provided us an estimate of this loss, "the annual cost of each soldier in India is 100 pounds. Assuming this to be correct, the direct money loss caused to the state at present time by these disease is not less than 75,000 pounds per year."[16]

In such a situation the Colonial Authority had decided to execute a strict , well planned policy and started 'Regimental Brothel' or 'Lal Bazar' in 75 cantonments nationwide. The aim was to provide safe sex to the soldiers and thus avert the financial loss. Only attractive, healthy prostitutes were registered here and got the permission letter to enter the barracks. At the same time for the treatment of infected soldiers and prostitutes Lock Hospitals were built in every Cantonment . In 1807 Bengal Government established Lock Hospitals in Berhampur , Dinapur , Kanpur , Mathura , Fatehgarh. Madras Government also established 17 Lock Hospitals in 1808. Around 1810 Lock Hospitals were established almost in all Cantonments.

Lucknow's Regimental Brothel had 55 rooms. The big Lal Bazars like Lucknow Meerut, Ambala could accommodate 60 to 110 prostitutes and an average of 3,750 soldiers regularly visited these rags. The ratio between the prostitutes and soldiers was 1:40. Similarly, in the brothel of Agra prostitutes with 12 to 30 years of age provided service to 1500 soldiers. The brothel opened at 12 noon and closed at 11.00 at night. As a result, the prostitutes were easily infected and sent to the Lock Hospitals.

Nevertheless, these Lock Hospitals were not provided with specialist doctor for the treatment of Sexually Transmitted Diseases. Therefore, the treatment was more of guesswork. Following the words of Kenneth Ballahatchet on can argue that, "The optimism with which the Doctors claim that they could cure patients , both men and women ,seems to have been based evidence more on self confidence than on clinical evidence…"[17] Moreover ,the mode of treatment was embarrassing for both the patients and the doctors . As, "The diseases of the gentile parts are the most difficult of any to investigate…"[18]. In fact, 'Treponema Pathogen', bacteria was responsible for Syphilis. The doctors did not discover it until 1905. Moreover, there was a doubt whether Syphilis and Gonorrhea was same disease or not. John Clark, a Surgeon of Madras Lock Hospital opined that it was a different manifestation of same disease .Not only Clark but "Every Surgeon knows that two men may have connect with the same woman, and one be infected with Syphilis and the other with Gonorrhoea."[19] Actually, most of the doctors regarded Syphilis, Gonorrhea, Phimosis, and Bubo as similar diseases and collectively called them as 'Venereal Diseases.'

Different Urethral Antiseptics were used for the treatment of venereal disease in 18th century India following England. Alam or Zinc Sulphate, Silver Nitrate or Organic Salt, Potassium Permanganate were used for the treatment of venereal disease. But the most important medicine for the treatment of VD was Mercury in 19th century. Doctors believed that strong Mercuric medicine could easily force out the poison of Syphilis from the body. The success of Mercury for the treatment of VD was visible "… by the salivation and perspiration which were taken as signs that the poison was being forced out of the body."[20] But the doctors generally wanted to avoid the oral use of mercury as it created different enteric diseases. Mainly the painful Mercuric Chloride Injection or Calomel was given to the patients. In the 1830s a Surgeon of the English East India Company described the side effects of mercury with the following words: "During the period of mercurial mania, how common an event was distribution of the nasal and palatine bones; and the man who were then said to have suffered in the war of Venus , probably suffered more from the wars of Mecury."[21] At the same time the result of the use of mercury was not

satisfactory. Mark Harrison has pointed that after treating with mercury, 83% of the patients re-infected by VD. In spite of that until 1822, about 4000 prostitutes were treated with mercury in the Lock Hospitals of Bengal. In 1828 a total cost of Rs. 34,383 were spent to treat 4830 prostitutes with mercury. Still the future of these Lock Hospitals was not very secured.

The mode of treatment created some discontent among the officials. Therefore, in 1830s Lord Bentinck decided to shut down the Lock Hospitals. He did so to cut down the expenditure of the Company after the Burma war. He was trying to recompense the loss of the Company faced in the Burma war. To some extent he was justified because the treatment of Lock Hospitals were quite expensive, " As elsewhere, the women patients received meals , treatment and bedding at no cost ; in Bengal these expenses cost the authorities '9sonat rupees per mensum for each patient'. By 1823 the eighteenth extant Lock Hospitals in the Bengal Presidency cost around Rs. 33,772, including wages and building maintenance."[22] Both Madras and Bombay Government jointly protested against this resolution. In Madras 9 Lock Hospitals were closed due to financial emergency which effected 1300 patients. Burke provided the following statistics to prove Bentinck's decision right.

YEAR	TOTAL STRENGTH	VD CASES	PROPORTION OF VD CASES OF TOTAL STRENGTH (%)
1827	8760	2545	29
1828	8812	2745	30
1829	8315	2500	31
1830	8914	1891	21
1831	8898	2055	23
1832	7872	1584	20
1833	7431	1182	16

Source: Kenneth Ballahatchet, *Race, Sex and Class Under The Raj: Imperial Attitudes and Policies and their Critics,* London, 1980, p.17

As a result, within 1835 the Government closed all Lock Hospitals. However, the result was calumnious especially after the mutiny of 1857. Because after the revolt of1857 the number of Indian soldier was reduced and it was filled up by British soldiers. Before the Mutiny, the ratio between the English and Indian soldiers in British Army was 39,500: 311,038. But in the post Mutiny period, it was 205,000: 65,000 .[23] During 1855 and 1859 in Bengal Army 177 and 359 soldiers were respectively infected by VD out of 1000.[24]The following table gives us a picture of the situation prevailed at that time.

YEARS	AVERAGE STRENGTH	NUMBER OF ADMISSION FROM VENERAL DISESES	ADMITTED FOR VENERAL DISEASES PER THOUSAND OF AVERAGE STRENGTH
1858	43,771	11,446	261.1
1859	55,104	19,777	359.0
1860	48,901	16,478	338.0
1861	44,879	16,567	369.1
1862	42,980	13,671	318.1
1863	41,351	11,650	281.7
1864	40,345	10,295	254.9

Source: *First Annual Report of the Sanitary Commission for Bengal 1864-1865*, West Bengal State Archives (WBSA) p.20

The Colonial Authority faced an embarrassing situation. VD not only wasted their human resources but also, "… in the overtly moral world of the Victorian Century, knowledge about the sexual nature of the disease created a moral stigma around it."[25] The 'De-masculinized' British soldiers openly letdown the prestige their Country. Those who came to teach a lesson of civilization to the Indians, found themselves in great distress over the year. The Victorian decency as also morality was stigmatized. Colonial authority always ridiculed the Indians by saying them 'effeminate'. In their opinion, "Early sexual intercourse among Bengalis was linked to 'physical deterioration', 'effeminacy', 'mental imperfection' and moral debility. "[26] But the reality is that the number of VD infected Indian soldiers were nominal than their foreign counterpart. It is clear from the following table.

DISEASES	REMIANED	ADMITTED	TOTAL	DISCHARGD	DIED	TRANSFERRED	REMINNING
Phimosis	1	7	8	8	---	---	---
Syphillis,Prim.	24	177	201	176	---	---	25
Ditto.Second	7	93	100	94	---	---	6
Stricture,Urethra	---	4	4	4	---	---	---

Source: *Annual Return of Sick in the Municipal Pauper Hospital for the Year , 1868 ,* pp.*39-40.*

Due to the proliferation of VD the colonial authority tried to find out an alternative of the Lock Hospitals. Some proposed to give enough legal power in the hands of the Local Commanding Officers and Garrison Commander. John Murray, the Deputy Director of Madras Hospital lamented that "at present time neither the police nor Commanding Officers have any power to take up infected women and banish them from the neighbourhood of the Cantonment, and the soldiers cannot be prevented from having intercourse with them while they roam about at large , nor can they be punished for contracting the disease."[27] Madras Government started Voluntary Lock Hospitals .In Bengal and other provinces 'Old Bawds System' was introduced. But neither proved successful.

Under such circumstances, Royal Commission was appointed in 1861.The Commission recommended to take a strong legal step to eradicate the problem. In 1864 Cantonment Act XXII was promulgated which provided the necessary legal structure to cope up with the crisis. Under this Act the prostitutes were divided into two categories – (A) those who were frequented by European soldiers and (B) those outside that category. Only the first class prostitutes were subjected to the regulation. Colonial authority set up brothels within the regimental bazars and they were known as 'Chaklas'. These chaklas were placed under the supervision of a 'Mahaldarnis', a 'foremen of prostitutes'.[28] She was a paid Government servant. These Chaklas were further divided into three categories on the basis of colour – i) Gora Chaklas (reserved for white army officers) ,ii) Lal Kurti Chakla (for white infantry ranks) ,iii) Kala Chakla (for the Indian soldiers). The women who were reserved for the white soldiers used to be registered by the Cantonment Magistrate and were given a ticket to enter into the regimental brothels. In the Cantonment Act XXII, one can get a capitalistic concern of the ruler. Sumanta Banerjee argues that, "The Cantonment Act reflected the 19th century capitalist concern about how to keep the body (of the labourer) fit its optimal functioning and productivity. English Victorian society was obsessed with hygiene, longevity and physical exercise. In this framework of thinking, the body (of the mercenary soldiers) could not be allowed to be dissipated in promiscuous whoring and reckless drinking which used to be the norms among soldiers and officers in 18th century India."[29] Due to the constant supervision and strong control, prostitution became an 'Organized Sector' in colonial India.

But the Cantonment Act XXII was failed to check this dilemma, primarily because i) the Act failed to restrict the movement of the prostitutes who were outside the jurisdiction of this Act , and ii) British armies were transferred to different parts of the country and during this time they came in contact with unregistered prostitutes and got infected.

Therefore, the need of a comprehensive legislation was the demand of the time. In order to control the prostitute outside the Cantonment, the Government passed the Indian Contagious Act XIV in 1868 , better known as 'Choudda Ain' among the prostitutes. This Act encompassed those prostitutes who were not bound by the Cantonment Act. The main objective of the legislation to protect British soldiers and sailors from VD that they might be contracted from the unregistered prostitutes outside the regimental brothel. This Act re-established Lock Hospitals in a new name 'Voluntary Lock Hospital'. In this Act syphilis and other Sexually Transmitted Diseases were identified as 'typically feminine disease' and the prostitutes were solely responsible as being the vector of it. The prostitutes were given license and they had to pass through regular physical tests. Prostitution was re-defined by the Colonial Authority. The Government ignored the socio-economic condition that compelled them to take such a profession. They identified prostitutes as 'criminal' to mask the loose morality of their 'boy soldiers'.

In a different Government Report it was often written that, "In every Indian Cantonment after dusk the vicinity of the European line is haunted by women....[30] and "native women prowling around soldiers barracks".[31] These selected vocabulary like 'Haunting', 'prowling' were used by the Colonial authority to point out the criminal mentality of the prostitutes. They strongly believed that every Indian woman were "potential for clandestine prostitution"[32] and a symbol of the slack morality of the East. They further commented that, "Prostitutes are not looked down upon by the nation of India with the contempt which attaches to them in other countries"[33] and it was the offspring of Devdasi System, which prevailed in India since the remote past. But certainly these two system was not the same. There was a religio-cultural connection with the Devdasi system and it was not exclusively physical. But in the new capitalistic society this religio-cultural identity was blurred and 'sexual entertainer' was their new identity. Thus, the comodification of sex was in vogue. So to keep the demand supply chain unbroken, policing the prostitute was an obvious obligation.

But during this period a large number of White prostitutes were present at Calcutta, especially after the opening of Suez Canal in November 1869. We can get an idea about their presence during 1880-81 in Calcutta from the following table.

NATIONALITY	NUMBER
English	2
Hungarian	3
Irish	2
Italian	3
Russian & Hungarian	20
French	2
Austrian	11
Spanish	1
Polish	3

Source: S.M Edwards, *Crime in India, London, 1924, p.92*

With the growing importance of Calcutta as an administrative and trading centre from the 1850s, they came here to earn their livelihood. They frequented the Kalinga Bazar , Chowringhee, Wellesley and Royed Street area.

In Khidirpur area, they catered to the need of European sailors. Their charms was celebrated in a late day song in the following lines -

"Gone away are the Kidderpore girls,
With their powdered faces and tricked up curls;
Gone away are those sterns dark,
Fertile of kisses, but barren of heart …"[34]

Their bold, unwrap life became a matter of tension for the administration. But the Colonial authority took a different stand point for them. The colonial authority indirectly protected them by arguing that they were much more professional, bold, beautiful and concerned about the health and safety than their Indian counterpart. Moreover, most of them were Eurasian, Hungarian, and Russian. Except a few, they did not belong to the Anglo-Saxon or North European race. Thus, the chances of let down the Victorian decency were nil. In fact, the administration provided them some legal safeguards. They moved openly in the Strand Road with vulgar dresses, but no one stopped them. The Police Commissioner of Calcutta expressed his helplessness in the following words-

> "I have no authority whatever to forbid public women from driving on the Strand Road. They were given to understand some four years ago, that carriages so occupied should not be seen on certain roads or at certain places frequented by residents of Calcutta during their evening drive. This order has been respected, but it is one, which I should find it difficult to enforce if it were contested".[35]

Even after passing of the CD Act, the rate of VD infected soldiers did not come down. The following table showing the proliferation of VD infected cases.

BENGAL FIGURES

	RATIO OF ADMISSION PER 1000
1867	23.7
1868	25.4
1869	23.0
1870	25.0
1871	24.2
1872	228.8

Source: *Report of a Departmental Committee on the prevalence of Venereal Disease among the British Troops in India* , Calcutta , 9th November 1896 , p.XXI.

There were two probable reasons behind it. 1) In 1873 Short Service Commission was introduced. As a result, a large number of young and unmarried soldiers came to India. These young chaps consorted with the prostitutes without any protection and easily got infected.2) The CD Act was also unable to register all the prostitutes like the Cantonment Act XXII. In fact when the CD Act came into effect, many prostitutes fled away from Calcutta to get rid of this Act. They took shelter in the suburbs of Calcutta and in the peripheral Districts, especially in Chandernagore. When the British troops marched towards these areas in order to curb the revolt or for any administrative purpose, they easily were exposed to these unregistered prostitutes and were infected. In addition to this, the CD Act had no provision for the registration of the white prostitutes. In 1879, the Police Commissioner of

Calcutta mentioned this problem in his official report with the following words, "The number of registered brothels increased from 2,420 on 1st January to 2,458 on 31st December. There are no difficulty in keepers of these law , but the Commissioners justly observed that the increase in the number of brothels concurrently with a decrease in the number of registered women , shows that the object of the act is being envaded."[36]

As a result, by 1880s Syphilis, both Primary and Secondary became an epidemic among the British soldiers. The following table shows the deadly situation.

	RATIO	PER 1000	STRENGTH
	PRIMARY SYPHILIS	SECONDARY SYPHILIS	ALL VENERAL DISEASES
1887	75.5	29.4	361.3
1888	72.1	32.4	372.2
1889	134.3	51.2	481.5
1890	135.6	66.3	503.6

Source: *Report of a Departmental Committee on the Prevalence of Venereal Diseases among the British Troops in India,* Calcutta , 9th November 1896 , p.XXI.

Ultimately, remonstration against the CD Act had started both in Britain and India. The leadership came from the women's organizations of these countries. The regular physical examination of the prostitutes also created discontent among the officials . Major J.Hector the Surgeon of Medical College Lock Hospital wrote in a letter that, " I do not see that there is any necessity for this daily , or almost daily inspection… I think that if you worry by too frequent inspections you will soon find it difficult to get any but the worst class of women to stay in the place ,and you will help to drive the men to go to other women".[37] In Britain the leader of this movement was Josephin Butler. The CD Act was officially abandoned by the Government in 1888. On 5 June 1888, a Resolution was passed by the House of Commons , "that in the opinion of this House , any more suspension of measures for the compulsory examination of women , and for licensing and regulation prostitution in India , is insufficient and legislation which enjoins, authorities , or permits such measures ought to be repealed"[38], and on 16 July it was abolished.

Instead of that, a new Cantonment Act was passed in 1889, which came into effect from 1stJanuary 1890. However, the new Act was not different from the previous one. Only few words like 'prostitutes', 'venereal', 'lock hospitals' were deleted from the new Act. Its nature remained oppressive. It failed to cut down the progressive increase of VD and in 1895 VD reached its peak recorded 522.3 per 1000 strength and secondary Syphilis was more than four times than in 1873. The number of VD infected invalid British soldiers stationed at India was much more than the soldiers posted in different countries. The following table proves it-

Years	Germany	Russia	France	Austria-Hungary	Italy	Holland		Japan	USA	Great Britain	
						Home	East Indies			Home	India
1890	26.7	43	43.8	65.4	73.4	96	483.9	27.3	84.66	212.4	503.6
1891	27.2	41.5	43.7	63.7	71.5	60.4	442	37.3	75.22	197.4	400.7
1892	27.9	44.6	44	61.6	69	53.1	440.9	36	72.46	201.2	409.9
Mean for 3 years	27.3	46	43.8	63.6	71.3	69.8	455.6	33.6	77.45	203.7	438.1

Source: *Report of the Departmental Committee on the prevalence of Venereal Disease among the British Troops in India,* Calcutta, 9th November, *p.* XXV.

More than 13,000 British soldiers annually left India. The wretched condition of these soldiers were best described in the Venereal Disease Prevention Committee's Report , "Before reaching the age of 25 years these young men have come home presenting a truly shocking appearance. Some lay there having obviously only a short time to live; others were unrecognizable from disfigurement by reason of the destruction of their features, or had lost their palates , their eyesight or their sense of hearing , others again were in a state of extreme emaciation , their joints being distorted and diseased".[39] Their near and dear one denied to give them shelter and they were sent to Netley Asylum , the ' inferno' where they spent their last few days in a miserable condition.

Josephin Butler vehemently criticized the Government for continuously upholding this 'Vice Regulation'. She did not come to India all by herself. Two feminists, namely Elizabeth Andrew and Katharine Bushnell came to India in 1891 on behalf of Butler. Both of them were the member of World Women's Christien Temperance Union**.** In spite of administrative hindrance, they visited 10 Cantonments and expressed their discontent about the existing system. They protested particularly against the aching physical inspection or the 'Surgical Rape' of the prostitutes. But what is surprising that, in spite of their dissatisfaction in the present system, they never went against the colonial authority. They were concerned about the prostitutes, venereal diseases but never try to find out the root of this problem. In fact, they had almost come out with the same opinion of the colonial authority regarding this problem. They opined that it was not a byproduct of colonial misrule but the natural outcome of the degenerated Indian culture. Josephin Butler said that, "India women were oppressed by religion, which made them less able to resist oppression".[40] They projected themselves as saviour who came to rescue their 'oppressed sisters' from the clutches of a superstitious society. Like the Colonial authority, their motto was also 'Civilizing Mission' of India.

We may conclude that, venereal diseases became a scourge for the Victorian Army stationed at India. The Colonial Authority was well aware about the proliferation of VD and the danger associated with it. Still they failed to solve this riddle. VD was closely related to the unavoidable social institution of prostitution . So without proper treatment and rehabilitation of the prostitutes its eradication was impossible. But Colonial Authority had no such intension. Their sole concern was the physical and emotional well being of the soldier, the backbone of the Empire. In order to meet the purpose they repressed the prostitutes in the name of treatment, restricted their free movements and thus colonized their body. Indian prostitutes were identified as criminal and sole vector of VD rather than the victim of it and whose association contaminated the piety of Victorian army. Thus, we are getting a racial discourse, a blinkered narratives , concealing the real fact and it is but natural in a colonized country like India.

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