Prostitution and the Politics of Venereal Disease: Singapore, 1870–98

JAMES FRANCIS WARREN

Introduction: Migration and Prostitution

Prostitution in Singapore was linked to economic factors in rural China and Japan. Congenital poverty, weak family economies, and rising economic expectations were all part of a set of prevailing conditions that created a vast source of supply of Chinese and Japanese women and young girls for international traffic. Life in both countries was exceptionally difficult in the second half of the nineteenth century. Although China had considerable wealth, most lived a hand to mouth existence in the over-populated rural areas. Poverty in the villages and outlying districts of southeastern China, where many agrarian families lived on the edge of starvation, not only drove women and girls out of the countryside into the ports but acted as a lever on parents already bowed under financial strain. Privation was a handicap which struck hardest at the daughters of peasants and rural labourers. Unable to feed the many mouths they were responsible for, and suffering from chronic economic insecurity, parents sold their daughters to would be benefactors, totally unaware of the future fate in store for so many of them who were taken to Singapore. Poverty and desperate hungry Chinese families were root causes of brothel prostitution in Singapore at the end of the nineteenth century.

This trade in women for prostitution occurred in a unique context in which a vigorous market for prostitutes existed in the colonial port towns of Southeast Asia. Brothel districts in major cities like Singapore were sanctioned by colonial governments to cater to the sexual needs of tens of thousands of migrant bachelor labourers. The manipulation of women in China and Japan by their families, when harvests failed and famine arrived, for economic, social and sexual purposes helped to legitimize this traffic in women for prostitution overseas. In traditional China and Japan the young would be ah ku and karayuki-san seemed to subscribe to the rightness of their own subordination. The values of filial piety and the patriarchal family system were so ingrained that it was almost taken for granted that they might have to enter

Prostitution was a flourishing business in Singapore at the end of the nineteenth century. It had become a multi-million dollar network linking remote villages in rural China and Japan with ports like Nagasaki and Canton to the dockside in Hong Kong and brothels in Singapore. The flood of singkeh (newcomers) arriving to work in Singapore had created gender imbalance in the city, and the ever-increasing demand for prostitutes by migrant labourers was responsible for an extensive organized traffic in young women and girls. Brothels became a boom industry by the mid-1890s in Singapore, whose streets were continually thronged with thousands of single Chinese labourers and sailors from the navies and merchant marines of most nations, especially England, Germany and Japan.

The intensity of the demand for women who were sexually willing was great enough to justify the existence of the ah ku and karayuki-san in the eyes of the colonial government. British officials could not resolve the paradox of the indispensable link between prostitution, immigration and urban-economic development, to give migrant labourers a more “normal” life. Prostitution had existed from the start of Singapore’s history, primarily because of the sizeable number of bachelor coolies in the colony. But the economic development of Singapore and the Malay Peninsula in the 1880s and 1890s gave prostitution a real boost throughout the city. More and more Chinese and Japanese brothels appeared on the streets around the labouring quarters. By the mid-1890s they were so well established that both sides of the city had their respective red-light districts. During this period of rapid economic growth and development prostitution was viewed by the colonial authorities as a necessary evil; since there were so few eligible Chinese women to go around, migrant-labourers who did not have wives would have to visit prostitutes. The social life of these sojourning Chinese was in no sense a natural one lacking the ordinary comforts of a wife and family. The coolies had to make a stark choice between celibacy, homosexuality or patronizing prostitutes. The vast majority chose to visit the brothels. The presence of the ah ku and karayuki-san were especially important for these men

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2Ah Ku is a general term of address in Cantonese for woman or lady irrespective of age. Ah ku was the polite way to address a prostitute. Loh Kui or “whore” was the opposite denigrating term in Cantonese. Karayuki-san was the word used traditionally by the Japanese of Amakusa and Shimabara, Kyushu Island, to describe rural women who emigrated to Southeast Asia and the Pacific in search of a livelihood. The ideographs comprising karayuki-san literally mean “going to China”, as Kyushu, the place where most of the women were from, was the part of Japan closest to China. Karayuki-san in common parlance nowadays has become a popular term for describing women from the poorest sectors of society during the Meiji period who lived abroad specifically as prostitutes. See James Francis Warren, “Placing Women in Southeast Asian History: The Case of Oichi and the Study of Prostitution in Singapore Society”, in At the Edge of Southeast Asian History (Quezon City: New Day Press, 1987), pp. 148–64; on Chinese migration see James Francis Warren, Rickshaw Coolie: A People’s History of Singapore (1880–1940) (Singapore: Oxford University Press, 1986), pp. 14–19, 161–65, 249; Joyce Ee, “Chinese Migration of Singapore, 1896–1941”, Journal of Southeast Asian History 2 (1961): 37; Lucie Cheng Hirata, “Free, Indentured, Enslaved: Chinese Prostitutes in Nineteenth Century America”, Signs: Journal of Women in Culture and Society 5, no. 1 (1979): 5–7.
because of the unequal gender ratios for Chinese immigrants in the late nineteenth century.

The C.D.O.: Regulation and Registration

The Singapore Government found it impossible to suppress traffic in women and children and the abuses connected with it. Nor was it considered feasible to declare brothels illegal.\(^3\) Because they could not be abolished legislation was introduced, under the Contagious Diseases Ordinance of 1870, imposing regulations as to the conduct of licensed brothels, but there was to be no formal policy with respect to control, still less prevention. To protect \textit{ah ku} and \textit{karayuki-san} from enforced detention and ill-treatment a system of registration and inspection of brothels and prostitutes was introduced in Singapore, which initially was under the auspices of the Registrar-General's department.\(^4\) This institutional system, which countenanced brothel prostitution, was in part designed to take British law into the brothels and make illegal inmates free.\(^5\) Documentary evidence shows that officials who approved of the system believed it was the only method of safeguarding the liberty and welfare of Chinese and Japanese prostitutes in the tolerated houses.\(^6\) They were to repeatedly stress throughout the 1880s and 1890s that the system of segregation and regulation of brothels had nothing to do with the compulsory medical examination of prostitutes, rather that government registration and inspection was a way of protecting \textit{ah ku} and \textit{karayuki-san}, who could not help themselves to escape from virtual bondage and dependency.\(^7\)

The system of registration of brothels in Singapore was part of a larger regulatory code for the compulsory examination of prostitutes, the Contagious Diseases Ordinance. The C.D.O., which was a consequence of a strong mid-Victorian interest in sanitary reform, owed its origins to a series of Acts passed between 1864 and 1869 under a legislative title usually applied to measures concerned with foot and mouth disease.\(^8\) The coy sub-title of the Contagious Diseases Act actually meant "venereal disease, including gonorrhoea". The first of three Acts was carefully passed through Parliament in 1864 to curb the effects of sexually-transmitted diseases, especially syphilis, in the armed forces stationed in Britain's garrison and seaport towns.

The Singapore government was also prompted by this Victorian fear of high rates of infection of soldiers and sailors in garrison and dock towns, to legalize a system of segregation and isolation, to control prostitution and the spread of venereal

\(^{1}\)N.274, Minute of Mr Meade, in Sir F. Weld to the Earl of Derby, June 27, 1883, CO 273/121.
\(^{2}\)Appendix O, Testimony of Registrar General A.V. Cousins, November 21, 1876, CO 273/91.
\(^{3}\)N.25, Memorandum by Secretary for Chinese Affairs, G.T. Hare, June 12, 1898, in Sir J.A. Swettenham to Mr Chamberlain, September 8, 1898, CO 882/6.
\(^{4}\)N.321, Testimony of Mr C. Phillips, Inspector under the C.D.O., in Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.
\(^{5}\)N.25, Memorandum by Secretary for Chinese Affairs, G.T. Hare, June 12, 1898, in Sir J.A. Swettenham to Mr Chamberlain, September 8, 1898, CO 882/6.
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disease in the port city. From the perspective of senior colonial officials the intro-
duction of the C.D.O. was essential to protect British soldiers and sailors, who were
mostly lower class, and could not afford to support wives and families in Singapore.9
Lacking the “high moral standard required” for sexual continence it was their general
opinion that the “other ranks” had neither the education nor self restraint that
would keep them away from the brothels. Parliament did not condone the regimental
brothels of the French and German armies for British soldiers overseas except in
India.10 Hence, the official rationale for compulsory registration and medical treat-
ment of Singapore’s prostitutes was to protect British servicemen from the ravages
of uncontrolled sexually transmitted diseases. One thing was explicitly clear, the
introduction of the C.D.O. was not meant primarily for the protection of the Chinese
coolie populace, who would have to turn to homosexuality or masturbation if they
did not visit brothels in the two zones where prostitutes underwent periodic medical
examination.11 The C.D.O. of 1870 was passed with a view to prevent the spread of
venereal diseases, but almost entirely for the protection of Her Majesty’s sea and
land forces. However, once it was put into force, its regulations embraced the entire
population of the city, of which the labouring Chinese formed the vast majority.

The C.D.O. came into operation on 2 September 1872 on the southside of the
Singapore river, and in November of the same year on the north side, but examina-
tion of prostitutes did not begin until March 1873.12 Initially, there was very strong
opposition to the Ordinance, and for some months little or nothing could be done
by way of medical examination. The most serious difficulty experienced in working
the Ordinance was the resistance of Chinese women to submit themselves to examina-
tion.13 Officers were foiled by inmates absconding, and brothel keepers closing their
houses, professing to retire from their occupation.14 Opposition, however, gradually
weakened as kwai po perceived that the government was determined to carry the
Ordinance out, so that by the end of the year the Registrar was able to accomplish
something resembling regular medical inspection. But A.F. Anderson, the Colonial
Surgeon, still met difficulties in getting women to submit to examination. He had
to regularly to amongst the brothel keepers and/or brothel owners and persuade
them, as the Ordinance gave him no power to force them to comply.15

Several hundred “all nationality” class women were examined every week, including
Japanese, Europeans and Indians. The examination of the “strictly Chinese” class used

9House of Commons, Vol. LVII, 1887, Contagious Diseases Ordinances (Colonies), enclosure 3,
Principal Civil Medical Officer to the Colonial Secretary, February 28, 1887 in Sir F. Weld to Sir H.T.
Holland, April 20, 1887; Sir H. Ord to the Duke of Buckingham and Chandos, July 1, 1868, CO 273/20.

10The exception to the rule was India, where, in order to preserve the health and vigor of the British
soldier, cantonments, or permanent military camps were established with Lal Bazars and lock hospitals.
See Kenneth Ballhatchet, Race, Sex and Class Under the Raj: Imperial Attitudes and Policies and Their

11House of Commons, Vol. LVII, 1887, Contagious Diseases Ordinances (Colonies), enclosure 3,
Principal Civil Medical Officer to the Colonial Secretary, February 28, 1887 in Sir F. Weld to Sir H.T.
Holland, April 20, 1887.

12N.132, Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.

13Ibid.

14N.42, Sir H. Ord to the Earl of Kimberley, February 13, 1873, CO 273/65.

15N.132, Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.
to take at least a week in each month. After examination, the doctor signed an order for admission of those who were sick into the Lock Hospital, under provisions of the Ordinance. The “all nationality” women found well were provided with a card on which was noted the state of their health. Significantly, both officials and doctors refused to extend the practice of issuing certificates of good health to Chinese women. They felt it could not be done without difficulty and would yield no beneficial result. This negative attitude with respect to Chinese women was singular in colonial medical circles in Singapore at the end of the nineteenth century, and it was to do incalculable damage by helping to foster a dangerous situation where Chinese males, especially coolies, were not made aware of the risks involved in sexual contact with ah ku.

The average number of women registered yearly up to the end of 1875 was 1,400. However, there was every reason to believe that this figure fell far short of reality, even in the known brothels. The situation with respect to examining Chinese women quickly became futile, there was too much substitution going on, and, in the opinion of the Colonial Surgeon, the only means to prevent it was by having the women photographed. The sole way to ascertain whether all ah ku of a brothel attended, or that the women present were licensed, was by the kwai po producing the list of inmates of the house. However, the Registrar, deputy inspectors and doctors under the C.D.O. had no means whatsoever of ascertaining if other women were put forward to impersonate sick inmates of a brothel, except in very few cases. The substitution was often carried out by a brothel servant, tai pang po, coming forward for examination in the place of an ah ku who had contracted a sexually transmitted disease, and wished to avoid the Lock Hospital. There was a great deal of substitution going on with the sanction of brothel keepers between 1872-81, but doctors were only able to establish the fact in rare instances by certain marks on the women. The records that were kept in the hospital were not of much use either in establishing proper identification because women were frequently changing their names and locality. To make matters worse, the Ordinance did not provide adequate punishment for a kwai po who substituted a healthy woman for a diseased one at an examination, other than prosecuting her for not bringing up the proper woman she was summoned to produce. The magistrate's fines in such cases usually only ranged from 25 to 100 dollars.

Steps were taken by the Registrar's Department and the newly formed Chinese Protectorate to rectify the problem of substitution. In 1881 the Protectorate took charge of the C.D.O. The difficulties experienced in making kwai po and heads of

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16 N.132, Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.
17 N.132, Testimony of A.F. Anderson, Colonial Surgeon, in Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.
19 N.132, Testimony of JW. Wheatley in Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.
20 N.132, Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.
21 N.132, Testimony of Mr J.E. Cooper in Sir J.A. Swettenham to Mr Chamberlain, August 5, 1898, CO 882/6.
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secret societies accept the examination system led to the innovation of registration, whereby each woman was photographed and furnished with a ticket on which was printed, in Chinese, a notice to the effect that she was at all times, at liberty to apply to the Registrar or Colonial Surgeon in case of grievance or ill-treatment, or if she wished to leave the brothel.22 The ticket also contained, in English, the number of the brothel and that of the ah ku as she was entered in the Registrar's books. The kwai po protested, plainly saying they were afraid of losing large sums invested in their girls. After threatening the law, possible riots, boycotts, the closing of shops, and making extraordinary scenes throwing down their licence boards, dancing on the floor with wooden clogs, and shouting furiously, they ultimately gave in to the measure.23

The sexually transmitted disease mostly encountered in the 1870s and early to mid-1880s was gonorrhea, secondary syphilis was hardly met with then.24 It was clear to all concerned, right from the start, that the monthly examination of Chinese prostitutes was not frequent enough to prevent further spread of venereal infection. It was possible for a woman or man to acquire and convey gonorrhea in less than a month. It was the failure to systematically examine men as well as women that made the possible success of the C.D.O. doubtful from the very beginning. Medical officials felt Chinese women could not be examined once a week, like the “all nationality” prostitutes, let alone their menfolk, simply because of the work load — it would have taken one medical officer all his time to do it. This callous attitude meant that British doctors, like J.H. Robertson, did not expect the Chinese in the city to ultimately escape the wave of venereal infection of the 1880s.25 It was a slow developing wave, but potentially a much greater wave of infection, in which prostitutes and coolies were increasingly at risk as immigration increased, but there was an official consensus that nothing more needed to be done formally with the Chinese to contain the spread.

Once the C.D.O. came into force apothecaries like L. Schrieder sold drugs used for venereal complaints more widely than ever before. He not only prescribed for Chinese prostitutes upon their own statement of their disease, where he considered it necessary, he examined them.26 On the other hand, a druggist like R.A. Miles worked in partnership with a doctor to whom he would send prostitutes who came to him asking for treatment or wanting to purchase drugs for themselves. He stated before an inquiry that many Chinese doctors purchased medicine from him, primarily mercury, in ointment or pill form, which was used by ah ku living in brothels who had contracted a sexually transmitted disease.27 Sinseh, educated in Canton, or who were trained in hospitals of the city, dispensed mercury in the form of calomel and

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22N.274, Sir F. Weld to the Earl of Derby, August 27, 1883, CO 273/121.
23Ibid.
24N.227, Memorandum of Dr M.F. Simon in Sir J.A. Swettenham to Mr Chamberlain, August 5, 1898, CO 882/6.
25N.132, Testimony of J.H. Robertson, M.D. in Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.
26N.132, Testimony of L. Schrieder in Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.
27N.132, Testimony of R.A. Miles in Lt Colonel Anson to the Earl of Carnavon, April 21, 1877, CO 273/91.
cinnibar, but indiscriminate use of mercury, however, often led to loss of teeth, baldness and kidney ailments.28

The C.D.O.: Moral Reform and Repeal

To prevent the spread of sexually transmitted diseases, illegal traffic in women and children and the infiltration of secret societies, a strict system of registration and stringent health measures developed under a single government authority, the Chinese Protectorate from 1881 onward.29 There had been strong backing for the introduction of the Contagious Diseases Ordinance because any move to rigidly control the tolerated brothels and regulate prostitution would also contribute to the government's ability to extend its authority over the labouring Chinese, by the means of such a measure.

On the surface the Singapore government's plan to regulate and control the city's brothels under the C.D.O. seemed a realistic solution to a vexing problem. However, this Ordinance to stem the rising incidence of sexually transmitted diseases and access of England's soldiers and sailors to the city's prostitutes did not seem to the Colonial Office and the British public a straightforward solution.30 There was a protracted conflict between the Chinese Protectorate and the Colonial Office throughout the 1880s over the C.D.O. and brothel prostitution; a basic fact of life in Singapore Chinese society due to gender imbalance. It was a classic power struggle with Pickering attempting to extend the force and provisions of the C.D.O., and his own personal authority as Protector, at the expense of the colonial magistrates. He was determined to curb illegal traffic and isolate and punish its agents as severely as possible.31 On the other hand, Whitehall thought it dangerous to invest officials on the spot in cities like Singapore with discretionary legal power pertaining to the regulation of prostitution. Especially a man like Pickering, who always had been prone to act on his own initiative, and who had also been trained in Chinese language and customs, which few other colonial officials had mastered. He was to struggle in vain though to get the C.D.O. amended to give the Protectorate greater powers for prevention of traffic. If such authority could not be granted, he argued in August 1882, then he and his officers would have to continue "protecting women and children by our wits".32 In his tug-of-war with the Colonial Office, Pickering emphasized little could be learned from the Hong Kong experience and the pattern of its legislation with respect to the C.D.O. In his long reports on Chinese affairs, especially those on traffic in women and brothel prostitution, he repeatedly argued for changes to the C.D.O. based solely on the experience of Singapore.33 There was no doubt, as Pickering claimed, that the introduction of the Ordinance had been effective in

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28N.25, Memorandum of Dr Welch in Sir J.A. Swettenham to Mr Chamberlain, September 8, 1898, CO 882/6; N.227, Testimony of Mr Wispauer in Sir J.A. Swettenham to Mr Chamberlain, August 5, 1898, CO 882/6.
29N.4, Sir F. Weld to Edward Stanhope, January 10, 1887, CO 273/143.
30N.274, Sir F. Weld to the Earl of Derby, August 27, 1882, CO 273/121.
32N.274, Sir F. Weld to the Earl of Derby, August 27, 1882, CO 273/121.
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combating sexually transmitted diseases, and, to a certain extent, had benefited the women themselves, but in the end colonial policy was still directed from London. There, on the other side of the world in the seat of Empire, the C.D.O. arrangements in Singapore came to offend not only Whitehall but also became a grave cause of concern to the Victorian evangelical conscience by 1887, with dire consequences for Singapore Chinese society.

Mid-Victorian paternalistic authoritarian morality and attitudes made a mockery of the issue of sexuality and gender in the Acts. In the wider context of public and private definitions of deviant sex, all oppression was directed at women and, a priori, any woman infected with a venereal disease was treated as a criminal. The failure of the Victorian sexual system to apply the same standard and law to upper-class gentlemen, soldiers and sailors, in order to protect the privacy of male individuals as carriers, defeated the Act's purpose, exposing the double standard of the age, and sexual prejudice among "respectable" classes towards prostitution and the poor.

Moral reformers, feminists, missionaries and civil libertarians charged that the provisions for the protection of human rights were inadequate. Many felt that the measures were also immoral and ineffective. From the early 1870s until repeal was won in 1886, a combination of pressure groups waged an active campaign in and out of Parliament to defeat the law's purpose of making "sinning safe". The repeal campaign to influence the law regarding state regulation of prostitution, through public opinion in the early years and the successful attempt to prevail upon the liberal party by the 1880s, was fashioned out of a complex network of radical and nonconformist movements for moral and social reform. 34 Josephine Butler's charismatic role and ideas and the Ladies National Association for the Repeal of the Contagious Diseases Acts (LNA) were central to the success of the abolition movement. The LNA, the most militant of the repeal organizations, seized the issue of the double standard of sexual morality embodied in the Acts as a rallying point for their abolition. It mounted campaigns in the subject districts calling for registered women to boycott the Acts, and conducted rescue work among prostitutes. 35 This feminist commitment to individual liberty and militant activism became closely tied to the concerns of evangelical and other moral reform groups by the early 1880s. Butler pressed home the public debate about the impact of the Acts on private and working class life, writing statements for the press, addressing church congregations and working men's associations, appealing to philanthropic societies, and organizing mass prayer meetings all over the country with the assistance of the Society of Friends and the Salvation Army. 36 In the end though, in the social and political circumstances of the 1880s, it was not the independent action on Parliament and prayers of the "new abolitionists" that was to get the Acts off the statute book, but rather a strategy of having repeal adopted as part of the liberal party platform through the efforts of James Stansfield, as Parliamentary Chief. 37 The long campaign of

34 Walkowitz, Prostitution and Victorian Society, pp. 113–36.
35 Ibid.
Josephine Butler and other leaders of Victorian political culture to repeal the Contagious Diseases Acts, which was brought to a successful end in 1886, had widespread repercussions throughout the Empire, particularly in Singapore. The provisions of the C.D.O. were felt to be too obsessed with confinement and punishment in the regulation of prostitution, in order to curb the spread of sexually transmitted diseases among troops in local garrisons.

Standards enforcing social discipline and the limits of sexual behaviour were set by the Colonial Office for Chinese society in Singapore, as a consequence of the repeal of the Contagious Diseases Acts, despite an imprecise understanding of the nature of recent demographic development and social needs in the city. Nowhere in Southeast Asia was a venereal disease epidemic to have a more drastic impact than in Singapore, a city in 1888 that included at least 2,500 prostitutes in a population of over 86,000 Chinese males. And nowhere was the acute effect of Josephine Butler's moral crusade more strongly felt than in the Kreta Ayer area in the 1890s, where ah ku and their customers were to sicken, move away, or die at an alarming rate after contracting a sexually transmitted disease. The venereal epidemic about to break was to be a community wide problem. The large scale immigration of Chinese migrant labour, the extreme excess of males, and Dickensian living conditions of the mass of migrant workers made prostitution in Singapore a complicated and difficult problem to handle, but not one that the Victorian conscience could grasp let alone condone. Influential churchmen and reformers lobbied Parliament clamouring for the suppression of prostitution in addition to the repeal of Singapore's C.D.O., a system of registration which they felt oppressed and corrupted Chinese and Japanese women making their rehabilitation difficult if not impossible, and for the prohibition of lock hospitals.

Pickering was hand picked by the government to respond to a question from the Colonial Office as to whether the interests of Singapore absolutely required the Contagious Diseases Ordinance. He was undoubtedly the best suited person to answer this difficult political question because of his intimate knowledge of Chinese, and firsthand experience of his office. But Pickering's somewhat unorthodox views with respect to the governance of Chinese society, his inherent antipathy to the principal objectives of the C.D.O. and his deeply held Christian beliefs found explicit expression in what he wrote, ultimately weakening the overall impact of the conclusions of the rapidly prepared lengthy report.

There was no doubt under Pickering's administration of the Chinese Protectorate, that the C.D.O. had been used by him in such a manner to secure some benefits for ah ku and karayuki-san in registered brothels, but the majority of the Executive Council felt his report was wide of the mark. They knew the city was in fact engaged in a desperate struggle against the spread of sexually transmitted diseases.

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38 Statistics of the Registration Office, Contagious Diseases Ordinance, 1888, CO 275/33.
39 House of Commons, Vol. LVII, 1887, Contagious Diseases Ordinances (Colonies), Enclosure 2, in Sir F. Weld to Sir H.T. Holland, April 20, 1887.
40 Enclosure 1, ibid.
41 Ibid.
caused by a direct overlap between the government’s policy to encourage immigration of unmarried Chinese men, and the necessity to regulate institutionalized prostitution:

If even an Ordinance should be introduced abrogating these laws, I would introduce a section prohibiting the immigration of men into the Colony unless accompanied by a due proportion of women. That, I think, would open people’s eyes to the true bearings of the question. As long as a Government enforces (as in the case of soldiers at home), or encourages (as in the case of immigration here) modes of life that are out of accord with the laws of nature, it is bound, I think, to look to the consequences. We know that our system of unrestricted male immigration leads, and will lead, and must lead, to certain lamentable consequences.

We allow it to go on for a variety of reasons, which may be summed up in the general term of expediency.42

Under such circumstances the question of whether the Ordinance could be repealed or not was almost entirely a medical one. Maxwell’s views on problems posed by increased immigration and the spectre of epidemic, reveal an administrative ideology bent on retaining the C.D.O. to attract cheap Chinese labour to working class districts of the city, without having to ferociously sacrifice them to a wave of venereal disease:

Arguments founded on peculiar views in religion or ethics have been needlessly, in my opinion, imported into this question at home and elsewhere. As a matter of practical administration, the question for us seems to be: Has the Contagious Diseases Ordinance caused any perceptible lessening of the diseases which it is its object to prevent? If so, its use in large seaports like Singapore and Penang, which are also garrison towns may be conceded.... The registration of brothels and their inmates, their periodical inspection etc., seem to be essential.... 43

There was an overwhelmingly firm view in Singapore government and civilian circles to retain the legislation so long as the system of unrestricted male immigration continued. The Ordinance had to be kept on the books to contain the spread of sexually transmitted diseases — an inevitable consequence of the immigration policy — within tolerable limits. Nevertheless, the domestic-social interests of Singapore Chinese society were to be sacrificed to the pragmatic ones of Victorian political culture by a Secretary of State who was prepared to turn a deaf ear to all arguments put before him on the question of discontinuing the Contagious Diseases Ordinance. The Secretary of State felt it politically expedient to follow the course which had been resolved upon in England to repeal compulsory examination, while retaining in force the system of registration and supervision of brothels in Singapore, and all parts of the Ordinance which were directed against brothel slavery. The C.D.O. had been originally introduced because of the prevalence of venereal disease amongst British soldiers and the seamen on board Royal Navy vessels stationed in Singapore waters. But, the paradoxical argument in Pickering’s report, not to enforce monthly medical examinations in the strictly Chinese brothels, while at the same time stating that it was absolutely critical to maintain registration of licensed brothels to ameliorate conditions of inmates, had carried the day in the Colonial Office. Any new Ordinance

42Testimony of Mr C.J. Irving in Enclosure 2, ibid.
43N.128, Sir H.T. Holland to Sir F. Weld, July 2, 1887, CO 275/34.
would have to show that its basic purpose was the general protection of women and girls, and not merely the prevention of sexually transmitted diseases. After giving due consideration to the reports, appendices and attached letters enclosed in the Governor's despatch by various medical officers and others who argued the case to retain the legislation from a purely medical point of view, pointing to a probable increase in venereal disease otherwise, and acknowledging that the subject was one of "great difficulty and complication", the instruction for the repeal was callously issued by the Secretary of State:

These arguments were strongly urged in this country, but were over-ruled by Parliament, and I feel compelled in the absence of any special local reasons [emphasis added], to act in accordance with the decision of Parliament. I have, therefore, to instruct you to prepare an Ordinance for the repeal of all such parts of the law as enforce compulsory examination of women, but I hope that, with a free lock hospital, and with knowledge brought to these unfortunate women that they can freely avail themselves of it, the danger arising from the change may not be as great as is feared. At the same time, I am not prepared, for the present at all events, to do away with the registration of brothels and their general supervision by Government.44

A disbelieving angry Governor, Sir Frederick Weld, hesitated to issue the order. He doubted, on the one hand, whether his government could fully carry out instructions to maintain registration and supervision of brothels, strictly enforce penalties on brothel keepers for infringement of rules, and provide a free lock hospital, and on the other, still hope to convince the Secretary of State that there were exceptional local reasons for maintaining compulsory examination in the Colony, sufficient in themselves not to adopt the decision of Parliament with regard to the English towns.45

Weld's trenchant efforts between July and September of 1887 to persuade the Colonial Office and the British government to take his objections seriously only led to dismissal. His reluctance to implement the new policy was considered by his superiors to be a substantive breach of discipline. The end of the year brought a new hardline Chinese speaking Governor, Sir Cecil Clementi-Smith, who was prepared to do the Colonial Office's bidding, and with him the repeal of the C.D.O., which had been in force in the colony since 1870. Pickering's new Ordinance for the Protection of Women and Children and registration of brothels and inmates took its place, but all compulsory medical examinations and the collection of fees for the treatment of patients in lock hospitals from kwai po ceased at the beginning of 1888. The new law was politic rather than just.

Josephine Butler's successful campaign against state regulation of prostitution in England and the pragmatic politics of a conservative British government and Colonial Office, that ran roughshod over local opinion, ramming through the abolition of the medical examination in Singapore, were the two most decisive factors responsible for the making of a "real calamity" — the spread of syphilis and gonorrhoea on a pandemic basis in the Singapore Chinese community by 1890.

44Ibid.
45N.373, Sir F. Weld to Sir H.T. Holland, September 10, 1887, CO 275/34.
The Abolition of Registration: The Rise of V.D.

On 31 December 1887, the registration fee and compulsory medical examination ceased in Singapore, but provisions for protection of prostitutes in licensed brothels were still carried out. The Chinese Protectorate spared no effort to induce *kwai po* and *ah ku* to take advantage of the free medical treatment and support. The regulation school of thought in official circles had maintained that it was not possible to suppress brothel prostitution. It was a necessary social evil. However, officers of the Protectorate and colonial surgeons now faced the unenviable task of making access to a comprehensive range of medical services work for prostitutes with a sexually transmitted disease on a voluntary basis. In a chilling letter the new Governor, Sir Cecil Clementi-Smith, having earlier down-played the threat of epidemic as a consequence of the repeal of the C.D.O. to satisfy the Colonial Office, now exposed a tragic web of deceit, stupidity and helplessness. It involved everyone from *kwai po* to officials of the Protectorate — not to mention the *ah ku* themselves, many of whom refused to stay in the free hospital, continuing to indulge in indiscriminate sexual activity, when it was obvious they were placing themselves and the public in the path of a dangerous contagion.

The repeal of the compulsory clauses of the C.D.O. had practically rendered the lock hospitals useless by the end of 1888. Few women sought entry, and among those admitted, the majority left before they were cured, but they were still given free medicine in the battle to contain the spread of venereal disease. It is evident from his correspondence though that as early as September 1889, Smith was already beginning to see Singapore’s struggle against venereal disease as hopeless. The emerging epidemic could be envisaged, from the standpoint of the Governor’s urgent necessity for detailed statistical information, as a triangle: clustered in the tip of the triangle were the growing number of diagnosed cases of venereal disease — primarily from military and institutional hospitals. In the middle layer of the triangle were the bulk of the unrecorded cases of V.D. People, many of them Chinese coolies, with symptoms of infection (such as weight loss, rheumatic pain, recurrent headaches, skin rashes, chest pains, shortness of breath) having a gonorrhoea or syphilis diagnosis, but the vast majority of whom didn’t consult public health authorities. At the base of the triangle were the “silent” cases of prostitutes — many of whom were infected with gonorrhoea but who showed no symptoms of the illness in the years immediately following the repeal.

It was to be a devastating decade for Singapore. The Chinese community was forced to confront an emerging epidemic in a state of anger and frustration, constantly struggling against a set of cultural myths and unexamined assumptions of bureaucrats in the Colonial Office. The greatest increase in venereal cases, found at the tip of the triangle in 1889, was in returns from the pauper hospitals, but cases

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47N.552, Sir C. Smith to the Colonial Secretary, December 30, 1887, CO 275/34.
48Annual Medical Report of the Principal Civil Medical Officer, Straits Settlement Annual Report, 1888, p.2.
grew in number in reports coming in from all hospitals.\textsuperscript{50} The colonial surgeons agreed that secondary syphilis was more common than before, and once it started replicating the opportunities for infection were bound to increase in a transient population of coolies and merchant seamen.\textsuperscript{51} Venereal disease continued to spread both in terms of the number of cases treated and severity of type met with, as was shown by disturbing reports from various hospitals in Singapore, over the next two years.\textsuperscript{52}

The Secretary of State did not challenge the mounting evidence on the rise of V.D. in Singapore. He simply did not believe the empirical data persuasive enough to consider making any major changes in the new system for protection of women and girls and regulation of brothels. He turned his back on any suggestion to re-enact the C.D.O. responding to British public opinion and conservative party political culture and needs:

As I informed you in my despatch of 30 November 1888 I am not at present prepared to discuss the question of this increase of disease following upon the prohibition of compulsory examination of prostitutes. As that prohibition was based upon other than medical grounds.\textsuperscript{53}

The spotlight of moral reform societies in Britain fell on Singapore throughout the early 1890s with renewed revelations about registration of brothels and a system of licensed prostitution in an overseas colony garrisoned by British soldiers and sailors. Written appeals, speeches and questions raised in Parliament focused attention on this system of questionable practices, which countenanced brothel prostitution. It had been abolished at home, and the repealers were determined to shut down the registration system in Singapore as well as Hong Kong. They could not accept the fact that brothels were necessary in such colonies. Unacceptable as it was to many, there were sound arguments in favour of brothel prostitution that had repeatedly been put before the government. The same kind of public pressure that had been brought to bear on Joseph Chamberlain, Colonial Secretary in the conservative British government of the early 1890s, was now exerted on a new Secretary of Colonies, Lord Ripon, to end the system of registration of brothels. Ironically, the major question in the mind of the the Singapore community in the aftermath of the repeal of the C.D.O. was whether registration and inspection were adequate enough any more. The abolition of the registration system in 1894 meant no proper control of brothels and inmates; medical examination, personal treatment, health standards and rules-of-the-house now depended on self-regulation which varied from one brothel to another. The Protectorate had practically no check on the \textit{kwai po} after 1894, as its officers no longer had the power to periodically inspect brothels.\textsuperscript{54} There was no consideration given to whether this measure would further hinder efforts to prevent the spread

\textsuperscript{50}N.210, Sir C. Smith to Lord Knutsford, May 3, 1889, CO 273/160; Annual Medical Report of the Principal Civil Medical Officer, Straits Settlement Annual Report, 1890, p. 2.

\textsuperscript{51}N.210, Sir C. Smith to Lord Knutsford, May 3, 1889, CO 273/160.

\textsuperscript{52}Annual Medical Report of the Principal Civil Medical Officer, Straits Settlement Annual Report, 1890, pp. 2, 8; N.274, Sir C. Smith to Lord Knutsford, June 15, 1892, CO 273/181.

\textsuperscript{53}N.368, Lord Knutsford to Sir C. Smith, November 5, 1889, CO 273/161.

\textsuperscript{54}N.311, Sir C.B.H. Mitchell to the Marquess of Ripon, September 25, 1894, CO 882/6.
of sexually transmitted diseases by withdrawing all effective assistance from prostitutes. With the abolition of the registration system by Lord Ripon, the Protector of Chinese and his staff ceased, except when special information was provided, to visit brothels in the city. The end of registration rendered the Protectorate helpless to protect a class of migrant worker who needed security and welfare assistance more than any other — the Chinese prostitute. The Protector no longer knew where an ah ku went once she left his office, after examination or arrival from China, and knew absolutely nothing about the prostitute's movements to other parts of Southeast Asia from Singapore.

The end of the registration system in 1894 saw a steady growth in both the number of cases and the virulence of sexually transmitted diseases, and Singapore became infamous within the space of several years, as one of the unhealthiest spots in the Empire. Venereal disease became a major issue in Singapore in 1889, an even bigger one after 1894, but officially a real grave problem only in the late 1890s, when sexually transmitted diseases among troops and in the Chinese community reached pandemic level. Singapore's escalating concern about venereal disease had not been fueled by irrational fears that usually raced ahead of rumoured epidemics, causing panic, and often provoking discrimination against members of high-risk groups. Because of the success of the British moral reform lobby in forcing the Singapore government to effectively abandon the lock hospital system and registration of brothels there had been a large increase in the number of private houses of resort. The location of these brothels offered special grounds for objection because they quickly spread to parts of the city where they had never been seen before. The collapse of the containment policy, and the sudden rise in facilities for sly prostitution, further increased the spread of venereal disease.55

Coolies, soldiers and sailors could not be kept out of the brothels and with no controls labourers and armed forces had resorted to the lowest and most diseased in search of warmth, comfort and sex. There was a dramatic rise in V.D. amongst the British garrison and navy stationed in Singapore. Venereal disease also reached staggering heights in the Chinese community after 1895. The results of Whitehall's policies between 1888, the year of the repeal of the C.D.O., and 1894, the year of the abolition of inspection of brothels, which had been forced upon Singapore without due consideration of different conditions of life and circumstances were, as had been locally anticipated, disastrous. The appalling extent of the epidemic was revealed by the findings of an investigative committee of the Straits Settlement Association. The inquiry was confined exclusively to Singapore and although it proved impossible to ascertain the full extent of V.D. in the community at large, the statistics available for certain classes and institutions, limited though they are in certain respects, were still revealing and representative in character.56

There was little evidence to suggest that visiting British soldiers and sailors brought V.D. into the city. On the contrary, medical authorities shared the view that the armed forces were more likely to take venereal disease out with them than bring it

55N.227, Sir J.H. Swettenham to Mr Chamberlain, August 5, 1898, CO 882/6; Straits Settlement Association to the Colonial Office, November 8, 1897, CO 882/6.
56Straits Settlement Association to the Colonial Office, November 8, 1897, CO 273/232.
in. Drunken soldiers and seamen were particularly at risk and liable to be infected through a casual contact in one of the unregistered private houses.

Table 1 comparing conditions in the 1880s and 1890s of the Hong Kong Garrison with respect to sexually transmitted diseases with the state of the Singapore Garrison at Tanglin Barracks shows the greater extent and virulence of V.D. in Singapore by 1896.57 The significance of the widespread prevalence of venereal disease among soldiers in Singapore, is even more striking, when compared with documentation on its frequency amongst the armies of Prussia, France and the U.S.A. in the second half of the nineteenth century, with rates of 70 to 120 per 1,000 men.58

Let us now turn to an examination of those records associated with venereal disease and rates of infection, concerning the general state of health of the city population, about which it is more difficult to comment. The official data available primarily examine the high percentages of recognizably “at risk” groups, highlighting when possible the rates of infection between sexes, influence of the age factor in infection, the problem of gender imbalance, promiscuity and brothel prostitution, and the role played by coolies and prostitutes. Colonial records such as hospital returns, jail reports and annual statements from the lunatic asylum not only provide background information on the context of the epidemic but also its social significance and impact in the city, especially amongst the Chinese community.59 While sexually transmitted diseases did not discriminate on the basis of ethnicity, class and gender particular types of people acquired higher rates of infection in Singapore, because it was a coolie town and port, falling into readily distinguishable groups, as hard labourers, prisoners, the indigent and insane, and prostitutes.

After 1888, the admissions for venereal disease to various city hospitals began to climb year by year. In 1892, 682 patients were admitted for secondary syphilis alone, and 37 of these died.60 The proportion of the number of infected women was close to that of men, due to the disparity between the sexes, and a society where a system

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57Ibid.
59Straits Settlement Association to the Colonial Office, November 8, 1897, CO 243/232.
60Annual Medical Report of the Principal Civil Medical Officer, Straits Settlement Annual Report, 1892, p. 3.
of medical inspection was no longer compulsory. In 1892, 95 women, primarily prostitutes, presented themselves voluntarily for examination, as in 1891 the majority were Japanese, and of these 83 were found to be diseased, a proportion of 87 per cent, as against 75 per cent in 1891, and 29 per cent in 1890.61 These tests which concentrated largely on prostitutes had yielded significant facts, identifying in no uncertain terms both carriers of V.D. and the effect of the abolition of registration. In the annual medical reports between 1892 and 1896, Dr M.F. Simon, Principal Civil Medical Officer, began each account by making a grave statement about the continued rise in the number of cases of V.D. treated in various hospitals in the Colony. V.D. admissions constituted nearly one tenth of all hospital admissions in 1893, during 1894 there was a slight downturn in the number of cases admitted, but still it was over 2,000, while the number of deaths credited to secondary and tertiary syphilis showed a marked increase — 76 patients having died in hospital from this disease in 1894, as against 111 in 1895, and 135 by 1896.62 More numerous cases of syphilitic origin were also turning up with ominous regularity at the outdoor dispensaries. The sustained high death rate for secondary and tertiary syphilis, showed the increased virulence of the disease in a society where gender imbalance already presented very serious difficulties.

The number of cases of sexually transmitted diseases admitted to Tan Tock Seng Pauper Hospital after 1888 were far in excess of the figure for the years prior to the repeal of the C.D.O., and it produced a set of undesirable problems and consequences, both for the institution and government. The increased prevalence of venereal disease among the destitute and unemployed led the steering committee of the hospital, which was already badly overcrowded, to select patients to be admitted on the basis of their means rather than upon the kind of disease from which they were suffering.63 Venereal patients who could afford to pay were referred to the General Hospital, while those who were destitute but could walk about and look after themselves were relegated to the class of outpatients.64 The committee subsequently notified the government that the number of charitable admissions due to cases of V.D. continued to be so great, that it was causing a financial crisis and overcrowding in the already beleagured hospital, and that they had been left with no choice but to refuse to admit any further cases, except in the most extreme circumstance as of April 1890.65

It was among the underclass though, people living below the poverty line or involved in more dangerous lifestyles and sexual experimentation, that it was impossible to stop the spread of infection. The jail reports for the years 1890–96 showed that the epidemic was raging out of control at a startling rate among people in the civil community that fell into the recognizable group “criminal” or “prisoner”. Of the 3,497 prisoners admitted to the Criminal Prison during 1896, 1,732 showed signs of having been infected at some time or other, as against 1,692 in 1895 and 597 in 1894. While in 1890 the number of prisoners that had been admitted was 4,856 of

62Annual Medical Report of the Principal Civil Medical Officer, Straits Settlement Annual Report, 1893–97; Straits Settlement Association to the Colonial Office, November 8, 1897, CO 882/6.
63N.569, Sir C. Smith to the Earl of Knutsford, December 20, 1889, CO 273/162.
64Ibid.
65Ibid.
whom only 202 had venereal disease. The figures in this disturbing trend spoke for themselves. From 1890 to 1896, colonial doctors working in the criminal prison found that while the number of prisoners admitted declined, the percentage of prisoners with gonorrhoea or syphilis continued to rise. The following Table shows that in the last three years sexually transmitted diseases trebled among individuals of the civil community furnishing the jail population, and it had multiplied itself between eight and nine times in six years. The number of infected men far exceeded women. The proportion per thousand of population by 1896 was 495, which was nearly in excess of the average amongst troops stationed at Tanglin during those years.

**TABLE 2**

PRISONERS ADMITTED IN THE CRIMINAL PRISON WITH V.D., 1890-96

<table>
<thead>
<tr>
<th>Year</th>
<th>Prisoners Admitted</th>
<th>Infected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1890</td>
<td>4,856</td>
<td>202</td>
</tr>
<tr>
<td>1891</td>
<td>4,404</td>
<td>—</td>
</tr>
<tr>
<td>1892</td>
<td>4,510</td>
<td>—</td>
</tr>
<tr>
<td>1893</td>
<td>3,446</td>
<td>609</td>
</tr>
<tr>
<td>1894</td>
<td>2,979</td>
<td>597</td>
</tr>
<tr>
<td>1895</td>
<td>3,028</td>
<td>1,692</td>
</tr>
<tr>
<td>1896</td>
<td>3,497</td>
<td>1,732</td>
</tr>
</tbody>
</table>

Source: Straits Settlement Association to the Colonial Office, November 8, 1897, CO 882/6.

I noted earlier that the V.D. epidemic could be envisaged as a triangle with prostitutes at its base. While the contribution prostitution made towards the incidence of venereal disease in Singapore varied in time, prostitutes continued to be the source of at least 80–90 per cent of infection throughout the 1890s. Bunched together at the apex and middle layer of the triangle were tens of thousands of diagnosed and undiagnosed cases of V.D. in the civil community largely a consequence of the great disparity of the sexes in the city. The statistics on sexually transmitted diseases from military and civilian hospitals were an index to the condition of prostitutes, numbering nearly 3,000 by 1896, who now practised their profession without hindrance or medical supervision. Dr Mugliston, Colonial Surgeon, felt that in his opinion "all of these women either have now, or have had, venereal disease". If he was only partially correct, more than 2,000 Chinese and Japanese women were carriers of venereal disease, but this figure is not by any means a liberal estimate for the 1890s. When Dr Ellis, as Acting Health Officer, visited recognized brothels in 1893 to inspect their sanitary condition, he looked at 1,710 prostitutes, without special local examination, and found that in a large number of cases signs of V.D. in various

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66 Straits Settlement Association to the Colonial Office, November 8, 1897, CO 882/6.
67 Ibid.
68 Testimony of Dr Mugliston in Straits Settlement Association to the Colonial Office, November 8, 1897, CO 882/6.
forms were present. He pointed to the hopeless situation of twenty-two babies and children in these houses who had contracted congenital syphilis, and many other children who thus far showed no symptoms of the disease, but were suspected of carrying it.69

Venereal disease was extremely prevalent among ah ku. European doctors who treated prostitutes privately felt cases of V.D. among Chinese women were often the worst because they were so badly neglected.70 Most of them were almost totally cut off from the outside world and forced by kwai po to continue to receive customers when sick.71 After 1888 ah ku could no longer be compelled to go to hospital. The kwai po determined whether an infectious woman received medical treatment; she could have a doctor attend her or not, as she pleased. During Dr Ellis’ inspection of brothels in 1893 he came across one Chinese girl in a state of high fever. She attracted his special notice, and when the kwai po casually left the room the ah ku burst into tears, stating that she was extremely ill with V.D., and that she had been made to receive three men in succession the previous night. Ellis felt it was impossible to stop the spread of infection among Chinese labourers while the majority of ah ku were under coercion to remain at work, and when many knew themselves to be unfit, and felt so terribly sick, alone and alienated.72

But some Chinese women were not aware that they required treatment, and allowed gonorrhoea and syphilis, which could more readily be cured at an early stage, to develop until they were absolutely incurable. Primary syphilis, which ah ku thought relatively harmless, affected its victims with frequently recurring sores causing varying degrees of itch, rash and pain.73 Many women initially suffered mild outbreaks of these lesions which caused a tingling or itching sensation in the lower part of their body. Later more severe episodes of syphilis, sometimes years afterwards, caused intense bone-breaking pain, especially at night. But numerous Chinese prostitutes had such mild infections at first, they were not aware that they had the disease, and became part of a reservoir of symptomless carriers spreading V.D. amongst male migrant labourers. An ah ku rarely did anything for the outbreak of sores developing on her body, or she usually had the kwai po or Chinese doctor simply put on a little caustic.74 Despite showing symptoms warranting V.D. diagnosis she often denied that the disease existed, and sometimes refused to accept the fact that it could be sexually transmitted by continuing to work, allowing scores of clients to contract it. Chinese prostitutes often could only give up sex when their venereal disease became cases for operation with large ulcerous sores and skin diseases, otherwise they rarely went to the doctor. Ah ku who finally sought admission to private hospitals were often

69Straits Settlement Association to the Colonial Office, November 8, 1897, CO 273/232.
70N.227, Testimony of Dr Mugliston in Sir J.H. Swettenham to Mr Chamberlain, August 5, 1898, CO 882/6.
71Straits Settlement Association to the Colonial Office, November 8, 1897, CO 273/232.
72Ibid.
74N.227, Testimony of Dr Mugliston in Sir J.H. Swettenham to Mr Chamberlain, August 5, 1898, CO 882/6.
brought in a deplorable state of health, suffering from advanced stages of secondary and tertiary syphilis.

"I doubt whether the Chinese understand the importance of the sore [lesion]", Dr Mugliston said, "I think that is the reason they do not come [to hospital]. They look upon it as they look upon a sore on the finger. They don't know that it will lead to constitutional trouble."75

As the rate of infection for Chinese artisans, hawkers and coolies rose, some consulted private doctors, including Europeans, who were supposedly competent in the management of venereal disease, especially syphilis.76 Some men had the disease for years and what treatment they received was generally inefficient and expensive. Few doctors at the time were able to provide much information about a genuine cure for syphilis. While it is true that not all venereal disease victims suffered such physical pain, apart from those in the agonizing later stages of syphilis, there was, nevertheless, a devastating psychological effect which every person — coolie and prostitute — contracting a sexually transmitted disease experienced. Syphilis rendered an individual leprous, as there was no cure, and the disease was socially stigmatized. Any sexual contact by a carrier with a prostitute put the woman at risk. Thus a syphilitic person bore a social stigma and was unable to enter a relationship in good conscience without the trauma of revealing their affliction.77 Coolies and prostitutes suffered drastic lowering of self-confidence and self-esteem and encountered constant difficulties and moral dilemmas in interpersonal relationships and in the workplace. This psychological and social damage to the fabric of the Chinese community was neither mentioned nor fully understood by most of the doctors who appeared before the Commissioner's Committee to give evidence on the rise of venereal disease. The mounting personal anxiety over not being able to work only added to the devastating psychological trauma that V.D. victims suffered.

Despite their efforts to prevent the spread of sexually transmitted diseases and mounting anxiety over the virulence of the syphilis replicating itself in the Chinese community, the government found it difficult to acquire epidemiological data through contact tracing on highly infectious women.78 Patients, especially at outdoor dispensaries, invariably refused to give any information about promiscuous women who could possibly effect an outbreak, or their place of residence. The difficulties of tracing and the related problem of under-registration meant that V.D. figures quoted from the official record on its frequency, were not by any means the whole story of the epidemic in Singapore. The statistics obtained from the hospitals did not take into account the mass of Chinese who sought care elsewhere, either from sinseh, or their workmates. The Principal Civil Medical Officer believed that, in addition to the cases treated in Government Hospitals, a large number of individuals were cared for by private practitioners and in private hospitals, which were not included in government returns. The Coroners records, which inadvertently dealt with some of these

75Ibid.
76N.227, Testimony of Mr Wispauer in Sir J.H. Swettenham to Mr Chamberlain, August 5, 1898, CO 882/6.
77Morton, Venereal Diseases, p. 112; Llewellyn-Jones, Sex and V.D., p. 12.
invisible V.D. cases, also show that the annual statistics of the Health Department did not indicate the total incidence of sexually transmitted diseases in the city. The extent of the problem was seriously underestimated in the Chinese community, especially in the case of syphilis, perhaps by as much as 40 per cent, if all “silent” cases were included. 79

The government felt it was not making any headway in containing the spread of the epidemic. The number of venereal cases admitted to hospitals continued to increase. In 1897, the Governor again pressed his case that Singapore was a fear ridden city and that it should be allowed to take effective measures to deal with sexually transmitted diseases, brothel prostitution and promiscuity. 80 Nearly all infectious female syphilis occurred among prostitutes during the 1890s. The disparity between female and male statistics on syphilis was also heighten because so few Chinese women migrated, or imported it to Singapore, other than prostitutes. The burgeoning migrant labour traffic in and out of the colony during the 1890s threatened to further exacerbate this tragic state of affairs as the number of prostitutes with early signs of syphilis continued to increase. 81 Unfortunately, it was difficult to determine exactly how common sexually transmitted diseases were in the Chinese labouring population because there were no statistics on its spread amongst them. 82 Sir Cecil Clementi-Smith had felt it his duty in view of Colonial Office instructions regarding the C.D.O. to initially prevent Heads of the Medical Department and Chinese Protectorate from collecting and supplying information on the increase of V.D. in the Chinese population, or to attend before a Committee of Inquiry of the Commissioners to give evidence on that problem in 1889. 83 If this dangerous epidemic was to be controlled, even he realised though within the short space of two years, that accurate statistics were vital to help prevent it from spreading. 84 V.D. had already become a public health issue of grave concern in Clementi’s mind by 1891, and no longer purely a political policy matter. By 1898, the number of cases of venereal disease admitted to hospital had reached a record high with the incidence of syphilis among coolies being very large judging from post-mortem examinations held at hospitals and the asylum and reported on by the Coroner and pathologist. 85

One of the main aims in this examination of the venereal disease epidemic of the 1890s is to clarify the changing mixture of motives and attitudes between policy functionaries in the Colonial Office and Singapore officials, and to link certain political assumptions and policy, bureaucratic behaviour and cultural myths with a specific historical “event” — the repeal of the C.D.O. and the appalling spread of V.D. A conscious paternal mandate, control of the Chinese poor, and regulation of their

79 Ibid.; House of Commons, Vol. LVII, 1887, Contagious Diseases Ordinances (Colonies), Enclosure 3, Principal Civil Medical Officer to Colonial Secretary, February 28, 1887, in Sir F. Weld to Sir H.T. Holland, April 20, 1887.
80 N.295, Sir C.B.N. Mitchell to Mr Chamberlain, September 1, 1897, CO 882/6.
81 Straits Settlement Association to the Colonial Office, November 8, 1897, CO 882/6.
82 N.227, Sir J.H. Swettenham to Mr Chamberlain, August 5, 1898, CO 882/6.
83 N.552, Sir C. Smith to the Earl of Knutsford, December 9, 1889, CO 273/162.
84 Ibid.
85 N.227, Testimony of Dr Mugliston and Mr Wispauer in Sir J.H. Swettenham to Mr Chamberlain, August 5, 1898, CO 882/6.
sexual economy through implementation of the C.D.O. were somewhat different motives that co-existed in the minds of colonial officials, especially among those serving in the Chinese Protectorate and Colonial Medical service. In the absence of government enforced medical examination private schemes gained tacit approval in the 1890s for purposes of social control and development of the economy, so that gonorrhoea and syphilis could be rapidly detected and treated in a milieu of large scale urban growth and migration.

The most important brothel medical club established for Chinese in the 1890s was run by the Colonial Surgeon, Dr Mugliston. His system operated throughout the two brothel zones where nearly all of the Cantonese houses were located. There were four clubs in the scheme with names like “Ping On Tong” and “Po On Tong” to which most kwai po in their respective parts of the city belonged.86 The subscription fees charged by Dr Mugliston were either paid solely by the kwai po when a woman was handing over all her earnings to the house, or divided equally between kwai po and ah ku in cases where the woman was either indebted to the brothel keeper or was a free agent in the house. All medicine supplied to brothel keepers on Dr Mugliston’s stationary was purchased by arrangement over the counter at the Government Dispensary at discounted prices that could not be obtained elsewhere in the city.87 The Colonial Surgeon saw no conflict of interest between his public role and private practice in prescribing these drugs at cut rate prices to brothels and prostitutes. In fact, he knew the favourable outcome of his scheme rested upon recognition of his official experience; the success of the establishment of the Cantonese medical clubs was due primarily to the fact that Dr Mugliston knew all the brothel keepers from long involvement with them in carrying out the C.D.O., and inspection of their houses while the Women and Girls Protection Ordinance was in force prior to 1894. For their part, kwai po preferred to engage a medical man of his status, influence, and experience whom they could trust, to a complete stranger.88

There existed amongst many people in Victorian England a repression of sexuality — a prudish attitude — in the middle and upper classes which publicly led to table legs being covered for decorum and privately to a thriving sub-culture of pornography and prostitution. The English doctors running brothel medical clubs in Singapore had ambivalent feelings and attitudes based on sexual repression and racial hostility about their work, regularly confronting Chinese women who were socially repugnant to them and possibly infectious. On the whole, as members of a mid-nineteenth century English educated culture, they argued for recognition of prostitution in Singapore as an inevitable social necessity, “The Great Social Evil”, with government regulation as the only hope for establishing V.D. limits. However, the medical profession involved in brothel clubs showed little interest or concern in the ah ku as real people, often condemning them as “prostitutes” — women who were morally degraded and unfit, and as such not worthy of their help or consideration under the circumstance. These partisans of regulation were culturally predisposed to dominate and dislike these

86N.113, Sfr C.B.H. Mitchell to the Marquess of Ripon, April 8, 1895, CO 882/6; N.227, Testimony of Dr Mugliston in Sir J.H. Swettenham to Mr Chamberlain, August 5, 1878, CO 882/6.
87Ibid.
88N.113, Sir C.B.H. Mitchell to the Marquess of Ripon, April 8, 1895, CO 882/6.
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women. In their reports, especially Mugliston's, there is no sense of compassion or pity, describing Chinese women who contracted V.D. occasionally as "beasts", or "mindless" and "sub-human". They found the condition of most of these women to be utterly appalling and dangerous because V.D. was so widespread in Singapore by 1894. Not surprisingly, under such circumstances, they tolerated those who exploited the women accepting without reservation regular payments from kwai po, and did their best to support brothel prostitution. They also tried to foil any attempt to suppress the club system, which was one of the most efficient and profitable ways a government physician could augment his salary.

Blame for the V.D. epidemic, however, could not be directed wholly at prostitutes, as its beginning was the direct result of moral and political measures taken in Whitehall and the House of Commons. Medically, the spread of sexually transmissible diseases in Singapore should have been managed like any other infectious diseases but politicians and moralists in Britain had continued to refuse to treat them in this fashion. It was also a consequence of promiscuity and poor standards of health and recreational care among labourers in a coolie town who engaged in sex with prostitutes. A prostitute was not initially infected by another prostitute but by a client. Yet little was ever said in the official record about V.D. also being spread by men who patronized prostitutes. The problem of V.D. in Singapore was always specifically associated with brothel prostitution but the government felt the houses could be regulated and the disease contained prior to 1888. The question of an incontinent male migrant labour force, and low standard of living and personal care associated with the way of life of these men who engaged prostitutes, was something the government repeatedly refused to address, claiming their housing, social and recreational needs were insoluble. But the Straits Settlement Association pinpointed this extraordinary feature of the Singapore population — the stream of coolies moving back and forth from China without women — as being at the very heart of an explanation of the V.D. crisis that the city was going through. The Association argued that the future well-being of Singapore hung in the balance, precisely because of this exceptional circumstance. The V.D. question affected the whole community:

The Association is not disposed to undervalue the effect of moral influences in opposing the progress of vicious habits, and frankly recognises the honourable motives of those who are opposed to all forms of compulsory legislation, but it would respectfully and earnestly urge that the enormous disproportion of the sexes, the migratory character of the population, and the general conditions of life . . . are so exceptional as to demand exceptional legislation.89

Conclusion

In the contest to persuade the Colonial Office to rescind its policy on the C.D.O. the importance of a lobby like the Straits Settlement Association could not be understated, bringing expert knowledge and enormous pressure to bear in Parliament and the corridors of the Colonial Office. Although the organization's proposals on behalf of the Singapore government were not adopted, the unswerving position of

89Straits Settlement Association to the Colonial Office, November 8, 1897, CO 273/232.
the Association on unrestricted migration, brothel prostitution and the rise of sexually transmitted diseases was made clear to politicians and bureaucrats in London. In the end, the Acting Governor, Sir J.H. Swettenham, was forced to convene a special committee of inquiry on the V.D. problem in 1898. Evidence was taken at seven meetings from doctors, the Protector of Chinese, the Inspector General of Police, and other knowledgeable witnesses to deal more effectively with the spread of venereal disease and brothel prostitution. The evidence gathered for the Secretary of State only further supported the need for a large degree of autonomy to regulate the city’s brothel zones:

The Executive Council has decided that the report of the Committee should be laid before you with the statement that the Council agreed with the conclusions of the Committee, but was willing to adopt any means which offered a fair prospect of checking venereal disease. For checking this disease an elaborate system was tried locally and repealed in deference to public sentiment in the United Kingdom. It is I believe an axiom in matters politic that he who objects to a remedy for an admitted evil, must be prepared with an alternative scheme and it is to be regretted that the abolitionists were not compelled to devise an efficacious one for this Colony before destroying the only barrier which warded off disease from the population. You have desired me to advise what course short of the old system of registration is likely to prove the most effective check on brothel slavery. I could devise a scheme, but despair of inventing one which would not be objected to by a large body of public opinion in the United Kingdom because, to write frankly, that public opinion appears unable to grasp or contemplate such a state of law or morals as obtains in this Colony.90

Chamberlain’s refusal, however, to consider re-enactment of the C.D.O. in Singapore was based on certain “facts and conditions” that were partly political. While acknowledging the disastrous increase of sexually transmissible disease since the Ordinance was repealed, he frankly reiterated that any effort to place the C.D.O. on the statute books again would undoubtedly face strong opposition in England.91 British moral and political attitudes towards sexual behaviour were once again forcefully imposed on Singapore Chinese society. The Secretary of State could not sanction the re-introduction of any system involving either compulsory registration of women, or registration of brothels and prostitutes, fearing that at the first opportunity such measures would be repealed.92 To have recommended otherwise meant incurring the moral and political wrath of Josephine Butler’s followers and other abolitionists as well as members of his own conservative party. He was not about to commit political suicide, but hoped “other means” could now be adopted locally, which would halt the epidemic. Chamberlain had been forced to recognize that prostitution could never be completely suppressed in the city, and that there was a need for supervision of brothels to ensure that their activities were confined to areas where law and order could be maintained, and traffic and the further spread of V.D. contained. Ironically, he was saying to the government and people of Singapore that he was now prepared

90N.227, Straits Settlement Association to the Colonial Office, September 1, 1898, CO 273/237; N.227, Sir J.H. Swettenham, to Mr Chamberlain, August 5, 1898, CO 882/6.
92Ibid.
to restore some measure of authority to the Chinese Protectorate, which had been deliberately circumscribed by the Colonial Office a decade earlier, in order to make it more responsible for supervision of brothels. He consciously engineered a metamorphosis of the Protectorate’s role, and legal measures pertaining to the Protection of Women and Girls Ordinance, which enabled the Singapore government to now use discretionary power at its disposal to close a brothel or tolerate it, as a basis for maintaining an extra-legal system of publicly recognized houses. The Chinese Protectorate kept an inhouse list of tolerated brothels, their keepers and inmates. Those houses catering to Europeans, especially Japanese brothels, received special attention. Newly arrived prostitutes were interviewed as in the past, and keepers on the unofficial list had their women regularly inspected by private doctors under threat of penalty of shutting their premises. The development of this quasi-system of regulation helped contain the spread of infection in brothels catering for westerners, but the majority of Chinese were increasingly placed at risk in the new century. This came as no surprise to the government because in Singapore sexually transmitted diseases had been a heterosexual problem involving prostitutes and coolies from the outset. Venereal disease continued to spread in this way as immigrant Chinese labour kept on increasing up to the First World War.