Disease, Desire, and Dominion: Gendered Regulations and Racial Anxieties in Colonial Delhi's Prostitution Policies

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Abstract: *In nineteenth-century British India, laws on venereal diseases disproportionately targeted women, particularly prostitutes, reinforcing racial and gender hierarchies under colonial rule. These regulations were less about controlling disease and more about policing the bodies of colonized women, who were viewed as sexually dangerous and morally inferior. The demand for prostitution, largely driven by European soldiers, was obscured by the state's focus on controlling native women. Meanwhile, anxieties over racial mixing intensified as European and foreign prostitutes were perceived as a threat to colonial masculinity and racial purity. The colonial government shielded white soldiers from 'contamination' by native women, while subjecting the latter to coercive surveillance and treatment, reflecting broader ideologies of racial and gender control. In contrast, European women, even those involved in prostitution, were treated with compassion and leniency. This paper argues that colonial health policies were designed not merely to protect soldiers' health, but to maintain racial and gendered boundaries crucial to the imperial order.*

Keywords: Delhi, Gender, Venereal Diseases, Prostitution, Race.

Since the 1980s, scholars have extensively investigated the link between venereal diseases, the British army, and the regulation of prostitution in modern Indian history. Sexually transmitted infections like syphilis and gonorrhea posed a serious threat to the health and efficiency of British soldiers in colonial India, weakening their operational capabilities. The state, heavily reliant on European troops to maintain colonial control, soon recognized the severity of the problem as it spread rapidly within their ranks. Despite attempts to safeguard soldiers' health, venereal disease remained a persistent issue.

During 1820s and 1830s, an average of 2,400 out of roughly 8,500 European soldiers in the Bengal army was affected annually.[1] By 1857, the incidence of venereal diseases, including primary and secondary syphilis, gonorrhea, and

genital ulcers, among British troops in Bengal stood at 149 per 1,000 men, rising to 261 in 1858 and 351 in 1859.[2] Although rates stabilized between 1861 and 1862, they rose sharply, reaching 522 per 1,000 men by 1895. This dramatic increase can be linked to the period following the 1857 Revolt when India came under direct British rule. Concerned about the loyalty of Indian sepoys, the British augmented their military presence with large numbers of European troops. Through the Army Enlistment Act, young, single, and mostly unmarried men were recruited on six-year military service contracts to ensure British forces outnumbered Indian soldiers. David Arnold notes that by 1880, the short-service system had resulted in 41 percent of British soldiers in India being under 25 years old, and 34 percent between 25 and 29 years old.[3] This influx of young soldiers contributed to the steep rise in venereal disease, as they increasingly engaged in sexual relations with local women.

Philippa Levine argues that the large contingent of young, working-class soldiers fostered a distinct 'barracks culture,' in which recreational sex with indigenous women became commonplace.[4] While local women were often labelled as 'loose' and 'promiscuous,' the legalization and commercialization of prostitution within military cantonments indicate the institutionalized nature of these interactions. Sexual services were deemed essential for maintaining soldiers' mental and physical well-being, enhancing their virility, and thereby supporting the broader aims of British colonial rule. Thus, exploiting local women was seen as politically crucial for sustaining the empire in India.

Despite the rise in venereal disease cases among European troops in India, the reported incidence among Indian soldiers remained comparatively low. A military dispatch from the Government of India to the Secretary of State highlighted that while the infection rate for British troops had more than doubled since 1881, the rate for Indian troops saw minimal change, rising slightly from 33.2 to 34.7 per thousand men between 1877 and 1895.[5] Thus, a general rhetoric prevailed, that Indian soldiers, due to frequent exposure, had developed partial immunity, rather than being less promiscuous than their British counterparts. Eventually, venereal diseases were primarily associated with European troops and preventive measures were focused on benefiting them, largely neglecting Indian soldiers in military stations across India.[6] This dynamic, as Douglas Peers suggests, allowed the British to draw clear distinctions between the colonizer and the colonized, as well as between men and women.[7] The debates on managing venereal disease became a way to reinforce hierarchies based on race, gender, and class, serving as a means to maintain control over the colonial population and justify the exploitation of local women for the supposed benefit of European soldiers.

Colonial Health and Control in mid-nineteenth century: Gender and Social Regulation

In 1859, the annual admission rate for venereal disease in the Delhi regiment

was 539 per thousand European troops, rising to 656 in 1861.[8] These staggering figures underline the urgency with which the British colonial administration addressed the issue of venereal disease through the Cantonment Act of 1864, a law enacted to protect the health of military personnel. However, the Act, while claiming to sanitize military spaces, disproportionately targeted Indian women, particularly prostitutes, while their male clientele, equally responsible for the transmission of diseases, faced little to no regulation. This gendered asymmetry not only exposes the Act's double standards but reveals a broader imperial agenda of control cloaked under the guise of public health.

The law classified prostitutes into two groups: those catering predominantly to Europeans and those with fewer European clients.[9] Though intended to regulate both categories, it was the first class that came under the more watchful eye of the British authorities. Prostitutes were forced to register with the authorities, and without registration, they were barred from residing or working near military camps. This bureaucratic move turned these women into easily identifiable subjects of the colonial gaze. The ticket system, a non-transferable pass written in English and local languages, functioned as a tool of surveillance, recording every medical examination they underwent. If a woman was found to be infected, she was confined to a lock hospital until cured, while the men she likely contracted the disease from continued with their lives unscathed. This is where the hypocrisy of the colonial state becomes glaring. The rigid policing of prostitutes, juxtaposed with the lenient treatment of male soldiers, wasn't just a public health measure, it was an assertion of power over vulnerable colonial subjects.

The lock hospital system in Delhi, though envisioned as a remedy, was slow to materialize. While the first attempt to establish a lock hospital in Delhi dates back to June 1863, a year before the Cantonment Act, the facility was only fully operational by late 1870.[10] Dr. J.C. Penny, the Civil Surgeon, selected the old Post Office building, owned by Nawab Patowdee, to serve as the lock hospital.[11] There, bi-monthly examinations were held in an almost ritualistic fashion, rooms were prepared, *dorrie* spreads laid out, drinking water provided, and fires lit during colder months. The women were brought in one at a time for inspection, an intrusive practice that reduced them to mere bodies to be policed and scrutinized.

What is even more telling is the leniency shown toward the soldiers. Although their safety was paramount, the measures to protect them were neither as elaborate nor as forceful as those imposed on women. Rarely did colonial officials suggest that undetected diseases or hidden infections in men were responsible for the continued spread of venereal disease. Instead, the blame was cast on encounters with unregistered women, especially along military marches, where opportunities for such interactions were frequent.[12] Soldiers were supposed to be examined upon arrival at cantonments and periodically monitored for six months after being treated for venereal diseases. Yet, the

extent to which these measures were enforced remains unclear, the lack of sources leaves the matter murky. What is clear, however, is that soldiers were subjected to far less scrutiny than the women they visited, underscoring the unequal application of justice under colonial rule.

A deeper problem emerges when examining how the colonial state redefined and expanded the category of 'prostitute.' Official reports often referred to women in the Delhi district as 'dancing girls'[13] or 'women entertaining through dancing and singing,'[14] blurring the lines between performers and brothel-based sex workers. The inability to distinguish between different classes of women was not an oversight, but a reflection of the colonial state's desire to categorize all visible, independent women under a single stigmatized identity. Dr. Penny himself, in a letter to Col. Becker remarked, 'I readily do not think we can make any distinction between the higher and lower staffs of prostitutes,' confessing to the difficulty of making distinctions between different classes of women, admitting that the registration system was flawed from its inception.[15] This confusion permeated all levels of administration, with women who never entertained European clients often forced into the register and subjected to the same regulations as those who did.

In her critical work, Erica Wald argues that the term 'prostitute' was not only problematic but required complete reconstruction.[16] She suggests that the colonial state's characterizations of British working-class prostitutes were imported to India, influencing how native women were perceived and controlled. This redefinition blurred the lines between women like devadasis (temple keepers), concubines, and courtesans, women who traditionally held distinct social roles as artists or religious figures, and the stereotypical 'cantonment prostitute.' By homogenizing these varied figures together, the colonial state stripped them of their socio-religious and cultural significance, rebranding them as threats to imperial order.

This shift had consequences that went far beyond mere health policy. It positioned these women as symbols of disorder, their very visibility a challenge to the moral and social fabric the British sought to impose. The Cantonment Act formalized this marginalization, bringing these women, from elite courtesans to common sex workers, under the direct scrutiny of the colonial state. Yet, these women's resistance was evident, especially among the first class of prostitutes who had interactions with white troops. Many hesitated to attend the periodic inspections, while others simply refused to show up, demonstrating a quiet defiance against the intrusion into their lives. As the Act extended to the second class of prostitutes in the '*chaklas*' and '*lal-bazaars*,' the bureaucratic complexity deepened, blurring further the lines between compliance and resistance.

The Cantonment Act of 1864, then, was not just about public health, it was about controlling bodies, particularly those of Indian women. The native prostitute was stripped of all emotional and intellectual attributes, becoming the 'female body' and reduced to a source of utilitarian needs of providing

regular fantasy and pleasure for effective colonial rule.[17] The British Empire's attempt to regulate venereal disease reveals much about how colonial power operated: selectively enforced, deeply gendered, and ultimately concerned more with the maintenance of imperial order than with the welfare of its subjects. The Act's legacy invites critical reflection on how public health policies can be wielded as tools of oppression, shaping not only individual lives but entire social structures.

Colonial Control in Early Twentieth-Century: Public Health and Sexuality

Even after the abolition of the Cantonment Act in 1888, the colonial state remained obsessed with scrutinizing women's bodies, particularly through its continued focus on venereal disease. Although once used as a justification for invasive control measures to protect European troops, venereal diseases were no longer a significant health threat in Delhi by the early twentieth century. From 1906 to 1915, venereal diseases accounted for only about 1.5 percent of the total patient population.[18] Despite this, the colonial state's attention to the issue did not wane. Dr. K.S. Sethna, Delhi's health officer, emphasized that more pressing public health concerns like tuberculosis, malaria, and cholera should take precedence.[19] His view reflected a shift in priorities, but it failed to influence the colonial administration.

At the same time, local health initiatives led by male-dominated organizations like the Delhi Medical Association and the Delhi Municipality focused their efforts primarily on men.[20] Free clinics offered diagnosis, treatment, and education on 'social and personal hygiene,' reinforcing the idea that men were the primary victims of venereal disease. This approach reflected a gendered bias in public health policy, positioning men as the ones in need of protection and guidance, while women, often vilified as the source of infection, were excluded from receiving direct care. These campaigns not only revealed a gendered structure but also underscored deeper colonial anxieties about male vulnerability and female danger.

By the turn of the century, the regulation of prostitution began to shift from the military sphere into civilian life. In the absence of formal legislation to regulate prostitution, sex workers relocated from cantonments to municipal areas like Chaori Bazaar and Sita Ram Bazaar, compelling the state to seek new ways of asserting control. What had once been seen as a military issue had now infiltrated urban civil society. But why did the colonial authorities remain fixated on prostitution and venereal diseases, especially when their health impact was reportedly diminishing?

The answer lies in the colonial construction of venereal disease, particularly syphilis, as a unique threat to the 'racial purity' of the European population. Unlike diseases such as tuberculosis or malaria, syphilis was perceived as not only a physical affliction but a potential threat to the future of the British race.[21] This perception was underpinned by alarmist rhetoric that framed venereal

disease as a marker of racial degeneration. India, in the colonial imagination, was not simply a land to be governed but also a potential source of moral and biological contamination that could endanger the empire itself.

At the heart of this obsession lay a deeper colonial anxiety: the vulnerability of British soldiers stationed in Indian cities to both disease and moral degradation. Prostitution became emblematic of this potential corruption. Stephen Legg's exploration of prostitution regulation in British India reveals how, even after the repeal of the Indian Contagious Diseases Acts, the colonial state found ways to reassert control by segregating prostitutes into specific areas of the cities.[22] In theory, this segregation aimed to prevent soldiers from easily accessing brothels, but in practice, it transformed these areas into hubs of scandal, places where the lines between sex work, human trafficking, and other illicit activities became increasingly blurred.

This enduring preoccupation with prostitution reveals the underlying priorities of the colonial state. Clearly, it was not just the health of British soldiers that was at stake. The fear surrounding prostitution was less about venereal disease itself and more about the imagined threat of racial contamination. Soldiers frequenting brothels, visiting 'Turkish baths,'[23] and engaging in illicit acts were not just putting themselves at risk, they were seen as jeopardizing the future of the British Empire itself. As the colonial state grappled with its declining power in the early twentieth century, controlling the sexuality of its troops and by extension, the women they interacted with, became a form of maintaining racial and moral order.

This concern over moral decay wasn't confined to the military. Civil society, too, became entangled in the narrative. Organizations like the Young Men's Christian Association (YMCA) voiced concerns, reporting instances of soldiers encountering prostitutes while staying in hostels during leave.[24] What began as a military problem quickly morphed into a broader social concern, with accusations that public spaces like Hamilton Road and even gardens had become dens of immorality. But it wasn't just morality at stake, health, too, was used as a justification. The possibility that soldiers might contract diseases from their encounters with prostitutes became the pretext for more invasive measures.

The colonial state responded not by eliminating prostitution but by pushing it into the shadows, literally. The solution proposed by the Delhi Municipal Committee was simple yet effective: confine the prostitutes to designated areas. These red-light districts, such as Mandi Pan and Jhandewala Road, became sites of forced displacement, where sex workers were isolated from the rest of the population.[25] The language used by officials was telling, they spoke not of providing social services or improving conditions for these women, but of 'evacuating' them from the city's main roads. The message was clear; prostitutes were a nuisance to be hidden, a threat to be contained.

But, what did these policies really achieve? Legg's argument about the creation of 'scandalous sites' raises a critical point. Segregating prostitutes

didn't solve the problem of trafficking or illicit sex, it only intensified it. These areas, far from the eyes of respectable society, became breeding grounds for the very issues the colonial state sought to control. White slave trade, human trafficking, and child exploitation flourished in these hidden corners of the city. The rescue home at Sabzi Mandi, run by a woman doctor, attested to the trafficking of young girls, proving that these segregated zones were more than just places for sex work, they were sites of systemic exploitation.[26]

The Politics of White Prostitution in Delhi:

The discourse around white prostitution not only illustrates colonial anxieties regarding masculinity and sexuality but also highlights the complex interplay of race, gender, and power. In colonial Bengal and Bombay, the issue of white prostitution was intricately tied to racial ideologies and the broader framework of colonial governance. In colonial Bengal, for instance, imperial feminists initially advocated for regulating prostitution as a means to protect 'oppressed' women. However, their focus often shifted to regulating white women, whom they viewed as symbols of moral decay, framing prostitution as a threat to the empire's reputation. In Bombay however, colonial authorities sought to control the visibility and activities of European prostitutes, implementing deportation and stricter regulations in response to their emergence. While definitive evidence of a white slave trade circuit in Delhi remains elusive, reports of foreign prostitutes began appearing as early as 1913,[27] highlighting ongoing concerns about this issue across the colonial landscape.

The Government of India had already affirmed that non-Indian prostitutes were beginning to establish themselves in small colonies up-country, a development perceived as a significant threat.[28] H. Wheeler, Secretary to the Government of India, noted, "the scandal caused by the presence of these unfortunates up-country is more conspicuous than in the large seaports…they are in smaller towns and among a less cosmopolitan people attracting more attention."[29] By 1912, concerns about a burgeoning 'white slave trade' involving foreign women, predominantly European and Asian, were brought to the Legislative department by a member named Madge, who stressed the necessity to curb such importations and penalize those profiting from them.[30]

In Delhi, reports indicated the presence of four non-Indian prostitutes residing in Hamilton Road, Kashmere Gate, by the early twentieth century. These women included Clara Schwartz, an Austrian; Brotha Dreeben, an American; Fanny Nicholas, an Egyptian Jew from Ajmere; and Annie Beolorkapeith. Although the state officials expressed relief that these prostitutes were not of British origin, their mere presence posed an embarrassment. High-ranking officials in British India expressed the belief that:

> *It is most derogatory to the ruling race that white women, even if not British, should be able to carry on their trade of prostitution in this country, as the Indian won't discriminate between them and British women…objectionable*

> *that foreign prostitutes of any nationality should be permitted in or near any military station, as nearly all of them have a greater attraction for the average British soldier than the women of the country, so that their presence constitutes an additional temptation to all.*[31]

The colonial administration wielded powers under the Foreigner's Act of 1864 to address this issue, applying the same measures used in Calcutta and Bombay to regulate smaller establishments. Consequently, local authorities sought to deport these foreign prostitutes, ultimately sending them back to their countries of origin

The visibility of white prostitutes in colonial military stations and cities elicited not genuine concern for their exploitation but rather anxiety over their racial status. Colonial officials feared that Indian men, unable to distinguish between white prostitutes and British women, would blur the rigid racial hierarchies that upheld colonial rule. This anxiety reflected deeper concerns about protecting the perceived purity and moral authority of British women, who were considered symbols of imperial superiority. The statement, 'the Indian won't discriminate between them and British women,' underscores the fragility of colonial masculinity, as the presence of white prostitutes threatened to destabilize the racial distinctions between colonizers and colonized. This concern was not just about moral degradation but about maintaining the racial and political boundaries essential to imperial dominance. Thomas Metcalf had postulated in his famous *Ideologies of the Raj*, speculating that the fate of the common Indian prostitute evoked no interest, while prostitution itself mattered only where European women were involved, for their 'immoral' behavior, by inverting the 'proper' hierarchies of race and gender, would bring discredit on the Raj.[32] Protection of the health of the 'superior race' became crucial at this juncture even when it was the prostitutes under question.

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