FEMINIST ENCOUNTERS
A JOURNAL
OF CRITICAL STUDIES
IN CULTURE AND POLITICS

Feminist Encounters: A Journal of Critical Studies in Culture and Politics, 8(2), 33
ISSN: 2468-4414

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Managing Sex, Safeguarding the Soldier: Gender, Race, and Regulationism in Nineteenth Century Colonial Punjab

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Published: September 1, 2024

ABSTRACT

Managing sex was an important part of Britain's imperial project in the colonies. Using a wide range of archival materials and examining the political debates and medical discourse from the nineteenth century, this study delves into the colonial military enterprise of regulating sexual recreation for British troops, and the processes through which the sexualised native woman was configured in colonial Punjab. I argue that paradoxical attempts to make sex available, while simultaneously emphasising imperial social mores of sexual respectability, led to the casting of the 'prostitute' as a colonial bogeyman; a vulgar but necessary evil, and a vector of disease.

Keywords: Empire and the British military, colonialism, nineteenth century India prostitution, venereal disease

> "Syphilis contracted by Europeans from Asiatic women is much more severe than that contracted in England. It assumes a horrible, loathsome and often fatal form through which in time, as years pass on, the sufferer finds his hair falling off, his skin and the flesh of his body rot, and are eaten away by slow, cankerous and stinking ulcerations; his nose first falls in at the bridge and then rots and falls off; his sight gradually fails and he eventually becomes blind; his voice, first becomes husky and then fades to a hoarse whisper as his throat is eaten away by fetid ulcerations which cause his breath to stink." (Lord Kitchener's Memorandum to the British Army, 1905[1])

INTRODUCTION

The British Empire in India underwent a vigorous militarisation in the aftermath of the Mutiny of 1857. The Army was 'Punjabised' (Talbot, 2011: 4) as fears of instability were stoked by the ongoing Great Game[2], and the threat of Russian invasion from the north-west. The steadfast loyalty of the Punjab troops, both Muslim and Sikh, along with the well-entrenched colonial belief in the theory of 'Martial Races' made for Punjab's allure as the new recruiting ground and military stronghold. Cantonments began dotting the province starting in the 1830s. As a cautious Army proposed raising the ratio of European troops to Indian sepoys, more regiments of young British soldiers made their way to India. Driven by the desire to provide recreation to the young men, along with other reasons rooted in a colonial mindset perceiving interlinkages between sexual vigour and masculinity, the Cantonment Act of 1864, provided for structured and regulated prostitution across military bases in India. This article highlights the colonial enterprise of managing sex and sexual relations to draw attention to a complex

[1] Lord Kitchener served as Commander-in-Chief of the British Army in India between 1902–1909. The quoted address is dated to 1905. This memorandum of warning was issued to young European soldiers in India and published in the journal of a social purity and reform association, namely, the Association for Moral and Social Hygiene (AMSH). See *Shield*, issue of June, 1/90, p. 19. The memorandum was found quoted in a 1937 confidential report by the AMSH titled 'A Rough Record 1858-1935 on the work of the Association for Moral and Social Hygiene in Connection with the British Army in India'. National Archives of India (hereafter NAI)/ DGIMS/ Medical/ F. No. 247/ 1937.

[2] The Great Game was a political and diplomatic confrontation that existed for most of the 19th century between the British Empire and the Russian Empire over Afghanistan and neighbouring territories in Central and South Asia.

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Years.	Average No. of prostitutes on register.	Average attendance.	Total No. absent.	Average No. absent at each inspection.
1874	194·40	170·58	221	9·20
1875	191·11	170·50	201	8·37
1876	196·40	153·70	587	24·40

Figure 1. A Three-Year Average of Registered Prostitutes in Old Delhi. 1876. Source: NAI/ Home/ Sanitary/ F. No. 31-36/1876.

interplay of race, gender, class and sexuality underway in colonial Punjab. In policing the sexual relations of troops with native women, colonial fears of miscegenation and racial subversion become at once visible. The fear of native female sexuality, especially of the lower-class labouring female and the nomadic woman emerge as significant themes in State surveillance and casting of not only new colonial subjects but also new categories of 'criminal'. In a departure from previous studies in the region of prostitution in colonial India where Punjab – the chief garrison province – enjoys scarce focus, this study argues that the State viewed sexual relations as crucial to military stability and as a cornerstone of the Empire's stability in India. Over the years, an increasing number of historians such as Richard Price (2008, 2018, 2021), Kim Wagner (2007, 2010), and Harald Fisher-Tiné (2008, 2017) have considered the precariousness of Empire from different perspectives. Fears of Europeans 'going native'[3], the debilitating effects of heat, and colonial rebellions and insurgencies, were some of the concerns that triggered a sense of colonial insecurity. This research dwells on sexual relations with native lower-class women, and venereal disease as triggers for widespread fears. The article posits that perceptions of stability and State insecurity – given Punjab's centrality to the geo-strategic compass – were intertwined with constructs of a masculine and virile British fighting force. However, such constructs prompted paradoxical impulses to provide sex to maintain sexual vigour and machismo, while fanning fears of disease and miscegenation which prompted the casting of the British soldier as a victim of fatal seduction. Together, the two contrasting endeavours set the stage for the exploitation and persecution of certain groups of native women.

The subcontinental counterpart of the British Contagious Diseases Act, 1864 was introduced in India in 1868. That Act required that all women in the brothels of Lal Bazaars[4] had to be registered with the Cantonment Police. Each woman was issued a registration ticket containing her personal details including name and caste. Registration women were then allowed to solicit clients within cantonment bounds, upon the condition that they consort with British troops alone. The buildings which housed the registered women were rented and maintained by the stationed regiment. Separate brothels were maintained to provide services to native troops. Women providing services in the European *chaklas* (brothels) could not provide services in the native *chaklas* and vice versa. Chatterjee (1992: 51–55) suggests, that the act of registration completed the enrolment of each woman as a colonial subject, exposed to the probing and penalising gaze of the state which reserved the right to subject women to the rituals of medical examination in lock hospitals. The city of Delhi acquired a lock hospital in the year 1875. The hospital was built near the Turkman Gate and was occupied on 26 March 1876. Registration extended to the cantonment, as well as outlying areas like Sabzi Mandi, Paharganj and Sadar Bazaar, which lay within a four-mile radius of the Old Delhi military cantonment.

The daily average number of sick for the year in 1878, was 15.16. Inspections were held twice a month by the cantonment surgeon personally. Details of each woman, along with date of examination and the signatures of the surgeon, were entered on each ticket. Women found infected were detained in hospital for treatment for a minimum of two weeks, or until the symptoms of syphilitic infection disappeared. Two *dhais* (midwives) were employed to keep an eye on the women. The total number of fines levied on the registered women during the year was Rs. 96.12. The head matron was paid Rs.15 per month and the second, Rs.5 per month. A Report from Jalandhar lamented that failing to pay a fine, a woman went to prison for a week at best and that the penalty was scarcely sufficient punishment or deterrent against future 'misbehaviour'. Moreover, fines were considered an

[3] As defined by the Post-Colonial Studies guide, going native is 'the colonizer's fear of contamination by absorption into native life and customs'. See Post-Colonial Studies: The Key Concepts. London: Routledge, 2000, pp. 115–120. Long a staple of the Western imagination, the going native myth forms the basis of novels like Joseph Conrad's 'Heart of Darkness' and films like 'Dances with Wolves'.

[4] The term denotes red light areas or regimental bazaars in cantonments.

Diseases.	Remained.	Admitted.	Total.	Discharged.	Remaining.
Gonorrhœa	6	38	44	44	...
Syphilis	6	54	60	54	6
Leucorrhœa	1	92	93	89	4
Ulcer	...	11	11	9	2
Abscess of the labia ...	...	3	3	3	...
Cystic polypus of vagina ...	...	1	1	1	...
Itch	1	1	2	2	...
Total ...	14	200	214	202	12

Figure 2. Venereal Disease Cases Admitted and Discharged at the Lock Hospital in Colonial Delhi. 1876. Source: NAI/ Home/ Sanitary/ F. No. 31-36/1876.

ineffectual method of penalty as many officials believed that women often got their patrons or paramours to pay for them (Chatterjee, 1992: 52).

A rigorous system was put in place to collect information on the activities of 'prostitutes'. Discrepancies in the number of 'public' women known to reside in any town/city on the one hand, and the number of registered women on the other, led Rules to be implemented even more stringently and the coercion made more aggressive. In Lahore in 1867, a case of such discrepancy came to light. With the assistance of *lambardars*[5] and *dhais* it was gathered that there were around 8,000 'prostitutes' inhabiting the city. The number of registered women, however, stood at only 97 in 1870 and around 240 in 1881. Consequently, surveillance and registration methods were made more stringent. The 'Report on the Administration of Criminal Justice in the Punjab and its Dependencies during the Year 1881-1882' details the levy of heavy fines and arbitrary imprisonment of any woman suspected of being an unregistered 'prostitute' (NAI/ Home/ Judicial B/ F. No. 4-5/ 1883).

By 1875, of the 25 stations in the Punjab that were garrisoned by European troops, 16 had 'lock hospitals' – a specialised establishment for the treatment of sexually transmitted diseases.

Apart from Ambala, Kasauli and Dalhousie, all military stations in the province reported a significant increase in venereal diseases between 1874 and 1875. Some stations such as Attock and Nowshera reported increases: in 1874, Attock had an admission rate of 37/1,000 compared with the significant increase of 273/1000 in 1875. Nowshera reported a similar surge from 62/1,000 in 1874 to 284 in 1875. The sharp rise of venereal disease numbers in some cantonments was attributed to the proliferation of 'unlicensed' prostitution. One Lock Hospital report laments:

> The class of women has been similar to those of former years. Some of them are old and unusually unattractive, which is to be regretted, as it increases the tendency of the soldiers to prefer unlicensed women. (Report on the Lock Hospitals in the Punjab, 1887: 2)

'Prostitutes' were detected with the help of *dhais* and reported to the Cantonment Magistrate if found to be infected. The use of *lambardars*, *chowkidars*[6] and local *dhais* to serve as eyes and ears of the State in conjunction with regimental police, was a common practice to seek out 'diseased' women. Frequently the *mohulladar*[7] or the sweeper, was also obliged to give notice to the police or Municipal Secretary when a registered prostitute took up her residence within a *mohulla* (NAI/ Home/ Sanitary/ F. No. 85-92/ 1879).

Quite often, as in the case of Nowshera in 1874, it was found that while the number of venereal cases amongst the European troops were 'alarming', the registered prostitutes of the regimental *chakla* (brothel) were in fact relatively free from disease. Furthermore, the European troops, having contracted venereal infections elsewhere, passed it onto the women in the Lal Bazaars. The Chief Medical Officer at Jalandhar Cantonment Hospital reported that disease was spread amongst the men by 'the prostitution and laxed morals of the European women

[5] Revenue officials responsible for recovering land revenue and other sums due to the State.

[6] A watchman in a village or neighbourhood. The bureaucratic apparatus of the British colonial government contained certain auxiliary institutions of local surveillance and statistics collection, working in conjunction with the police and the judiciary. *Mukhiyas* (village headmen) and chowkidars were important for the colonial state to maintain public order.

[7] The term *mohulla* refers to an area of a town or a village, a community. A *Mohulladar* was a petty municipal official who often formed another cog in the wheel that was colonial state surveillance, recording births and deaths, reporting 'nuisance' etc.

of the regiment', who, when diseased 'did infinitely more harm than the same number of native women' (NAI/ Home/ Sanitary/ F. No. 41-43/ 1876). Preoccupations of Imperial policy with maintenance of 'the moral character of the governing race' (Fischer-Tine, 2003: 183) and the attempts to suppress traffic in White women following from the racial argument notwithstanding, the archive does not yield any correspondence within medical or military files from the Punjab, to suggest any mandatory examinations or registrations for European prostitutes.

A report of the Medical Officer in Charge at Rawalpindi similarly reveals that 'native' women in the *chakla* of the 81st Regiment stationed there suffered chiefly due to infected troops (NAI/ Home/ Sanitary A/ F. No. 47/ 1887). As regards the Punjab province, the Army's files are replete with reports and letters, provide no reason to believe that European women or troops were summoned for examinations or produced before the Cantonment Magistrate to be fined for spreading disease or expelled from a Cantonment. Penal measures were reserved for native 'prostitutes'.

A SCIENTIFIC FRONTIER: MILITARISING THE PROVINCE

The second Anglo-Afghan war[8] gave a fillip to the concept of the Great Game and fuelled the desire to secure a 'Scientific Frontier' bolstered by sound military strategy. Within the British military bureaucracy, the ideas of a new organisational set-up for the Army in India gained ground. Consequently, the ranks of the military in Punjab swelled, recruited mostly from the 'martial races' – chiefly, the Sikhs and Punjabi Muslims. Overall, the number of native soldiers in the British army went from a quarter of the infantry in 1881, to half in the year 1893 (Mazumder, 2003: 17).

The European garrisons stationed in India were also strengthened as a bulwark against any future mutinies in the aftermath of the Mutiny of 1857. Several British groups of youth were recruited to make this possible, but checking the attrition of troops on account of infection and sickness also had the attention of the State, especially since the overall rate of venereal infections in the nineteenth century was staggering. One of every three Army sick cases involved venereal diseases at the time (Walkowitz, 1980: 69).

The Indian Contagious Diseases Act of 1868, and the affiliated Lock Hospital Rules reflect the attempts to justify increased European garrison in India by attempting to ensure that soldiers were in good health. This, however, was not the only reason. It was believed that if the costs associated with disease control and treatment per soldier made the European garrisons an expensive affair, it would undercut the rationale of stationing so many young soldiers in such a distant tropical colony. Indeed, the loss of service and weakening of martial strength of the Empire, accruing from a large proportion of infirm soldiers was a distressing prospect for the Raj.

BUYING SEX IN COLONIAL PUNJAB: MAKING AND RECRUITING WOMEN OF 'VICE'

On June 17, 1886, a military order known as the 'Infamous Circular Memorandum', since its first discovery and mass censure, was sent to all the Cantonments of India by Quartermaster General Chapman. Issued in the name of the Commander-in-Chief of the British Army, Lord Roberts, the order read:

> In the regimental bazaars it is necessary to have a sufficient number of women, to take care that they are sufficiently attractive, to provide them with proper houses, and, above all, to insist upon means of ablution being always available. (NAI/ Home/ Sanitary A/ F. No. 47, 1887: 10)

The officer in command of the 2nd Battalion Cheshire Regiment stationed at Ambala (now a city in the Indian state of Haryana) sent the following application to the magistrate of Ambala Cantonment:

> Requisition for extra attractive women for regimental bazaar, in accordance with Circular Memorandum 21a…these women's fares by one-horse conveyances, from Umballa to Solon, will be paid by the Cheshire Regiment on arrival. Please send young and attractive women, as laid down in Quartermaster General's Circular, No. 21a…there are not enough women; they are not attractive enough. More and younger women are required, and their houses should be improved (NAI/ Home/ Sanitary A/ F. No. 47, 1887: 11).

[8] The Second Anglo-Afghan War (1878–80) is an important chapter in the intricate narrative of late 19th century geopolitics of the Central Asian region. The conflict was rooted in the Great Game reflecting the Russian and British empires' strategic and imperial manoeuvres, with Afghanistan caught in the crossfire.

> Another officer of the Regiment wrote: 'I have ordered the number of prostitutes to be increased to twelve and have given special instructions as to the four additional women being young and of attractive appearance. (NAI/ Home/ Sanitary A/ F. No. 47, 1887: 12)

The medical in-charge of the Ambala lock hospital commented in 1878, upon the 'desirability of inducing younger women to live in the regimental bazaars… large numbers of those now present are old and worn out, and younger ones seem reluctant to take their place'. Various means were proposed to induce women, ranging from tempting them with better accommodation. It was believed that this would 'pull a younger and more attractive class of women who would be glad to pursue their calling there (in the regimental bazaar)' (NAI/ Home/ Sanitary A/ F. No. 47/ 1887, p. 11).

The regimental *kotwal* was then instructed to take two policemen into the villages to find twelve to fifteen girls and women of fourteen years and upward; the sequestration of children for sex work was normalised under the Raj. They were asked to bring only the 'best-looking' (Report of The Committee Appointed by The Secretary of State for India, 1893: 18). These girls and women would then be given a licence and deposited with the keeper/matron of a brothel. Girls and women found to be diseased during the 'surgical rape' (Andrew and Bushnell, 1899: 8–9) of periodic examinations, were deprived of their passes, and incarcerated in the lock hospitals until the symptoms faded. In the event of any resistance, the girls and women were ousted by the police and forced to exit the cantonment. The girls and women were detained in the hospital, 'the compound door was locked and there was a chowkidar at the gate' (Report of The Committee Appointed by The Secretary of State for India, 1893: 19). If a girl or woman with even a mild infection attempted to escape, a hefty fine of Rs. 50 was imposed on them by the Cantonment Magistrate. Some problematics of the Report include the prejudiced and orientalised representations of Indian women. In their appeal to the British government to end their 'life of shame', the reformers exalted and underscored their observation of the guilt, lament, and humiliation displayed by the women that they met, as though stunned by the scrupulous propensities of the 'heathen women' of whom they expected a 'blindness of the moral sense' (Andrew and Bushnell, 1899: 22).

VENEREAL DISEASE AMONG EUROPEAN TROOPS: STATISTICS AND REMEDIES

During the colonial period, venereal disease accounted for 25 to 50 percent of all hospital admissions in any part of India. Syphilis was the most common of all venereal infections rampant in the colony, and there was increased spread of infection when compared with Syphilis numbers in England. The idea that the tropical climate exacerbated certain types of infections gained wide currency in India and in the UK, and the pathology of syphilitic infections came to be discussed obsessively in the nineteenth century.

Venereal infections stirred tremendous anxiety on account of the putative indication of moral failing – an element which set VD apart from other diseases commonly contracted by troops in India, such as Malaria, Dysentery, and Cholera. The main problems causing the Empire with venereal disease, specifically syphilis, in India were, firstly, the issue of manpower shortage. If a soldier was found infected, he was sitting out from active service for at least a month, being treated with mercury, often manifesting as unpleasant side effects for the soldiers, who were then infirm due to the time needed to recover from mercury-based treatments. Secondly, considering the cost of recruitment and their maintenance in India, along with medical care, the European troops posed serious costs, especially if the cost of lost service was added to the computation. The third issue was the issue of nuisance and indiscipline: the wanderings of the European soldiers scouting for sex, was a cause for concern. A seemingly mundane technological innovation like the bicycle, which appeared on the colonial scene in the 1880s, only made the challenge greater by enhancing the mobility of the British soldiers (Arnold and DeWald, 2011).

Reports on the cantonment hospitals revealed the state of venereal disease numbers amongst European and native troops and contained worrying statistics for the Empire, even into the early twentieth century[9]. 'In 1877 the admissions to hospitals from venereal diseases were 362 per 1,000. In 1895 they had risen to 537 per 1,000. In 1895, 45 per 1,000, or, altogether, 3,200 men out of a total force of 71,031, were constantly in hospital from this cause' (Report of the Departmental Committee of the India Office, 1897: 468). A general report on the incidence of venereal disease among British troops placed the number of Syphilis cases at 3,485 admissions for 1896, and 3851 admissions from soft chancre, another kind of ulcerative venereal infection. The overall number admitted with venereal sores were 7,336 and the average number of 'constantly sick' stood at 705.68. Gonorrhoea related admissions for the same year stood at 6,770 and in 1903; the total admission rate per thousand was 249.5, 200.3

[9] Florence Nightingale's report placed the number of venereal infections amongst European troops to be five times the number amongst Indian soldiers. For detailed statistics contained in the report, see 'Observations on the Evidence Contained in Stational Reports submitted to Her (Florence Nightingale) by the Royal Commission on the Sanitary State of the Army in India*, 1863*', p. 89. Wellcome Digital Collection, https://wellcomecollection.org/works/e6eb85ah/items?canvas=97.

for 1904. This was a significant increase from numbers at the close of the previous century. The per thousand infection rate in 1896, for instance, stood at 57. Reasons for the consistently high rate of venereal infections was attributed to the 'youthful inexperience of the soldiers' and the great proportion of 'very young lads'. In Lahore division, the rate of admissions in 1904 was 50.3/1,000, amongst the four highest numbers in the country, with Secunderabad, Poona and Meerut being the other highest three. The Northern Command divisions which included Peshawar, Rawalpindi, Lahore, Dalhousie, Multan, Ferozepur, Jalandhar, Kasauli, Amritsar, Ambala, Solan, Dagshai, Jatogh and Subathu, were amongst the most affected. The lock hospital at Dagshai reported 91 admissions from venereal infections in 1883. By 1887, this number had grown to 229 admissions (Report on the Lock Hospitals in the Punjab for the year 1887, 1888: 27).

It is noteworthy that when compared, the prevalence of venereal disease amongst the Infantry soldiers was significantly higher than those of the Cavalry and the Artillery. This was attributed to the predominance of infantry battalions who frequently marched and lived in temporary camps along the stations of the Northern Command. This skewed pattern was attributed to 'agrarian prostitutes' – a class of women living in villages adjacent to cantonments as well as military camps. Considered 'more dangerous than the regulars in the bazaars', the Lieutenant Governor of the Punjab, Denzil Ibbetson even referred to them with the racist and misogynistic moniker of 'sand rats' (NAI/ Military/ Sanitary A/ F. No. 697-698, 1905: 17). The Punjab government especially voiced its anxieties regarding 'old standing agricultural villages where women lived under circumstances connecting them closely with cantonments…known to be freely available to the troops and to be spreading disease amongst them' (NAI/ Military/ Sanitary A/ F. No. 697-698, 1905: 19).

Recorded numbers on rates of infection can hardly be considered accurate, for it was not uncommon for European troops to seek alternate cures to evade the gaze of the army surgeon (NAI/ Home/ Public/ F. No. 155, 1871). This could be attributed not only to greater financial expense involved in going to the cantonment hospital, but also to the unpalatable nature of the mercurial treatments. The absence of sound medical understanding of venereal diseases until the early twentieth century, and the lack of antibiotics, meant that medicines administered were often a 'hit and miss' (Kennedy, 1996: 23) trial rather than a definitive treatment; an understandable disincentive to seeking treatment[10].

The mortality amongst British troops in India was 'compiled on the principle of accounting for every man becoming ineffective in the year' (Report of the Commissioners Appointed to Inquire into the Sanitary State of the Army, 1863: 10). It was reported that one company worth of troops in each regiment was lost in India every twenty months. The rate of venereal disease was particularly high amongst the younger soldiers, as the mortality of soldiers aged 20 to 25 years stood at 56.4/1,000 (Report of the Commissioners Appointed to Inquire into the Sanitary State of the Army, 1863: 14). The mounting cost of maintaining each soldier's health climbed to £100 by 1864. Imperial relations of production ensured that the financial costs of protecting the European troops from their own licentiousness were borne primarily by India. As one Sanitary Commissioner put it – 'the sanitary state of the army is intimately linked to the finances of India and influences them to a large extent' (Report of the Commissioners Appointed to Inquire into the Sanitary State of the Army, 1863: 20).

'SONS OF EMPIRE'[11] AND THE 'UNCHASTE NATIVE'

It is noteworthy that rates of venereal infection amongst Indian sepoys listed in the same report stood at 24.5/1,000 in 1903, 20.6/1,000 in 1904, a steady and considerable decline from the number in 1897, when rates were around 40.8/1,000. The disparity was attributed to the fact that most sepoys were married, many had families living in towns and villages near the military stations, and that they were more accustomed and immune to the 'unclean ways of the natives' (Statistical, Sanitary, and Medical Reports of the Army Medical Department, 1866: 20). An article in the *Indian Lancet* went as far as to say:

> The point made so much of, that the sepoys are more chaste, possess more self-control as regards sexual intercourse is not true. Anyone who has been any time in India, and has been observant, must have noticed crowds of sepoys visiting native prostitutes. It may possibly be found on investigation that the reason they suffer less from venereal disease than European soldiers is this: they have acquired immunity, having suffered from hereditary syphilis in youth. (*Indian Lancet*, April 1, 1897, p. 1)

[10] The Syphilis causing bacteria was not discovered until 1905. Often surgeons could not distinguish between Gonorrhoea, Syphilis and other ulcers of the genital area.

[11] British Army Medical Department's Statistical, Sanitary, and Medical Reports in the 1860s often used this term for European troops in the colonies. One example is the 'Statistical, Sanitary, and Medical Reports of the Army Medical Department', Apr 1866, 37(74), pp. 324–343. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5182640/?page=13.

From the middle of the nineteenth century the enclavist approach to sanitation and health shifted to accommodate public sanitation; envisioning the extension of sanitary measures to the native towns and villages surrounding the cantonments (Peckham and Pomfret, 2013). The city of Lahore was a constant sanitation disaster in the State's eyes; commenting on the condition of the Old City, an article in The Tribune read: 'the filth that is accumulated near the Moree Gate is very offensive and is per se sufficient to create an epidemic' (*The Tribune*, June 9, 1883: 8). An earlier article from the same year remarked upon the 'dirt and nauseating smells of the streets of the City and its choking population' (*The Tribune*, April 21, 1883: 3).

The perceived attack upon the European troops in India, as posed by venereal disease, played into the narrative of the larger siege witnessed in the form of the 1857 rebellion. The decades of 1850s and 1860s saw a very high incidence of death due to disease, sparking concern amongst the British public and Government about the welfare of the 'sons of Empire'. The narrative elicited an outcry over the well-being of the Empire's soldiers, using the imagery of men serving in hostile conditions to keep the sun from setting upon the Raj. As a response to the hue and cry, the British Royal Commission was set up in 1859, to Enquire into the 'Sanitary State of the Army in India', and its report was released in 1861. The data was published in the form of Annual Statistical Sanitary and Medical Reports. The international nature of the venereal disease debate in India is evidenced by the involvement of the then famous figure of Florence Nightingale. She was consulted by the Royal Commission and helped prepare the questionnaire circulated to military stations for the gathering of evidence on the effect of VD on military health[12]. She advocated the extension of concern for community health and sanitation, beyond the lines (Halvorson and Wescoat, 2020). According to Hume (1986), civilian Sanitary Commissioners in the three presidencies believed that improving the sanitary condition of the army would depend upon ameliorating sanitary deficiencies in India more generally.

The reports of the Royal Commission constituted in 1859 serve as one of the foremost sources which help trace the history of sanitary work in British India. The 1863 Report on the Sanitary Conditions of the Army is a rich source that highlights the mortality rate amongst British troops was 69 per 1,000 (NAI/ Foreign/ General (Part A)/ F. No. 29, 1864: 17). The establishment of a Commission of Public Health in each presidency was one of the recommendations of the Commission. It also pointed to the need to improve sanitation and other prevention measures adopted by civil society to achieve improvements in the health of the British Army. Under the Military Cantonments Act of 1864, to improve hygiene within the military, a sanitary police force was formed and managed by officers of the Army Medical Corps.

To achieve similar regulation and surveillance in municipal areas, Sanitary Boards were formed in each of the provinces in 1864. However, a new class of officers known as 'Sanitary Commissioners' soon took over the tasks of the board as representation within the commissions, of members from the civil, military, and medical circles, became a sticking point. The Sanitary Commissioner of India and the provincial sanitary commissioners had no executive powers, and their chief role was to advise the Government (Harrison, 1994).

Epidemic diseases such as plague, leprosy, cholera, and malaria wreaked havoc, but venereal disease was an equally major cause of mortality amongst the European troops. Its seriousness was compounded not only by the fact that it dealt a blow to the muscular arm and source of stability of the Empire, but also because it seemed to undercut the belief in western moral superiority. It was not mortality alone that weighed heavily on the State. Morbidity associated with promiscuous sexual behaviour drew censure as it threatened to undermine notions of racial superiority. When compared with the 'Martial Races'[13] of the Punjab, who reported rather low rates of venereal infection, maintaining perceptions of European masculinity and robustness acquired even greater valence (Peers, 1998)[14].

MECHANISMS OF SURVEILLANCE: THE LOCK HOSPITAL SYSTEM

Mechanisms of surveillance, control and penalty built into the regulatory measures used against venereal disease were stacked disproportionately against the women. The system actively monitored women and hardly ever the

[12] A questionnaire was sent to every local Indian military station, highlighting topography, mortality and disease, sanitation conditions, drainage, water supply, and barrack conditions. A special sub-heading asked questions specifically related to venereal diseases.

[13] The category of 'Martial Race', also a category created by the British in India, included the Punjabi Sikhs and the Nepalese Gurkhas. The category and its nomenclature are flawed and represent the historical blindness to Indian culture and society amongst colonialists. The Sikhs have always been a religion and not a 'race' and the ranks of the Gurkhas regiments were composed of troops belonging to different ethnic backgrounds, not confined to Nepal alone.

[14] For a riveting discussion on the practices and processes through which two different elites, Indian and European, were constituted as 'masculine' and 'effeminate' during colonialist and nationalist politics during 1880s and 1890s in India, see Mrinalini Sinha, *Colonial Masculinity: The 'Manly Englishman' and the 'Effeminate Bengali' in the Late Nineteenth Century*, Manchester: Manchester University Press, 1995.

men. The strapping expense of maintaining a large garrison in India, was often cited as the rationale behind attempts to maximise days of active duty per troop. Sick troops languishing in hospitals signified a financial burden. Hence, it was considered cheaper to treat the women than to treat their willing clients, in a long cultural tradition of seeing prostitutes as offenders, but not the men who use them. Furthermore, the unpleasantness of genital examination was considered a likely trigger for disaffection amongst the soldiers, while the presumed brazenness of native women offered good reason to subject them to the unpalatable and coercive examinations. Indeed, the mechanism was viewed by many as an 'act of charity to the poor women' (NAI/ Home/ Sanitary/ F. No. 85-92, 1879: 11).

As a response to the grave concerns over venereal disease, of which Syphilis was the most common, the system of lock hospitals was introduced in colonial India in the early nineteenth century. The model was introduced in the Madras presidency district in 1805 before being exported to England, where it crystallised in the form of the Contagious Diseases Act of 1864, which was ultimately replicated in India and other colonies.

The life of the colonial lock hospital was not without vicissitudes. The State sometimes celebrated and supported the system, and intermittently lamented its gross failure and the financial burden it entailed. A lock hospital report from 1875 stated clearly that 'the stations with lock hospitals have established no reputation superior to those where such institutions were not at work' (NAI/ Home/ Sanitary/ F. No. 41-43, 1876: 7). In 1877, Dr Cunningham, the Chief Medical Officer advising the British Army Sanitary Commission, held that the hospitals had 'done little good and could not be improved' (NAI/ Home/ Sanitary/ F. No. 41-43, 1876: 11). The Army Sanitary Commission of 1894, as well as Secretary for War, Lord Lansdowne, endorsed this view. During a House of Lords debate on this matter on 17 May 1897, Lansdowne articulated – 'I am bound to tell your lordships that the conclusion to which I am disposed to arrive is that this practice of regular inspection did not produce the desired effect'. Vexations with the lock hospital system only precipitated the sharpening of coercive military regulation of 'fallen women'. Measures ranged from incarceration, whether in jail or in the lock hospital, to expulsion from cantonments.

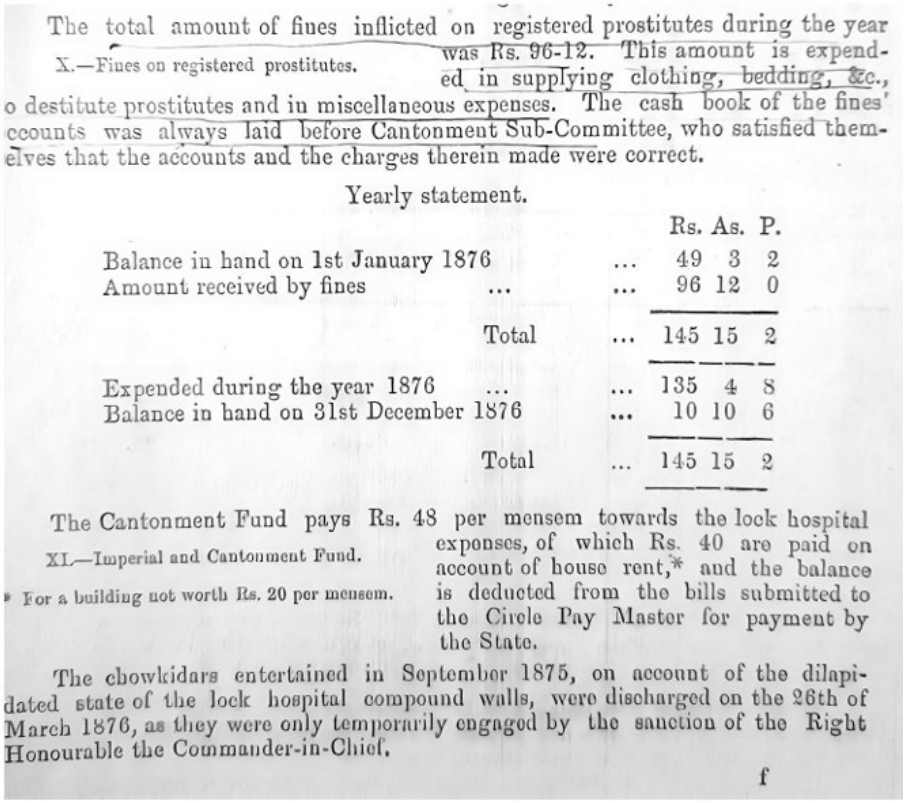
At Meean Meer cantonment in Lahore, the station lock hospital was renovated in the 1880s. The walls were made higher by a few feet and the doors boarded to ensure the women could not escape. No matter the institution, whether brothel or lock hospital, the women's' state of imprisonment emerges as a common strand. While fewer reports provide insight to the condition of women in brothels, some do register 'inhuman practices obtaining in brothels' (NAI/ Home/ Police A/ F. No. 173-189, 1919: 2). A report from the year 1919 talks about the *'challa kothis'*, a term denoting private brothel, in Rawalpindi and other parts of Punjab. It accounts for the 'inhuman treatment' of women and girls, many of whom were detained by brothel keepers to whom the women inmates often owed a debt. The recruitment of 'women police' to deal with the matter effectively, was proposed by the civil and military administrations alike. In the case of the lock hospital, women were treated in the inpatient department, subjected not only to the discipline and regimen of a colonial institution, but also to coercive and invasive colonial medical treatments (NAI/ Home/ Sanitary A/ F. No. 53-54, 1888).

Investigating such colonial perceptions in the treatment of venereal disease offers clues to discursive constructs of race, gender, class, and sexuality. Lord Kitchener's highly illustrative address, quoted at the beginning of this article, represents the very palpable fear of racial perversion:

> Syphilis contracted by Europeans from Asiatic women is much more severe than that contracted in England. It assumes a horrible, loathsome and often fatal form through which in time, as years pass on, the sufferer finds his hair falling off, his skin and the flesh of his body rot, and are eaten away by slow, cankerous and stinking ulcerations; his nose first falls in at the bridge and then rots and falls off; his sight gradually fails and he eventually becomes blind; his voice, first becomes husky and then fades to a hoarse whisper as his throat is eaten away by fetid ulcerations which cause his breath to stink. (Lord Kitchener's Memorandum to the British Army in 1905, quoted in Baynes, 1967: 269).

Such depictions of the British soldier victim of the 'Asiatic Women', underscored their peculiar threat to British masculinity. This is a case in point of the gendered and racialised views of native societies and the colonial imagery deployed to achieve a systematic process of othering. Unregistered women, as well as those seen to be evading disease were penalised by way of fines. Soliciting in public places and missing their periodic examinations at the lock hospitals also invited amercements. As it were, the 'vectors' bore the expense of their own surveillance and incarceration. A Cantonment Sub-Committee reporting on the working of the Delhi lock hospital revealed that the total amount of fines levied on registered prostitutes during the year amounted to Rs. 96.12. The amount was expended on supplying clothing, bedding, and so on to destitute prostitutes and on 'miscellaneous' expenses. In each district, the cash book of the fines was laid before the Sub-Committee tasked with inspecting the charges made (NAI/ Home/ Sanitary/ F. No. 31-36/ 1878).

Analyses of the figure of the colonial 'prostitute' reveal the creation of a unique colonial subjectivity reliant on instilling fear of penalty and imprisonment. Discussion and deliberation as to how best the Indian Contagious



The total amount of fines inflicted on registered prostitutes during the year was Rs. 96-12. This amount is expended in supplying clothing, bedding, &c., to destitute prostitutes and in miscellaneous expenses. The cash book of the fines' accounts was always laid before Cantonment Sub-Committee, who satisfied themselves that the accounts and the charges therein made were correct.

X.—Fines on registered prostitutes.

Yearly statement.

		Rs.	As.	P.
Balance in hand on 1st January 1876 ...	...	49	3	2
Amount received by fines ...	...	96	12	0
Total	...	145	15	2
Expended during the year 1876 ...	...	135	4	8
Balance in hand on 31st December 1876	...	10	10	6
Total	...	145	15	2

The Cantonment Fund pays Rs. 48 per mensem towards the lock hospital expenses, of which Rs. 40 are paid on account of house rent,* and the balance is deducted from the bills submitted to the Circle Pay Master for payment by the State.

XI.—Imperial and Cantonment Fund.

* For a building not worth Rs. 20 per mensem.

The chowkidars entertained in September 1875, on account of the dilapidated state of the lock hospital compound walls, were discharged on the 26th of March 1876, as they were only temporarily engaged by the sanction of the Right Honourable the Commander-in-Chief.

f

Figure 3. Fines Levied on Registered Prostitutes. 1879. Source: NAI/ Home/ Sanitary/ F. No. 55-92.

Diseases Act XIV of 1868 could be aligned with rules framed under Act XXII of 1864, were widespread in the 1870s. Official reports pointed out that punishment for offences in the former Act, ranged from one to three months, while as per the Rules in the 1864 Act, the alternative punishment in lieu of fines was only eight days – a punishment considered 'entirely inadequate' in the case of repetition of offences. Women and girls incarcerated and performing sex work for the British Army were often poor and destitute, they were incapable of paying any fines and an imprisonment of eight days as penalty was considered ineffective. Where fines were considered inadequate and penalties not stringent enough, women and girls were imprisoned and subjected to hard labour in prisons. The Deputy Commissioner of Shimla in his correspondences with the Commissioner of Ambala division urged the need to provide for a long alternative imprisonment given that:

> … at Lahore, hundreds of women were inadequately punished, as they received only a quarter of the eight days in lieu of a fine (and) this was no affliction on them…here in the hills where hard labour cannot be inflicted on women, eight days is insufficient. (NAI/ Home/ Sanitary/ F. No. 55-92/ 1879)

The term 'prostitute' was weaponised and deployed against all groups of women that were perceived as a 'nuisance'. Racial and gendered perceptions of hygiene and morality did not accommodate an understanding of the wide spectrum that was traditionally 'public' women. Furthermore, regulations and rules targeting 'vice' were actively used to collapse, conflate, and control different types of sexual relationships in the colonies. Concubinage and polyandry, for instance, were often conflated with prostitution. In 1870, the Deputy Commissioner of Kangra expressed that 'Magistrates should have the power to extend any provisions of the Act XXII of 1864 regarding registration, inspection, etc. to women keeping intercourse with Europeans under supposed immunity from laws and cohabiting with Europeans when not duly registered' (NAI/ Home/ Public/ F. No. 155/ 1870). The word 'cohabiting' here could apply to numerous kinds of relationships between Indian women and European men, which, although outside the domestic realm, lacked any commercial character.

Historians Erica Wald (2009) and Anne Laura Stoler (1989), urge historians to use the term 'prostitute' in the colonial context, with great care. Wald's (2009: 1471) note of caution ties in with the point made above, about colonial constructs of race, sexuality, morality and hygiene, which produced as well as resulted from the fear of disease. In the colonial context, 'prostitute' is a term that must constantly be problematised for very often the category included girls and women who would not see themselves as a 'common prostitute' – a flat and wide category of insult created by the State. Certainly, it would be unfair to say that this conflation and flattening to remould the definition of prostitute was a result of colonialism alone. There were other economic and political dimensions of this phenomenon:

- A new socio-economic milieu emerging in India. In the case of Punjab, for instance, after the creation of the canal colonies and extension of cultivation, labour thronged from other regions, such as the United Provinces, in large numbers. The results were especially visible in the western districts where population density became twofold in the last decade of the nineteenth century (Grewal, 1983: 517).
- The commercialisation of agriculture.
- The development of communication.
- The development of trade and industry.

The interplay of these factors with the changing sexual mores, notions of morality, and of femininity in the nineteenth century, played a role in altering the demographics but also the socio-economic milieu of towns and cities with the migration of a predominantly male labour force and new employment opportunities. The colonial State was, however, the main force informing changing ideas about prostitution. The State actively overreached and assisted in assigning this label to different groups of women, like servant girls and domestic slaves, who were not traditionally identified with sex work until the nineteenth century (Wald, 2009: 1472).

In the military as well as medical circles in nineteenth century colonial India, prostitution was seen by many as a safeguard against forms of intercourse perceived as perverse and 'unnatural', such as incest and homosexuality. In 1870, Dr W. T. Greene remarked that:

> I cannot look upon the existence in our midst, of a class of professional prostitutes as altogether an unmixed evil; for I believe that were such a means – deplorable as the necessity for it must ever remain – of gratifying their passions unattainable by the rising generation, far greater evils than those we deprecate at present would result. (Source: Greene, 1870: 181)

The prostitute was vulgar but necessary. She was loathed if visible and feared if invisible. The idea of a discrete and managed vulgarity underpinned the system of regulated prostitution in colonial India.

Registered women were expected to 'voluntarily' submit to weekly medical examinations checking them for visible signs of primary or secondary venereal infections, signs ranging from fever and fatigue, to body rashes, ulcers, and chancres. Moreover, medical treatment closely resembled coercive incarceration. Women were not allowed to leave the lock hospital until a certificate or clean bill of health was obtained. The resulting stigma and loss of income exacerbated the economic hardships of women, who found themselves returning to the *chakla* from lack of alternate recourse. The examinations themselves were invasive and conducted with the metal speculum – a device meant to investigate bodily orifices for signs of infection and other symptoms of disease. High rate of absenteeism at fortnightly medical examinations remained a constant challenge for the State. Observing the low rate of attendance at periodic examinations, one medical officer suggested that:

> … the use of the Speculum might be discontinued as much as possible, as giving the greatest offence and probably being unnecessary in the majority of cases… the use of the Speculum renders them liable to special ridicule and they are followed home by the boys of the place calling them by the native nickname of this instrument. (Source: NAI/ Home/ Public/ F. No. 155/ 1871)

THE ROYAL COMMISSION OF 1871

The Royal Commission of 1871 cited the evidence of a Dr Ross who had served in India, China, and England, and was familiar with the working of the Contagious Diseases Act in all three places. In Punjab he was attached to the 92nd Regiment in Jalandhar. He submitted that:

> … the Rules there (in Jalandhar) are the same as the Act in England. The women are examined periodically every fortnight, and diseased women are detained in hospital until cured. All the prostitutes are native women… the system was carried out in India and China for years before the Act was dreamed of. (Royal Commission Report upon the Administration and Operation of Contagious Diseases Act, 1871: 78)

On the question of subjecting men to weekly examinations, the report went on to mention that:

> the men were formerly subjected to weekly examination, but this practice has been discontinued on account of the strong feeling against it of the medical officers, and the belief that the men could conceal disease if they chose, and that it was therefore not much use. (Royal Commission Report upon the Administration and Operation of Contagious Diseases Act, 1871: 80).

In 1872, Lord Cardwell issued a circular ordering the suspension of pay for soldiers admitted to hospitals with venereal disease. Such a penalty was geared towards deterrence. The idea did not gain popularity for the fear that it would simply induce soldiers to conceal signs of VD. Several commanding officers, in their responses to the order, opined that the Army 'cannot rely on soldiers' moral force alone' (Peers, 1998: 138).

THE DISCIPLINARY MACHINERY OF STATE: ENCLOSING THE 'PROSTITUTE'

Michel Foucault wrote of the concept of 'disciplinary machinery' (1995: 143); it is insightful in understanding the mentality of the colonial State. The disciplinary machinery works space in a detailed way, primarily by 'partitioning'. A disciplinary space is built to separate certain groups by holding them within a designated 'enclosure' to eliminate 'the uncontrolled disappearance of individuals, their diffuse circulation, their unusable and dangerous coagulation; it was a tactic of anti-desertion, anti-vagabondage, anti-concentration' (Foucault, 1995: 143). The principle of 'enclosure' discussed in Foucault's (1995: 141) 'Art of Distributions', relies on the ability to account for all presences and absences. The ability to locate certain individuals at any time, and to be able to supervise their conduct was pivotal to this distribution. Before disciplining individuals, it is important to be able to distribute them within a space, a procedure meant to know, master, and utilise individuals. The desire to know where and how to find the 'prostitute' was at the heart of the colonial Raj's regulatory mechanisms such as registration, as well as coercive invasive systems like the lock hospital. In seeking to extend Cantonment Rules to wider areas exceeding cantonment bounds, one may identify the State's attempts to expand the 'enclosure' and broaden the scope of its gaze.

Like in Delhi, the Peshawar Cantonment was in close proximity to the municipal area, resulting in the concern that 'the prostitutes residing there are as readily accessible to the European soldiers of the garrison as are those residing within the limits of the military station'. It was recommended by the Army that the Lock Hospital Rules be extended by 5 miles in all directions to include the areas within the city of Peshawar. The widening net and penetrative gaze of the state sought power in obtaining information from the inner labyrinths of towns and cities otherwise bent under the jurisdiction of civil municipal governments. The regulatory measures and the expansion of areas to which these applied were together meant to enhance the disciplinary powers of the colonial State, such that subject populations, especially those perceived as a 'threat', could always be under observation through robust mechanisms of surveillance. In this formulation, the body is an 'instrument', deprived of liberty and objectified by a robust system of 'constraints and privations, obligations and prohibitions (Foucault, 1995: 11).[15]

NEW TECHNOLOGIES OF TRANSPORT AND THE THREAT OF GREATER MOBILITY

By the 1930s, the manufacture of bicycle components such as bells and carriers had become a well-established industry in Ludhiana and part of standard military issue (Report on the Industrial Survey of Ludhiana District, 1942: 73). The contribution of modern technology in enhancing the mobility of women deemed as 'prostitutes', became equally a cause for concern. The Deputy Commissioner of Jalandhar suggested an extension of lock hospital rules to Kartarpur, even though it fell within the princely state of Kapurthala, as well as to Phillaur. In both stations, the Rules were to be extended to a radius of 2 miles from the respective railway Stations. He remarked that 'prostitutes appear to have taken up their residence in those (in the vicinity of railway stations) localities and are constantly going to and fro by railway' (NAI/ Home/ Public/ F. No. 155,1871: 9).

In official circles, another moot point raised during the later nineteenth century was whether there should be attempts to curtail the movement of the European troops to check their encounters with non-registered native women. The concerns over how obstructions to free movement might affect the morale of the soldiers, and possibly lead to disaffection within the ranks, loomed large over discussions between Commanding Officers of regiments and the doctors of the medical corps attached to respective military stations in the province and elsewhere in India. The fact that the treatment period ranged from a fortnight to twenty-two days made matters even worse by indisposing soldiers for long periods of time. The use of the chemical mercury in oral as well as vapour form also made troops averse to treatment (Walkowitz, 1980: 75). Mercury was administered in several ways: the 'blue pills' were given orally, as ointment and vapours (Report on Medical Topography and Statistics - Madras Army, 1842). Treatment was usually continued for 12 months or until the disappearance of symptoms.

[15] Michel Foucault's idea of 'disciplinary power' of the State, and the changing methods of surveillance in the nineteenth century, has been a trailblazing contribution to criminology. His work allows a study of how the nature of crime control has changed from resorting to the threat of violence and bodily punishment, to control through surveillance via the all-seeing eyes of the 'modern' state.

The intramuscular injections were a novel feature of venereal disease treatments ushered in during the 20th century and in Punjab, they were carried out at the military cantonments of Nowshera, Peshawar, Rawalpindi, Attock, Murree, Sialkot, Fort Lahore, Mian Mir, Ferozepur, Dalhousie, Ambala, Jalandhar, Amritsar, Dagshai, Kasauli, Subathu and Jutogh. In certain other places, mercury and iodide of potassium were combined and administered in vapour form. The latter treatment was found to be more effective but was unpopular for its unpalatable nature, inducing cold sweats, excessive salivation, headaches, and nausea (Report on Medical Topography and Statistics - Madras Army, 1842).

COLONIAL ICONOGRAPHY: THE 'WICKED' PROSTITUTE AND THE 'SUFFERING' SOLDIER

Preoccupations with the health of the European soldier, given his perceived status as the cornerstone of imperial foundations in the colonies, tinted the colonial view of Indian society as well as inflected colonial relations with natives. More specifically, preoccupations with morbidity and hygiene within the Army proved to be something of a bee in the bonnet which mediated imperial perspectives on female Indian sexuality and native morality. A unique iconography can be seen at play in nineteenth century colonial discourses on disease, one that revolved around the male 'sufferer' and the perceived wickedness of the 'diseased', 'indigenous', 'poor', and female Indian subject and 'other' (Gilman, 1989: 238). In the year 1870, Commissioners of the military divisions of Punjab were addressed through a report entitled 'Measures for the Prevention of Venereal Disease', and asked to express their opinions on the following matters:

- Whether the operation of preventive rules needed to be extended beyond Cantonment lines;
- To communicate with police and military authorities and devise rules for 'preventing the access of strolling women, such as the vendors of milk etc. to cantonments';
- Instruction to District Magistrates to co-operate with Cantonment authorities on the matter;
- Directions on discontinuing levy of fees upon the women (NAI/ Home/ Sanitary/ F. No. 1-5/1875)[16].

The State went to great lengths, formulating regulatory and legal measures, to ensure the soldier was protected. The overarching perception of native women in colonial official military discourse is one that laments their promiscuity and its indiscretion. The stereotypical representation of Indian women, especially those outside the upper-class Hindu monogamous domestic arrangement, subscribed to the iconography of the dangerous exotic native seductress; something of a monstrous gorgon propelling unsuspecting young men to their ruin.

THE CANTONMENT ACT XXII OF 1864: THE DEVIANT SEXUALITY OF 'COOLIE'[17] WOMEN OF DALHOUSIE

The subject of British and elite Indian men shaping the sexuality of lower class/caste or Dalit women has been explored by a number of scholars (Banerjee ,1998; Gupta, 2011, 2016; Burton, 2003). Charu Gupta highlights how both colonisers and elite Indian men constructed Dalit women as sexually available and loose in moral character, constantly contrasting them with upper caste Hindu women (2011: 23). A report from the military station of Dalhousie in the Chamba district, underscored the need for extending Clause 7, Section 19 of the Cantonments Act XXII of 1864[18] to the areas neighbouring the cantonment upon the belief that the European garrison stationed there, was under 'threat'. The grave risk was believed to be posed by the poor labouring local coolie women, who were employed by the Public Works Department (PWD) on Government buildings owing to scarcity of male coolies in the region. It was considered imperative to bring such women under the Cantonment Rules, as well as expedient to extend contagious diseases rules and police supervision over married women resident in native states to an area of 4 miles outside the cantonment (NAI/ Home/ Sanitary/ F. No. 43-45/ 1877).

It was further proposed in the Report that no women labourers be allowed to 'hut' themselves within one mile of the barracks, and further that their departure from the vicinity of the works adjacent to men's quarters be secured before dusk. In the imagination of the State, stigmatised class and morality derived from and fed into each

[16] Every registered prostitute was expected to pay a fee of Rupees two *per mensem*, whereas every brothel keeper paid a fee not exceeding rupees five. In September 1873 the Government of India abolished the fee on the grounds that the payment made from the wages of the prostitutes was not a legitimate means for the maintenance of lock hospitals as per the regulations of 1868. Any fee levied and utilised for purposes of maintaining an institution, if paid out of earnings from 'amoral' activities and robust trade in 'vice', would essentially be synonymous with recognising and legitimising prostitution.

[17] A pejorative term used for low-wage labourers in India and the Far East. The term came to be used widely in the 19th century, during the British colonial period.

[18] The clause provided for inspection and control of houses of ill-fame and for the prevention of the spread of venereal disease.

other. The destitute woman was perceived as a vector, made more grotesque and 'dangerous' by her purported immorality and licentiousness – a deviant sexuality in constant need of supervision either by a masculine State or an indigenous patriarchy. It was proposed by the PWD Secretary that employment of female labourers may be prevented in the vicinity of soldiers' habitations 'unless their husbands are also engaged on the works' (NAI/ Home/ Sanitary/ F. No. 43-45, 1877: 12). Although beyond the immediate scope of this discussion, it is important to highlight here that in addition to exacerbating the labour and sexual exploitation of labouring women, such State processes entrenched the notion of male ownership of female labour, and presumably indirectly bolstered gender inequity within the household[19].

THE GYPSY AND THE VAGABOND

Peripatetic groups were just as disconcerting to the colonial imaginary, as was any other group that lay outside the realm of visibility. An encampment of gypsies was reported near Solan while the 73rd regiment was stationed there for yearly rifle practice exercises in 1877. Misgivings about gypsy, Traveller or Romany women stemmed from their nomadic lifestyle which complicated the issue of their surveillance, mapping, and regulation. They were often represented as prostitutes in colonial discourse, and it was deduced by the Commanding Officer of the 73rd, that

> … from their wandering and vagrant habits, it is very probable that venereal disease will be largely spread by their means… there is also a large number of wandering paharees (hill folk) who carry on their trade in and about the station and thus propagate disease. (NAI/ Home/ Sanitary A/ F. No. 13-14/ 1877)

Paharee[20] women have been known to enjoy relatively greater freedom than their counterparts in the lowland plains. They have been known to work the fields alone and tend to livestock. They have traditionally been an indispensable part of the labour force in the remote hill regions where harsh economic conditions ensured that all members of the household collectively performed tasks outside the household such as grazing cattle, collecting firewood, working the fields, etc. The relatively unencumbered movement of paharee women, coupled with their traditional practice of polyandry in certain hill regions, shaped and reflected understandings of their social position. Hill residents, generally, were seen as deprived and disadvantaged, while the women were viewed as less moral and difficult to surveil. Even in modern India, 'hill people's lives are understood as deprived, dirty and disadvantaged'[21].

The lower-class labouring identity of the women compounded the perceived sense of 'danger' posed by them. Female milk vendors, grass cutters, *pankha* (fan) pullers, 'tattie-waterers' (possibly a reference to the British slang for potato: 'tattie') and coolies were the groups most resented and suspected by both the military and medical officials, for being agents of disease and 'defilement'. Women were often employed on the works undertaken by the Public Works Department (PWD) at several stations, especially since female labour was cheaper (NAI/ Military/ Sanitary A/ F. No. 1103-1106/ 1899).

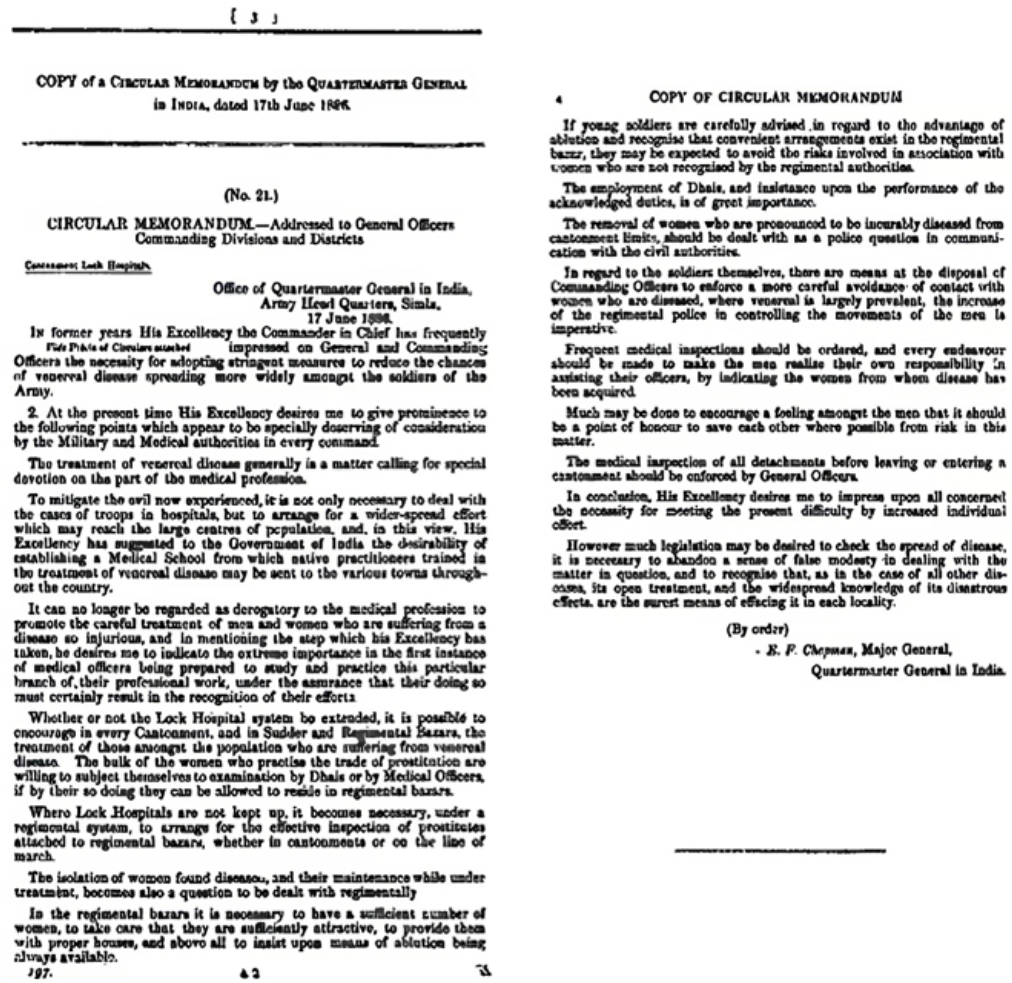
THE CANTONMENT ACT V, 1895 AND THE CANTONMENT CODE, 1899

The new Cantonment Act V of 1895 was designed to ban compulsory physical examinations and licensing, and end 'legalised vice' in cantonments. While examinations were not outlawed, they could be neither compulsory nor periodical. This Act had a short life and was repealed in 1897 so that periodical examinations could be allowed again, at the behest of the Army. In 1899, a new Cantonment Code was passed in response to a spike in the number of venereal disease cases. The new Cantonments Code placed unlimited powers in the hands of the Governor-General in Council to make rules consistent with this Code. Even amongst the officers stationed in the province, it was opined that 'too much latitude' was being taken in the reading of the Cantonment Code of 1889 and that a system of licensed house was even more rife than before (NAI/ Defence A/ F. No. 3088-89/ 1901). A few changes

[19] For a meticulous analysis of women's changing role in a labour market mediated by seismic socio-economic shifts of nineteenth century colonial India, and the labour and sexual exploitation that accompanied the 'proletarianisation' of labouring women to exacerbate gender inequity within the household and sharpen patriarchal control of women's physical and reproductive labour, see Samita Sen, "Without His Consent?': Marriage and Women's Migration in Colonial India', *International Labor and Working-Class History*, No. 65, pp. 77–104.

[20] Same as *Pahari* – a term used for inhabitants of the hills.

[21] For an in-depth gender analysis of interior hill residents in the Himalayas, as well as an understanding of the processes through which the understanding of hill women's social position came to be shaped, see Karen Gaul, 'Travelling High and Low: Verticality, Social Position, and the Making of *Pahari* Genders' in *Trans-Status Subjects: Gender in the Globalization of South and Southeast Asia,* Duke University Press, 2002, p. 129. For a discussion on polyandry amongst peoples of North India, see 'Pahari Polyandry: A Comparison' by Gerald D. Berreman, *American Anthropologist,* Vol. 64, No. 1, Part 1, 1962, pp. 60–75.



[3]

COPY of a CIRCULAR MEMORANDUM by the QUARTERMASTER GENERAL in INDIA, dated 17th June 1896.

(No. 21.)

CIRCULAR MEMORANDUM.—Addressed to General Officers Commanding Divisions and Districts

Contagious Lock Hospitals.

Office of Quartermaster General in India,
Army Head Quarters, Simla,
17 June 1896.

In former years His Excellency the Commander in Chief has frequently impressed on General and Commanding Officers the necessity for adopting stringent measures to reduce the chances of venereal disease spreading more widely amongst the soldiers of the Army.

2. At the present time His Excellency desires me to give prominence to the following points which appear to be specially deserving of consideration by the Military and Medical authorities in every command.

The treatment of venereal disease generally is a matter calling for special devotion on the part of the medical profession.

To mitigate the evil now experienced, it is not only necessary to deal with the cases of troops in hospitals, but to arrange for a wider-spread effort which may reach the large centres of population, and, in this view, His Excellency has suggested to the Government of India the desirability of establishing a Medical School from which native practitioners trained in the treatment of venereal disease may be sent to the various towns throughout the country.

It can no longer be regarded as derogatory to the medical profession to promote the careful treatment of men and women who are suffering from a disease so injurious, and in mentioning the step which his Excellency has taken, he desires me to indicate the extreme importance in the first instance of medical officers being prepared to study and practice this particular branch of their professional work, under the assurance that their doing so must certainly result in the recognition of their efforts.

Whether or not the Lock Hospital system be extended, it is possible to encourage in every Cantonment, and in Sudder and Regimental Bazars, the treatment of those amongst the population who are suffering from venereal disease. The bulk of the women who practise the trade of prostitution are willing to subject themselves to examination by Dhais or by Medical Officers, if by their so doing they can be allowed to reside in regimental bazars.

Where Lock Hospitals are not kept up, it becomes necessary, under a regimental system, to arrange for the effective inspection of prostitutes attached to regimental bazars, whether in cantonments or on the line of march.

The isolation of women found diseased, and their maintenance while under treatment, becomes also a question to be dealt with regimentally.

In the regimental bazars it is necessary to have a sufficient number of women, to take care that they are sufficiently attractive, to provide them with proper houses, and above all to insist upon means of ablution being always available.

197. A 2

4 COPY OF CIRCULAR MEMORANDUM

If young soldiers are carefully advised in regard to the advantage of ablution and recognise that convenient arrangements exist in the regimental bazar, they may be expected to avoid the risks involved in association with women who are not recognised by the regimental authorities.

The employment of Dhais, and insistance upon the performance of the acknowledged duties, is of great importance.

The removal of women who are pronounced to be incurably diseased from cantonment limits, should be dealt with as a police question in communication with the civil authorities.

In regard to the soldiers themselves, there are means at the disposal of Commanding Officers to enforce a more careful avoidance of contact with women who are diseased, where venereal is largely prevalent, the increase of the regimental police in controlling the movements of the men is imperative.

Frequent medical inspections should be ordered, and every endeavour should be made to make the men realise their own responsibility in assisting their officers, by indicating the women from whom disease has been acquired.

Much may be done to encourage a feeling amongst the men that it should be a point of honour to save each other where possible from risk in this matter.

The medical inspection of all detachments before leaving or entering a cantonment should be enforced by General Officers.

In conclusion, His Excellency desires me to impress upon all concerned the necessity for meeting the present difficulty by increased individual effort.

However much legislation may be desired to check the spread of disease, it is necessary to abandon a sense of false modesty in dealing with the matter in question, and to recognise that, as in the case of all other diseases, its open treatment, and the widespread knowledge of its disastrous effects, are the surest means of effacing it in each locality.

(By order)
E. F. Chapman, Major General,
Quartermaster General in India.

Figure 4. The 'Infamous Memorandum' 21 A. (Source: Andrew and Bushnell, 1899)

to the Act in 1910 placed even more power in the hands of the military, even empowering them to employ the Defence of India Act of 1915, to keep prostitutes from coming within a 2-mile radius of the cantonment. The Cantonment Code of 1899, as well as the Defence of India Act, 1915, were also extended to temporary military camps, which were otherwise outside the purview of the cantonment regulations. The aspect of a 2-mile radius was received with reservation by the municipalities of towns contiguous with cantonments of Punjab for it would entail even those towns having to oust the prostitutes and sex workers residing within their municipal bounds.

The reservations about the Act surrounded mostly about the question of intrusion into the private matters of Indians. Extending the area of supervision in the large towns of Punjab such as Lahore, Amritsar, and Multan, would be rife with challenges, for in these big towns,

> … prostitutes are maintained by sardars or rich native gentry and who hold no intercourse with Europeans of any class. These are women who enjoy considerable luxury and among whom it is said that venereal disease does not much prevail. In addition to their trade as prostitutes, they also dance and sing for hire. They possess graces and accomplishments which even the wives of the highest sardars do not and which render them welcome guests even at the courts of native kings. (NAI/ Home/ Judicial B/ F. No. 1891/ 1918)

Such municipalities also worried that if prostitutes were displaced from their usual enclaves in towns, it would lead to a surge in clandestine and street prostitution, with women of 'ill repute' soliciting clients publicly which would constitute a moral threat.

CONCLUSION

Nineteenth century colonial authority in India was premised on positive value attribution to all that was white, male, and European. These notions had a bearing on the sexual politics of the British Empire in India, and other colonies too such as in Hong Kong, Fiji, Ceylon, and the Strait Settlements (Levine, 1996). Notions of heteronormativity and machismo were pivotal to the trope of racial superiority. The discourse on 'regulated vice'

was grounded in the normalisation of men's sexual desire and the belief in correlations between masculinity, virility and Empire[22]. This narrative in turn, justified the surveillance and persecution of certain groups of girls and women, attempts at whose subjection, and control offers a glimpse of the coercive, penetrative, masculine and patriarchal face of an insecure colonial state.

A study of colonial prostitution with a view to exploring the relationship between domination and resistance, is useful for its capacity to illuminate not only the relationship between State and the 'underclasses', but also gender relations more broadly in colonial and postcolonial societies, and their legacies. An investigation of prostitution and venereal disease in British colonies also offers opportunities to see the tenuous relationship between the metropole and the Government of India. In January 1863, Brigadier Tucker, Commanding Officer of Rawalpindi Brigade wrote a letter to the Quartermaster General asserting that 'human nature is human nature, and our men will find means of sexual intercourse other than that authorised as between husband and wife (OIOC[23]/Home/ Legislative/ Nos 11-13, Part B/ 1864). The discourse in Britain was steeped in concerns surrounding the health of soldiers, highlighting the fears of racial perversion and emasculation from disease. This chasm precipitated vociferous parliamentary debate in the UK and 'constitutional crisis' in late nineteenth century Britain (Levine, 1996: 592).

While the military supporters of regulation normalised male sexual desire, emphasising the correlations between virility and machismo, and Empire, throughout the 1890s the British Liberal and Conservative administrators alike, pressed for legislative changes attempting to repeal controversial laws such as the Contagious Diseases Act.

While this article is limited by the absence of the women's voices themselves, a scrutiny of nineteenth century medical and political discourse on prostitution and venereal disease offers a moment where several stereotypes of race, class and gender may be made apparent. These sexualised and gendered notions about native women also present themselves in debates which seem to conflate British masculinity and colonial supremacy. Indeed, sexuality as a trope permeated and shaped power relations in the colonial context. The perceived salience of sexuality to the preservation of imperial power, is instructive for historians of the gender and Empire for it illustrates the significance of sex as 'an especially dense transfer point for relations of power' (Foucault, 1979: 103). This study has examined the paradox of images and stereotypes which led to the Empire being cast at once as all that was masculine but in need of protection, and the native women as the dangerous feminine capable of inducing decay; that which needed to be protected against. A perusal of nineteenth century medical discourse, political debates and the various regulations discussed herein, reveal how sexualities often came to be socially produced and regulated by dominant contemporary discourses, differentiating 'normal' sexualities from the deviant, perverted or criminal. The absence of any clear definitions of 'prostitute' in colonial discourse made it possible for various groups of Indian women, such as the peripatetic, labouring and non-domestic conjugal, to be clubbed together as being amoral and unchaste. By exploring the issue of venereal disease and the prostitution in nineteenth century Punjab, historians can unbundle some of the ambiguities and complexities of colonial rule which prompted segregation and control of subject populations.

The regulatory framework geared towards securing troop health in colonial Punjab was premised on the belief that native women possessed an innate propensity for clandestine prostitution. As gendered perceptions of labour coloured colonial administration, labouring and peripatetic women were branded as amoral and either evicted or enclosed/incarcerated. Ironically, the exclusion of labouring women deprived them of a means of income, ultimately making clandestine prostitutes of them anyway.

This study has dealt in lesser measure with the political crisis in which debates on venereal disease and military regulation of prostitution were precipitated in Britain. It engages instead with the casting of native womanhood and her supposedly debilitating malady as analogous phenomena in the colonial imaginary, to demonstrate that prostitution, sex work, and its regulation offer a vital arena to scrutinise the nexus between sexuality, gender, class, and race.

Although viewed within the wider context of prostitution regulation and venereal disease control in colonial India, Punjab offers a unique picture owing to its status as a major garrison and frontier province; pivotal to securing the Empire's stability in the northwest – a zone riddled with perpetually looming threats of invasion and tribal unrest (Ahmed, 1979). Although venereal disease has received less interest from political historians, this paper urges that the political discourse on venereal disease and regulationism – laden as it was with racial and gendered stereotypes of morality and sexuality – was inextricably linked to questions of military governance in the British colonies. Histories of not only gender and sexuality, but also of colonial politics, stand to gain from examining such complexities in colonial encounters, which extend beyond the simple dichotomy of coloniser and colonised. To this end, gender, race, and sexuality act as highly effective and useful categories of historical analysis

[22] For an insight on sexual attitudes and activities of those who ran the British Empire, and explanations of the pervasive importance of sexuality in the Victorian Empire, see Ronald Hyam, *Empire and Sexuality: The British Experience,* London: Manchester University Press, 1990.

[23] OIOC stands for Oriental and India Office Collections.

by enriching inquiries into the substantive construction of racialised, sexualised, and gendered identities, and 'others', in colonial contexts.

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Citation: Chauhan, S. (2024). Managing Sex, Safeguarding the Soldier: Gender, Race, and Regulationism in Nineteenth Century Colonial Punjab. *Feminist Encounters: A Journal of Critical Studies in Culture and Politics*, 8(2), 33. https://doi.org/10.20897/femenc/14945