

Primary Source Analysis- Excerpt from An Act for the Prevention of Certain Contagious Diseases (Act No. XIV of 1868)

The Indian Contagious Diseases Act of 1868¹, reveals the way in which the British Colonial government used public health legislation to expand control and surveillance over the colonised population, particularly women engaging with prostitution. This act was passed by the Governor general of India in Council and was officially intended to prevent the spread of venereal diseases in areas under British administration. However through reading the act it is clear its purpose was extended beyond medical concerns, for example, through mandatory registration, medical examinations and police enforcements, the act subjected women's bodies to extensive state regulation. At the same time, the legislation focused almost exclusively on prostitutes while ignoring the role of male clients and British soldiers in the spread of disease. As a result, the source reflects broader themes of colonial authority, gender inequality and using medicine as a tool of control in India.

"Throughout the imperial era, the "problem" of prostitution was of central importance in colonial policymaking, often resulting in legislation and policies that would have been unacceptable in a metropolitan setting."² The Indian Contagious Diseases Act of 1868 was introduced during the height of British colonial rule in India, a period where there was increasing concern with maintaining control over the population and the military. One major concern for colonial officials was the spread of venereal diseases among British soldiers stationed in military cantonments across India, therefore, colonial authorities believed that regulating prostitution would reduce infection rates and preserve the efficiency of the army. The 1868 act gave the colonial state the power to register prostitutes and brothel-keepers, conduct compulsory medical examinations and detain women suspected of carrying diseases in certified hospitals. The act placed responsibility for disease almost entirely on Indian women while leaving male soldiers and clients mostly unregulated.

The intention behind this act was officially to prevent the spread of venereal diseases among British troops stationed in India, they believed prostitution near military cantonments contributed to high rates of infection among soldiers which threatened military discipline and efficiency. The British government aimed to monitor and control women suspected of prostitution in order to protect the health of the army.

The document belongs to the genre of colonial legal and administrative legislation, specifically a public health act. Recognising the genre of the source is important because it shapes the language of the document and how historians may interpret it.

¹ Excerpt from An Act for the Prevention of Certain Contagious Diseases (Act No. XIV of 1868) Passed by the Governor-General of India in Council

² Levine, Philippa. "'A Multitude of Unchaste Women:' Prostitution in the British Empire." *Journal of Women's History* 15.4 (2004): 159-63. [ProQuest](#). 11 May 2026 .

As a legal document, the act is written in a formal, authoritative language designed to establish rules, define categories and enforce obedience. Terms such as “shall be detained” and “shall be punished” reflect the coercive power of the colonial state. The document presents itself as objective and administrative using procedures like registration, inspections and record keeping to appear rational and official. The source is a legislation not a personal account therefore does not express emotion or individual perspectives, instead it reflects the priorities and assumptions of the British colonial government. Since the source was produced by colonial authorities, historians and readers must consider the power imbalance behind it. The act shows us British anxieties, priorities and methods of control rather than the experiences of the women subjected and affected by the law. Its legal language attempts to normalise invasive practices such as forced medical examinations by presenting them as necessary procedures. Therefore, the genre of this document also helps conceal the unequal nature of colonial rule by hiding it beneath the appearance of public health policy.

The Indian Contagious Diseases Act of 1868 was primarily aimed at colonial administrators, the police force, magistrates and medical offices who were responsible for enforcing the law. The detailed instructions regarding procedures suggest that the document was intended as an administrative guide. At the same time, it directly targeted prostitutes and brothel keepers who were expected to comply with the regulations established by the act. The law was written from the perspective of the British colonial state. The response to the act likely varied depending on the audience. British officials most likely viewed it as a necessary and practical measure for protecting soldiers. However, many of the women affected by the law likely experienced it as invasive and discriminatory due to the compulsory medical examinations, restrictions on movement and threat of imprisonment. Furthermore, the act would eventually have faced significant criticism and opposition particularly from feminist movements who argued the law violated women's rights and dignity.

The Indian Contagious Diseases Act of 1868, revealed both the priorities of the British colonial government and the broader social attitudes of the period. One of the most significant themes is colonial control and surveillance. The act establishes systems of registration, record keeping, medical inspections and police enforcement, showing how the colonial state expanded its authority into the Indian population. By requiring registration and carrying proof of registration, the government treated women's bodies and movements as objects to be monitored and regulated, specifically Indian women. This reflected the broader imperial belief that colonial populations needed ‘moral help’ and control. Another major theme is the connection between medicine and state power. Although the act itself presents as a public health issue intended to prevent the spread of venereal disease, it shows how medical practices could be used as instruments of coercion. For example, compulsory examinations, forced hospitalisation and the detention in certified hospitals reveal

that medical authority was closely tied to the police and legal power. The law therefore reflects how medicine became a tool of managing and disciplining society. Gender inequality is also a central theme in the source, the legislation focuses entirely on prostitutes and brothel keepers, while male clients and British soldiers are absent from regulation and legislation. This suggests they viewed women as the primary source for disease. It reflects the patriarchal assumptions that female sexuality needed to be controlled, for example the idea that 'they had the power to corrupt innocent gentlemen into their illicit way of life'.³ Finally, the source overall reflects the broader ideology of colonialism. The British government portrayed its actions as rational, scientific and beneficial. Mentioning food, lodging and treatment in hospitals suggest an attempt to present the law as protective and humanitarian. However, the repeated threats of punishment and imprisonment reveal the unequal power relationships under colonial rule. Furthermore, the act's deeper purpose of preserving the health of British troops demonstrates how colonial policies prioritised the needs of the empire over the freedoms of colonised people.

The act of 1868 is a valuable primary source because it provides direct evidence of how the British colonial state sought to govern Indian society through law. It reveals official colonial priorities and methods of control. The detailed regulations on registration, medical examinations, detention and punishment show how seriously colonial authorities viewed the issue of venereal disease specifically among soldiers and how willing they were to intervene with the lives of colonised women. It also offers insight into the language of colonial power, it is formal, and has an authoritative tone which reflects the confidence and legitimacy the British government attempted to project. Additionally, the source is useful for understanding broader themes of colonialism for example, gendered control, public health policy and the relationship between medicine and state power. However the source also has significant weaknesses and limitations. As an official government document, it reflects only the perspective of the colonial authorities and therefore is limited and contains clear bias. It does not tell us how effective the law was enforced and how people experienced it. Therefore readers cannot rely on the Act alone to understand the full social impact of the legislation. Furthermore, because the language is legal and bureaucratic, it can make policies appear neutral which potentially hides the violence and inequality embedded in them. For example, the forced medical examinations are described as administrative procedures rather than an invasive form of control. To build a fuller historical understanding, this document should be used alongside other sources, such as personal testimonies, critiques and medical records which can help recover different perspectives that the act excludes.

Bibliography

Primary sources:

³ Rama Gopalakrishnan, D. Gomastahs, Peons, Police and Chowdranies: The Role of Indian Subordinate in the Functioning of the Lock Hospitals and the Indian Contagious Diseases Act, 1805 to 1889. *N.T.M.* 30, 29–61 (2022).

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