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# LIVING IT

**CHILDREN, YOUNG PEOPLE AND JUSTICE**

Edited by Claire Lightowler, Susie Cameron and Brian Rogers



# THE 'GLASGOW SYSTEM'

## CLASS, GENDER, POVERTY, PROSTITUTION AND THE POLICING OF VENEREAL DISEASE IN VICTORIAN GLASGOW

**Anna Forrest**

**THE CONTAGIOUS DISEASES ACTS 1864-1869** in England and Ireland, were intended to protect soldiers and sailors from venereal disease by a system of compulsory internal examination of women believed to be “common prostitutes” working in garrison towns and ports.

The story in Scotland is somewhat different. In Glasgow, for example, prior to 1800, there was some tolerance of listed brothels, bawdy houses and “sporting ladies” patronised by merchants, trade and military. The pioneer Glasgow Police Act 1800 established a professional and organised ‘police’ presence. However, officers were not well organised or disciplined and apparently resented their role as ‘domestic missionaries’ in street work, dealing with drunkenness and vice. A Lock hospital had been established in Glasgow in 1805 for “Unfortunate Females with Venereal Disease”. A Magdalene asylum for the refuge and reformation of girls at risk was founded in 1812.

By 1841 a new category of prostitute was emerging, considered different from the “hardened” in the trade, the widowed or deserted and those with no recourse to honest employment, according to City Mission worker William Logan (Logan, 1871). Actresses, milliners, shop girls, domestic servants, factory and mill girls, and most notably young girls from the immigrant agricultural gangs were petitioning for admission to the Lock for treatment. A new strata of clandestine, amateurs or “slys” were also working the streets part-time, including ballet girls and music hall and variety theatre artistes, those on short hours and poorly paid work.

The Police Improvement Act 1862 together with the Licensing (Scotland) Act 1853 (Forbes Mackenzie Act) controlled drinking hours by closing public houses on a Sunday and by 10pm on weekdays. Consequently shebeens flourished, operating in lodgings, brothels, free-and-easies, music halls, markets and fairs. As matters became even more chaotic, prostitutes became more desperate.

The Contagious Disease Acts were not enforced in Scotland. However, other strategies evolved, known as the ‘Glasgow System’, involving an unprecedented collusion between policing and medical authorities. A Glasgow Police Act (or ‘Brothels Act’), passed in 1866 and enforced from 1870, gave police and courts greater powers to raid and suppress brothels, brothel-keepers and proprietors of low houses. From 1869-1879 over 100 special patrolmen or lieutenants were drafted in for “street walking and sanitary duties”.

**If convicted of importuning or soliciting, a fine of 40/- was applied or 14 nights in jail**

Alexander McCall, Chief Constable of Glasgow from 1870, wasted no time in applying and enforcing the new and ruthless legislation, “... to rid the city of the evil tradition of brothels and prostitution” (McCall, 1881a). Special patrolmen’s duties included entering and inspecting lodgings, brothels, shebeens and any premises suspected of harbouring prostitutes, hardened and slys, including the many variety theatres and music halls of the city, as well as the freak shows, circus shows and fairs. Specials arbitrarily identified (on the basis of their appearance) and ‘tested’ women and girls, mainly the unmarried and unemployed, by requiring them to give an account of how they earned their living. Detained or arrested women would be verbally and vaginally examined in police stations or offices, or Duke Street prison. If convicted of importuning or soliciting, a fine of 40/- was applied or 14 nights in jail. Women and girls found suffering from venereal infection were sent to the Lock, where the indoor period for treatment was 30 nights, later raised to 42. The Lock hospital discouraged women from leaving until ‘a cure was effected’ by refusing to

re-admit. Women who were keen to avoid admission, due to the Lock's reputation, were risking the later manifestations of syphilis.

Admission to the Lock in these years was mainly by referral from police courts, jail, refuges and hostels as well as the Magdalene Institute. Once an asylum and refuge for girls at risk, for their salvation and reformation, now the Magdalene was increasingly sending girls and very young children to the Lock for treatment (see next issue of *Scottish Justice Matters*).

Dr. Alexander Patterson, Medical Officer of the Lock, emerged as an early advocate of the Glasgow System. In many letters and articles in the *Glasgow Medical Journal* (from 1880-1882), he commends the measures, along with the improved treatments and changes which he had instituted and attributes much success to efficient police work and cooperation with other organisations such as the Magdalene Institute and Duke Street prison. He argued that the Magdalene played a reformatory and corrective role with the Lock performing a curative function, and that the Glasgow System was morally superior to the Contagious Diseases Acts in which the compulsory nature of the vaginal examination destroyed the last remnants of modesty in decent women. The "voluntary" provision of care and cure in the Glasgow Lock hospital was superior as it rendered moral rehabilitation possible (Patterson, 1882a).

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### **Chief Constable Alexander McCall's enforcement measures targeted a lower class of vulnerable women quite arbitrarily on the basis of their appearance and their inability to explain themselves**

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The Lock and the Magdalene played a pivotal role in the perceived success of the Glasgow System and were key to social vigilance in the city. In 1872 the Directors of the Lock presented a motion to Glasgow magistrates requesting that women sentenced for offences under the Glasgow Police Act, if found venereally infected, should be transferred from Duke Street to the Lock for treatment while serving part of or the entire term of their sentence. The effectiveness of the Glasgow System depended on several factors; intensive policing, closing or outlawing brothels and controlling the movement and behaviour of poor and lower class women. Forcing women to find and declare employment when there was none, then compelling them to leave the city, was part of the strategy devised by the Chief Constable. In fact, criminalising a class of women by detaining them in Lock and Magdalene facilities for offences against the so-called Brothels Act, was more than prohibition and no better than the 'cleansing' measures of the Contagious Diseases legislation.

Chief Constable Alexander McCall's enforcement measures targeted a lower class of vulnerable women quite arbitrarily on the basis of their appearance and their inability to explain themselves. Like Patterson, he claimed that the System was "morally effective in ridding a city of an age-old problem and restoring order and security" (McCall 1881b; Patterson, 1883).

However, in 1881, the Parliamentary Select Committee on the Contagious Diseases Act challenged such practices. Questioned on the police operations in apprehending suspect prostitutes as to the consideration of error or mistaken identity, he stated, "You may well know a prostitute as you would know a sweep ... a man with a black face may not be a sweep, but at the same time you would say he was a sweep". He believed that the threat of prison or the Lock was "rather a frightening thing for a woman of that sort", a woman of that sort being one who looked like a prostitute (McCall, 1881b).

Dr. Patterson also gave evidence to the Select Committee noting a drop between 1869 and 1881 from 598 to 349 'objects' treated and attributing this to the rigid enforcement of the Glasgow Police Act. He also asserts that the kindly and caring treatment in the Glasgow Lock and its "voluntary" aspect had a bearing on matters. Neither Patterson nor McCall acknowledged the new legislation for early marriage in Scotland, at 16 years, which could perhaps have contributed to a decrease in illicit sex, or to the ameliorative efforts of the newly established medical officers for health, sanitary and city hygiene department, City Improvement Trust slum clearances and a clean water supply, all of which worked for the benefit of the poor. Interestingly, Dr. Patterson alluded to the change in appearance of prostitutes in the latter years of the Glasgow System to a more a more demure, unobtrusive style of dress, so that they were "often undistinguishable from decent women" (Patterson, 1882b).

The relationship between prostitutes as a social class and the accepted female role in male dominated Scotland was founded on aspects of moral prejudice on many levels. The Contagious Diseases Acts accepted that prostitution was necessary and attempted to regulate it as far as possible. The Glasgow System allowed moral reclamation activists, institutions and medical bodies to persist in maintaining the order of things. The Victorian social and establishment construct for women, and the belief in the eradication of prostitution drove the matter out of cities and out of sight.

Following the repeal of the Contagious Diseases Acts the Glasgow System was adopted in Edinburgh, Aberdeen, Manchester and Liverpool.

**Anna Forrest is a former librarian of the Royal College of Physicians and Surgeons of Glasgow. In our next issue, Anna will write on child prostitution and the Lock Hospital in 19<sup>th</sup> century Glasgow.**

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William Logan, *City Missionary* (1871) *The Great Social Evil: Its Causes, Extent, Results and Remedies*. London: Hodder and Stoughton 1871

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McCall, A (1881a) *Evidence to the Select Committee on the Contagious Diseases Acts* p.373 and (b) p. 375, 381 and Chief Constable's Letterbook (Select Committee) 1881 and *Records of Glasgow Police Office* 1880-8, np.

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Patterson, A (1882a) *Evidence to the Select Committee on the Contagious Diseases Act* p.128 and (b) p.117

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# UK Justice Policy Review:

Volume 2

6 May 2011 to 5 May 2012

# UK Justice Policy Review:

Volume 3

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By Richard Garside, Arianna Silvestri  
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