

Chapter 1

A System of Sanitary Surveillance: Disease, Prostitution, and Public Order in the Settlement of Aden, 1872–1932

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From the 1870s, the Settlement of Aden joined other parts of the British empire in implementing measures designed to prevent the spread of sexually transmitted diseases (then known as ‘venereal diseases’), the object being to preserve the health of soldiers and sailors. The system which operated there was reminiscent of – and derived from – that in British India and not so different from that which existed briefly in Britain itself: a system of licenced, medically regulated prostitution, based on a register of women who sold sex in officially sanctioned brothels. However, in 1908, Aden introduced a surveillance system without parallel or precedent. Its purpose was to document the lives of women who were said to be ‘unauthorised’ or ‘unregistered’ prostitutes rather than ‘official’ ones, as was normally the case (Levine 2003; Wald 2014; Harrison 2018). This was because the aim of surveillance and control measures was not simply, or even chiefly, to control disease but to maintain public order. The new system of surveillance also recorded information that was not usually required of women who sold sex in Britain’s territories: their ethnicity, place of origin and duration of residence, as well as their marital status, other occupations, place of residence and ‘character’. Most colonial territories kept

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registers of women who were officially classed as prostitutes, but these were limited in scope and referred chiefly to their disease status and treatment in 'lock hospitals' for venereal infection. In Aden the situation was different. Medical, criminal, and political concerns were tightly intertwined and control over women varied in accordance with which of these concerns was paramount at any given time.

Aden's unique system of surveillance emerged from the confluence of several problems highlighted in the introduction to this volume: migration, nationalism and the protection of imperial manpower. Intensive surveillance was seen as an antidote to all three, although the system changed over time, reflecting the changing political landscape and the slightly different concerns of the military and civil authorities. Whereas the military was primarily concerned with preventing venereal disease among soldiers and sailors, the police had a broader range of concerns including public order and the activities of nationalists and Islamists. By the twentieth century, both these groups were exploiting unease about prostitution and venereal infection in their opposition to British rule. In the end, none of the various modes of surveillance employed in Aden worked. The situation was too fluid and too volatile, illustrating many of the challenges faced in colonies destabilised by nationalism and intra-imperial migration.

Prostitution and regulation in Aden Settlement

Aden Settlement (the area immediately around the port of Aden) was a dependency of the Bombay presidency of India from 1839. In 1932, it was placed under the jurisdiction of the (British) Government of India, before becoming a Crown Colony in its own right, in 1937 (Kour 1981). Aden's importance lay primarily in its location on shipping lanes to India and points further east.

It was a coaling station for the Royal Navy and a regular port of call for passenger steamers. In view of its strategic importance, the settlement grew rapidly and became home to a large garrison of British and Indian troops, as well as a substantial number of sailors (King 1964; Gavin 1975). As in other port cities of the empire, there was increasing concern in military circles about sexually transmitted diseases, which had a major impact on the labour force every year. At the same time, numerous military and naval personnel were discharged on account of serious disability arising from syphilis. At a time of mounting competition between imperial powers, venereal disease (VD) became a matter of national and imperial importance.

Prior to 1909, the regulation of VD in Aden focused on controlling the prostitutes, along similar lines to efforts in Britain following the passage of the first Contagious Diseases (CD) Act in 1864. This legislation provided for the establishment of licensed brothels in garrison towns and naval ports and for the medical inspection of prostitutes. Typically, this was done by an experienced medical practitioner – usually a military or naval surgeon – and could lead to the forcible treatment of women in what were referred to as ‘lock hospitals’ (Walkowitz 1980). In continental European countries, these measures were relatively uncontroversial and provisions were far more extensive than in Britain. In continental Europe, legalised brothels were tolerated because they kept prostitutes off the streets and away from ‘respectable’ people (Corbin 1990). In Britain, there were objections to the CD Acts on the grounds that they violated civil liberties and the rights of women in particular. The Acts were said to enshrine a ‘double standard’ of morality between the sexes and condone immoral practices (Smith 1971, 1990).

Despite these protests, there was a strong appetite for CD legislation in Britain’s colonial territories. In British India, such legislation was enacted in 1866 and was more extensive

and oppressive than that in Britain. Although both the British and Indian CD Acts were enforced by local police, in India these powers were often abused by corrupt officials (Levine 2003: 87–95; Harrison 1994: 72–75). Nevertheless, most senior military and naval officers recommended the system and their commitment to it was often ardent. In Aden, there was a strong desire to extend the Indian CD Acts to cover the entire settlement. Legislation was first suggested in 1868, shortly after the passage of the CD Act in Bombay and was endorsed by the political resident (a military officer). However, the government of Bombay was reluctant to grant this request and stated that the powers of existing cantonment legislation (1867) were sufficient to introduce a system of medically regulated prostitution.² This suggests that the CD Acts offered few powers over and above general legislation that provided for the sanitary policing of military cantonments. While sympathetic to the perceived need to curb VD, the Bombay government was wary of attracting criticism through the extension of the Acts, as they had already aroused controversy in Britain and in India. Undeterred, the authorities in Aden submitted another request in October 1871.³ This time, the Bombay government asked the Aden authorities to draw up a more detailed proposal containing a plan for how and where the scheme would be introduced.⁴ The most likely reason for this change was that the Aden authorities stipulated that it was necessary to have legislative powers that extended across the whole settlement, as most of the ‘public prostitutes’

2 Sec., General Dept., Govt. of Bombay, to Gen. Dept., Aden, 25 June 1869, General Dept., 1871 and 1872, No.9, Correspondence re. introduction of Contagious Diseases Act into the Aden Settlement, A/398, Asia Pacific and Africa Collection [APAC], British Library [BL].

3 Sec., General Dept., Aden to General Dept., Govt. of Bombay, 17 October 1871, A/398.

4 Sec., General Dept., Govt. of Bombay, to Gen. Dept., Aden, 9 November 1871, A/398.

resided outside the military cantonment.⁵ The largest item of expenditure was the proposed lock hospital, which required the services of a surgeon, a matron and various domestic staff, all of which entailed an annual expenditure of Rs. 3,090. It was stipulated that this establishment should be distinct from the civil hospital, possibly to avoid attracting stigma to the latter and to allow the lock hospital to keep a low profile.⁶

However, the government of Bombay still refused to countenance an extension of the CD Act. There was mounting criticism of the Act in India and the legislation was becoming unworkable. Indeed, the Bombay municipal corporation had withdrawn funding for its operation (Harrison 1994: 74). These considerations probably influenced the government's decision with respect to Aden. But the Bombay government argued that wider protection against VD could be afforded by extending Aden's cantonment legislation to cover the whole settlement rather than just the military area. On these grounds, the Bombay government agreed to a revised budget and the erection of a lock hospital under the auspices of existing regulations.⁷ The only issue remaining was whether this hospital should be staffed by a military or civilian surgeon. In other cities in which the British established medically regulated prostitution, the control of lock hospitals was normally vested in military or naval surgeons and the military authorities in Aden and the political resident appear to have contemplated a similar arrangement. However, this was resisted by the civil surgeon of Aden, Surgeon-Major R.W. James, because he believed that military officers had no legal authority

5 Sec., General Dept., Aden to General Dept., Govt. of Bombay, 17 October 1871, A/398.

6 Medical Dept., Aden, to Resident, Aden, 31 January 1872; Resident, Aden to General Dept. Bombay, 8 February 1872, A/398.

7 Actg. Chief Sec. to Govt., General Dept., Bombay to Political Resident, Bombay, 14 September 1872, A/398.

outside the military cantonment.⁸ James got his way and control of the lock hospital was given to the civil surgeon and remained under his charge. The medical staff of the lock hospital was also augmented from time to time with staff from the civil general hospital.⁹

The blacklists

The system of prostitution established in Aden in the 1870s persisted into the following century. There were no regulated brothels but ‘lines’ for prostitutes were permitted in some areas of the settlement. In this respect, Aden differed from many British territories and treaty ports, but the Bombay government later chose to adopt measures similar to those in Aden. After the Indian CD Acts were repealed in 1886, medical inspection was performed covertly under powers conferred by the Military Cantonments Acts of 1889 and 1895. These acts became progressively more liberal in their operation but this trend was reversed by the Cantonments Act of 1897, which reinstated the right of cantonment authorities to expel women if they refused treatment and returned VD to the list of ‘contagious diseases’ over which control could be exercised. The act also allowed brothels to be closed, disorderly persons to be excluded from cantonments, and forbade public soliciting (Levine 2003: 116–119). The 1897 legislation may have been what some officers in Aden had in mind when they proposed a new system of surveillance in the early 1900s. However, their main concern was

8 Surgeon-Major. R.W. James to Brigade Major, Aden, 23 December 1872; James to Resident, Aden, 29 January 1873, R/20/A/612, APAC, BL.

9 Political Resident, Aden to Sec., General Dept., Bombay, 27 February 1883; L.S. Bruce, Deputy Surgeon General, Bombay, to Medical Officer in Charge, Lock Hospital, Aden, 3 February 1882; Resolution No.1996, Financial Dept., Govt. of Bombay, 31 May 1883, R/20/A/580, APAC, BL.

not so much VD control but the conduct of women who were believed to practise prostitution without official authorisation. There were allegations that such women harassed 'respectable' neighbours and made a nuisance of themselves on the streets; some were also suspected of involvement in political disturbances. In 1906, for example, one woman was questioned for her part in a riot, although she was subsequently discharged for lack of evidence.¹⁰

At the beginning of the scheme's first year of operation, in 1908, Captain Hancock, chief of police for Sheik Othman, one of the settlement's four divisions, noted that there were about twenty women who worked 'more or less clandestinely' as prostitutes, in addition to thirty-three officially registered as public prostitutes, i.e. who were subject to occasional treatment at the lock hospital. Whereas the latter lived in two blocks of houses, the former were scattered throughout the division. Hancock ordered his men to keep a confidential list of such women and to send a return to him quarterly, 'with recommendations for such action as may be considered necessary'. Cases of 'bad behaviour' were also to be recorded as and when they occurred. He hoped that similar actions might be taken in the other three divisions: The Crater, Tawahi and Maala, noting that the latter was a 'great place for prostitutes'.¹¹ A memorandum the following year for Maala division stated that the lists of prostitutes had been compiled with a view to providing quarters for them, which suggests that the authorities were concerned to contain such women within prescribed boundaries. The emphasis on the behaviour of 'illicit' prostitutes also indicates that public order issues, rather than medical concerns, were paramount

10 List of women carrying on private prostitution at Tawahi, first quarter 1908, R/20/A/1284, APAC, BL

11 Extract from Capt. Hancock's notebook, 1 January 1908, Aden Residency, Prostitutes – List of Private Prostitutes, R/20/A/1284.

as far as the police were concerned.¹² Indeed, some references were made subsequently to the housing of prostitutes on land provided by the settlement authorities. These houses were constructed by private landlords who let the rooms. But such establishments were recorded in Tawahi and Maala divisions only and the vast majority of prostitutes remained scattered throughout the settlement.¹³

While efforts to house prostitutes indicate the primacy of public order, the purpose of the new surveillance system is revealed more clearly in a memorandum of 1911, which declared that ‘the object of maintaining these lists is to reduce the number of the prostitutes by deporting the worst of them’.¹⁴ Although some mention was made of venereal infection among the women, the overriding concern at this time was with their character. Other aspects of their life – their marital status, place of origin, etc – were of significance only in so far as they enabled the police to ascertain how these women operated, whom they associated with, whom they were likely to upset, and, most importantly, whether or not they could be deported. If they were not natives of the settlement and had no significant family ties, deportation was feasible.

One of the great difficulties in maintaining order in Aden was its multinational characteristics, sitting as it did at the crossroads of Asia and Africa (Reese 2018). The issues arising in Aden exemplified the difficulties colonial authorities faced in policing increasingly complex and diverse populations. Before considering the process of deportation, it is necessary to determine what kind of information was recorded in the police registers and what type of conduct was regarded as obnoxious.

12 Anon. memo, 16 May 1908, quarter ending 30 June 1908, R/20/A/1284.

13 Anon. memo, 1 August 1908, quarter ending, R/20/A/1284.

14 Anon. memo, 18 October, quarter ending 30 September, R/20/A/1284.

The four divisions began to record information in slightly different ways, but collection was increasingly standardised and typically included the women's name, race, country of origin, length of stay in Aden, occupation (other than prostitution) character and other general remarks. In the third quarter of 1908, for example, the police in Sheik Othman recorded thirty-eight women who were said to be 'private' prostitutes. As in other divisions, this information was obtained by informants (e.g. neighbours) and street-level surveillance by police.¹⁵ Women from the Arabian Peninsula were well represented, as might be expected, but many were from further afield; for instance, from Malaya, India, Somalia, Sudan and Ethiopia. They included Muslims, Christians, Jews and Hindus, religion and 'caste' often being recorded alongside or instead of race. Slippage between these various categories makes it difficult to state the ethnicity of women on the lists with certainty. Yet, it is possible to get a sense of the ethnic composition of clandestine prostitutes and the places from which they came.

Throughout the period in which this surveillance scheme operated (1908–13), the most prominent ethnic group were Somalis (see Figure 1.1). Between 1908 and 1910, during which time surveillance was at its height, they comprised 38.2% of women recorded on the lists. Most seem to have come from Somalia as opposed to being born in Aden and were composed of several clans and sub-clans. The next most numerous were Arabs (26.6%); some from within Aden and other parts of the Yemen and some from surrounding countries, for example Oman and what is now Saudi Arabia. The third largest group were Indians or women of Indian heritage (22.8%), born either within the settlement or in East Africa. Most appear to have

15 Anon memo, 24 October 1908, quarter ending 31 December 1908, R/20/A/1284.

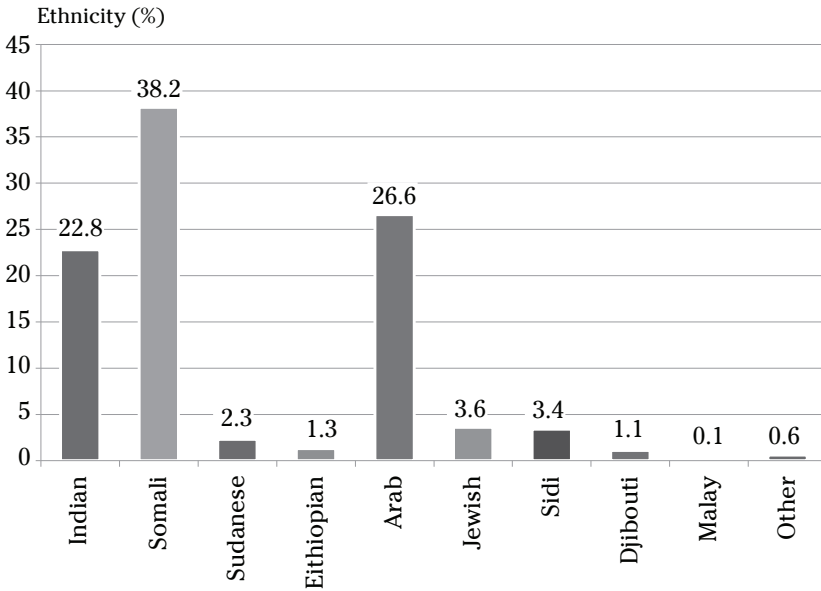


Figure 1.1: Ethnicity of ‘private’ prostitutes, 1908–9 Source: R/20/A/1284, APAC, BL.

been Hindus but they included a significant minority of Muslims and a few Christians.¹⁶

None of the other ethnic groups comprised more than 4% of the total but their diversity demonstrates that Aden was a melting pot, drawing migrants from across Asia and East Africa.

The recording of prostitutes’ domestic circumstances was less than rigorous and varied from one quarter to another, as well as over time, depending on the whim of individual police commanders. Indeed, the occupation of women designated as unlicensed prostitutes is one of the least consistent aspects of the new surveillance system. A snapshot from the years 1908–9 (Figure 1.2) provides a rough indication of their means of financial support other than prostitution. These figures have been obtained from divisions that listed occupation and other

16 R/20/A/1284, APAC, BL.

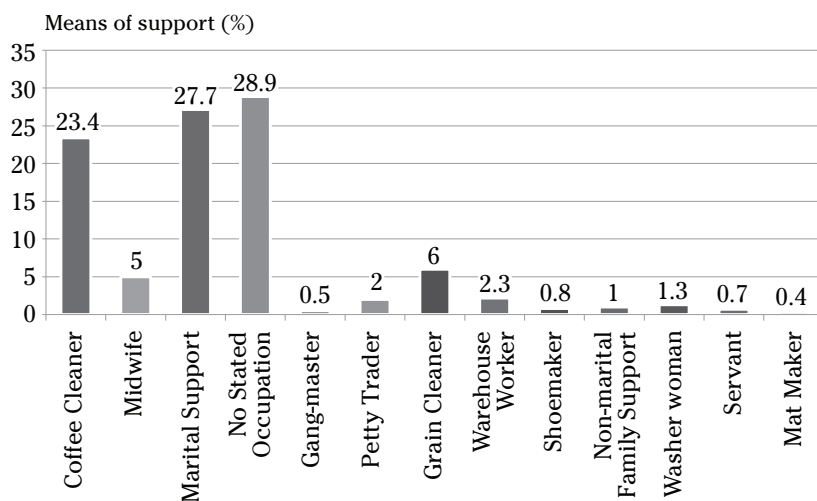


Figure 1.2: Other means of financial support, 1908–9 Source: R/20/A/1284, APAC, BL.

financial circumstances in the years in question and constitute the average of both years combined.¹⁷

The single largest group (28.9%) consisted of women for whom no alternative occupation was listed. Most were apparently single, some were widowed or divorced. The second largest group (27.7%) were married and their spouse appears to have been their sole or main source of financial support other than prostitution. A few others (1%) received income from siblings, sons or daughters, or from men who ‘kept’ them as mistresses. Some were recorded as having married recently, sometimes leaving the settlement or moving to another division as a result. Those who did marry sometimes ceased to sell sex but just as many continued to do so or worked as ‘procuresses’. Many women appear to have turned to prostitution to supplement meagre household incomes or to support themselves and their dependents after divorce or the death of a husband or father.

¹⁷ R/20/A/1284, APAC, BL.

However, one register recorded that a woman, the daughter of an Arab butcher, was married to a man who lived on her earnings as a prostitute. Another woman, divorced from her husband, continued to live with him and carry on prostitution ‘under his eyes’.¹⁸

Of the other occupations they engaged in, by far the most common (23.4%) was coffee cleaning. After that came grain cleaning (6%), midwifery (5%), warehouse work (2.3%) and various other jobs that would have provided a low and unstable income. A few women were formerly ‘public prostitutes’ (i.e. official, registered prostitutes) but now lived as the mistresses of men working as pimps or who at least tolerated their wives’ involvement in prostitution.¹⁹ Of those women who worked long-term as prostitutes, a few – usually no more than one or two per quarterly register – were also listed as ‘procuresses’, i.e. women who recruited other women into prostitution. We can get some insight into their circumstances from the remarks of police officers. For example, one such woman, recorded in Tawahi in the last quarter of 1908, was said to be the housekeeper of a Parsi businessman. She was once apparently ‘famous’ as a prostitute but became a procuress as she aged and her popularity waned.²⁰

Disturbing the peace

Although the surveillance registers illuminate the domestic and economic circumstances which brought women into unlicensed sex-work, they are, of course, structured according to colonial preoccupations and may therefore distort the situation in which

18 Confidential Register [hereafter, CR] (Tawahi), quarter ending 30 December 1908, R/20/A/1284

19 CR (Sheik Othman), quarter ending 30 September 1911, No.26, R/A/1284.

20 CR (Tawahi), quarter ending 30 December 1908, R/20/A/1284

many women found themselves. Their chief purpose becomes clear from an analysis of their content and structure. The 'character' and 'remarks' sections of the lists reveal the types of behaviour of most concern to the police and these may be divided into several categories. One of the most numerous complaints made against women on the list was that they disturbed the peace in some way. We can see this clearly in the register for The Crater in the third quarter of 1908. One woman, an Indian, married to a washer-man, was said 'to give a lot of trouble' and was recommended for deportation. At the other end of the scale, two Jewish sisters who lived with their mother belonged to a 'respectable' family and sold sex to wealthy people only. They did not constitute any kind of threat.²¹ But in the same quarter of 1908, in Maala, one woman (a Somali) was said to be 'Always causing a disturbance... Undesirable character to have in Maala. May be deported.' Another woman, also a Somali, but from a different clan, was said to be 'always quarrelling with all neighbours'. Yet another Somali woman was said to loiter on the streets at night causing 'scenes' with passers-by.²² Some of these women were targeted for deportation or moved on to other quarters or left the settlement.

Reports of severely disruptive behaviour were rare, however, and on the whole, women in all quarters were said to carry on prostitution quietly and discretely. Even some of those consistently described as 'rowdy' were allowed to remain provided their behaviour did not become too disruptive. For example, three Somali women in Maala division, who were reported as 'rowdy' in several successive quarters, were not deported. Although two of the women had lived in Aden for at least twenty years, the most likely reason they were allowed to

21 CR (Crater), quarter ending 30 September 1908, R/20/A/1284.

22 CR (Maala), quarter ending 30 September 1908, R/20/A/1284.

remain was because they were married; two for some time and one recently (to an Arab merchant).²³ Closely related to the issue of disruptive behaviour was that of sobriety. In Sheik Othman, an Arab woman described as a 'procuress' was said to be both rowdy and a heavy drinker.²⁴ However, most of those said to be heavy drinkers were Indians, principally Hindus and Christians but also a few Muslims.²⁵ Yet heavy consumption of alcohol was not regarded as a sufficient cause for deportation or even alarm. In the second quarter of 1909, police in The Crater noted that three women (all Indians) were heavy drinkers but 'quiet'.²⁶

In the period 1908–13, in which the surveillance system operated without interruption, the vast majority of women listed as 'private' prostitutes were allowed to continue their activities. Most did not draw attention to themselves and even some of those who did were allowed to remain. Considering that deportation seems to have been the main purpose of compiling the lists, the number recommended for expulsion is remarkably low. Most deportations occurred in the first year of the scheme's operation, when seven women appear to have been targeted: two from The Crater (one Indian, one Somali), four from Maala (all Somali, one of whom was born in Aden); one from Sheik Othman (Somali).²⁷ After that, there are occasional recommendations for deportation but the reasons are often unclear, as is the outcome. In 1911, for example, there is mention of five women (all Somalis) who were recommended for deportation but it seems likely either that these were earlier cases on which no action had yet been taken or that they were

23 CR (Maala), quarter ending 31 December 1909, R/20/A/1284.

24 CR (Sheik Othman), quarter ending 30 June 1911, R/20/A/1284.

25 CR (Tawahi), quarter ending 30 June 1913, R/20/A/1284.

26 CR (Crater), quarter ending 30 June 1909, R/20/A/1284.

27 Particulars of women under orders for deportation, 15 March 1909, R/20/A/1284.

reported for reasons other than public order, such as refusing medical inspection (see below).²⁸

Two of the women recommended for deportation during the first year of the scheme were Kulsom bint Hossain Bux and Shukara bint Abdi, both of whom had been highlighted on lists for The Crater in the second quarter of 1908. Their deportation was ordered in October,²⁹ but both were still present in February the following year, as the Inspector of Police in that division had apparently 'forgot[ten] all about them'.³⁰ Abdi was not arrested until 25 February, when she was taken before the inspector of police for her division and told that she should sell all her furniture within four days pending deportation to Berbera, on the coast of Somaliland. Abdi wrote a letter to one of the magistrates protesting that no reason for her deportation had been given and asked to be allowed to remain. She stressed that she had an official pass, means of financial support (from trading) and that she had committed no wrong during her 40-year stay in Aden. Having lived there for so long, she regarded Aden as her home and knew no other place.³¹ Towards the end of March, Abdi wrote to the political resident of Aden petitioning him to prevent her deportation. By this time, she had been told of the reasons for her deportation and protested that she had never engaged in prostitution or procurement, nor committed any other misdemeanours. She insisted that she was a cloth-seller and often entered the houses of respectable persons, who would not have allowed her to gain access to their homes if she

28 Anon. memo, 26 July 1911, R/20/A/1284.

29 W.H. Marston, Deputy Superintendent of Police, to Inspector of Police, Crater Division, 24 February 1909, R/20/A/1284.

30 Note by W.H. Marston, 2 March 1909, R/20/A/1284.

31 Shukra bint Abdi to Capt. W.L.P. Wood, Asst. Resident Magistrate First Class, Aden, 3 March 1909, R/20/A/1284.

were disreputable. She added that she would furnish a letter written by her neighbours attesting to her good character.³²

W.H. Marston, the deputy superintendent of police for Aden, was unsympathetic. Having made further inquiries into Abdi's circumstances, he alleged that she was a 'well-known procuress' who was indebted to prostitutes from whom she borrowed jewellery. Marston considered her continued presence in Aden to be against the public interest.³³ A few days later, he added that 'The petitioner has not put forth sufficient grounds to warrant a reconsideration of the order for her deportation.'³⁴ However, the day before she was due to leave, Abdi petitioned the first assistant resident, Maj. W. Merewether, pointing out that she had several law-suits pending, which were intended to extract money from persons indebted to her.³⁵ Marston countered that all her suits had been settled and that there was no reason for clemency.³⁶ She was deported forthwith.³⁷

Although it had taken over six months to deport Abdi, her case was one of the easiest to resolve. Others, in which women were recommended for deportation on grounds of bad character, proved far more difficult and revealed the deficiencies of surveillance based predominantly on hearsay. One such case was Kulsom Hossain Bux, an Indian, who had several family members living in the settlement, including a policeman, Havildar (Sergeant) Ahmed Hossain Bux. On 26 February, the havildar dictated a letter to the Deputy Superintendent of Police describing how another police sergeant arrived at his house to

32 Shukra Abdi to Political Resident, Aden, 25 March 1909, R/20/A/1284.

33 Note by W.H. Marston, 3 April 1909, R/20/A/1284.

34 Note by W.H. Marston, 5 April 1909, R/20/A/1284.

35 Shakani bint Abdu to Maj. W. Merewether, 27 March 1909, R/20/A/1284.

36 Note by W.H. Marston, 10 April 1909, R/20/A/1284.

37 Note by W.H. Marston, 19 April 1909, R/20/A/1284.

summon his younger sister, Kulsom, to the police station. On arrival, she was told to leave Aden within twenty-four hours. On discovering this, their elder brother, Ali, went to the station to request the reason. He was told nothing but his sister was given leave to remain for a few more days. When he dictated his letter to the deputy superintendent, Havildar Hossain Bux had not been informed of the detailed reasons for the deportation order but he had some idea of the charge. He protested that his whole family had been born in Aden and that his sister was married. He also pointed out that there was another woman of the same name as his sister, who led a 'flaunting life' and was well known to the police. It was a case of mistaken identity.³⁸

On this occasion, the appeal was successful. After reading documentation on the case, Merewether declared that, 'I do not like this business at all. The form of recommending persons, especially women, puts an enormous power into the hands of the Police which is very liable to abuse unless a careful inquiry into each case is made.' He went on to explain that while men found it easy to prove they were in employment or had not been convicted of any crime, it was practically impossible for a woman to disprove a charge of prostitution. Writing of Hossain Bux, Merewether added that 'It is evident that no proper enquiry was made into this particular case until Lt. Meek [the officer subsequently appointed by Merewether to investigate it] did so.' From that point on, he insisted that Meek should investigate all allegations of procurement and keeping a disorderly house. Merewether declared that he would far rather see a woman escape justice than an innocent one be punished.³⁹

38 Havildar Hossain Bux to Deputy Supt. of Police, Aden, 26 February 1909, R/20/A/1284.

39 Note by Merewether 15 May 1909, R/20/A/1284.

Earlier, Marston had denied that there was any merit to Hossain Bux's petition as well as petitions from several Somali women – Awalla Awady, Fatima bint Yasim, Sabho Mohammed – who were scheduled for deportation at that time. But these cases, too, were presenting problems to the authorities. Marston had failed to produce detailed reports on any of the women recommended for deportation, including whether they held property or not. Merewether suspected that at least two or three of the seven women recommended for deportation in October might own property.⁴⁰ A further note on this file – probably made by the resident – stated, 'It is all very unsatisfactory. I am looking for an improvement in the Police under Mr. Marston.'⁴¹

Investigations into the status of women recommended for deportation were time consuming, as were the legal proceedings associated with them. This took momentum out of the system and, although surveillance continued for a few years after 1909, it lacked clarity of purpose. Appraising the scheme in 1913, one official wrote: 'In 1909, a number of them [private prostitutes] were deported at the recommendation of the Police... No recommendations have since been made by the Police and original object with which the lists were introduced therefore fails in effect.'⁴² Another memorandum, from the chief of police, declared likewise. It noted that the police had been dissuaded from recommending deportations of prostitutes on grounds of their bad character and stated that this was a 'dangerous power' as well as one that wasted hours of time for them and other officials. Having taken over in 1911, the chief of police had very little use for the 'Black Lists', as he described them, and felt that

40 Note by Merewether 3 March 1909, R/20/A/1284.

41 Anon. note, 3 March 1909, R/20/A/1284.

42 Anon. memo, 23 July 1913, R/20/A/1284.

if the conduct of any woman overstepped the mark, it could be dealt with by means other than deportation.⁴³

Military requirements

The system of surveillance devised and executed by the police in Aden from 1908 to 1913 initially had little to do with the suppression of VD but such concerns came increasingly to the fore. As the impetus behind deportation for public order offences ebbed, the surveillance scheme was buttressed by a parallel system which had VD control as its primary objective. As with earlier attempts to regulate VD, this scheme developed in response to military rather than civilian requirements, even though it relied to some extent on civilian personnel. It originated in the observation that rates of VD among civilians in two divisions of Aden – The Crater and Sheik Othman – were particularly high and that this posed a danger to British and Indian servicemen garrisoned nearby. Although troops were then forbidden from visiting Sheik Othman, it was thought that the women who inhabited this division were a reservoir of infection that might spread to other areas. In 1910, it was proposed to extend the system of medical inspections then in force for so-called public – i.e. registered – prostitutes to those who were not registered. If the latter were suspected of being infected, they were to be examined by the civil surgeon and then registered as a prostitute by the police.⁴⁴ The primary means of surveillance in this case was contact-tracing. Unlike the blacklists, this information came from soldiers who had presented for treatment for venereal infection, at which time

43 Anon memo, 24 July 1913, R/20/A/1284.

44 Political Resident to Col. N. Denny, Indian Medical Service, 20 November 1910, R/20/A/1285, APAC, BL.

they were required to state the name and address of the woman they believed had infected them.⁴⁵

Lt. Wightwick of the Sheik Othman police was asked to send a report on the extent of VD in his division and undertook to do this shortly, concurring with the opinion that there were many unofficial prostitutes in his division and that they were probably 'well infected'. He also endorsed the proposed system of contact tracing, inspection and registration of women as public prostitutes if found to be infected. He added that if they refused to be inspected and registered, they should be deported.⁴⁶ At this point, there were thought to be only fourteen public prostitutes in Sheik Othman but many more private ones.⁴⁷ Government dispensaries recorded a fairly high rate of venereal disease, although it was thought that this greatly underestimated the true number of infections because few women cared to visit such institutions.⁴⁸ Wightwick's investigations revealed that private prostitution was very extensive and he advocated that such women should be prevented from entering the area of the cantonment, except on special passes for one day only, on the same terms as public prostitutes. In other words, he recommended that all women suspected of prostitution should be registered.⁴⁹

There was scepticism about whether this proposal would work because it was very difficult to accurately identify women as prostitutes and because it would probably entail

45 Col. N. Denny to Political Resident, 27 November 1910, No. 9: Prostitutes – Venereal Disease, R/20/A/1285.

46 Lt. Wightwick to Col. Denny, 24 November 1910, No.9, R/20/A/1285.

47 Memo from Inspector of Police, Sheik Othman to Civil Surgeon, Aden, 24 November 1910, No. 9, R/20/A/1285.

48 3rd Sub-Asst. Surgeon, Sheik Othman Dispensary, 24 November, to Senior Medical Officer, Indian Troops, No.9, R/20/A/1285.

49 Memo from Lt. Wightwick, 1 December 1910, No.9, R/20/A/1285.

much disruption of ordinary business in the settlement.⁵⁰ Nevertheless, in 1911, the civil surgeon recommended that all women designated as public prostitutes be compelled to present themselves for inspection on pain of deportation. He deemed this necessary because the power of compulsion had recently been removed by the Government of India. From 1907, inspection of prostitutes of any description had to be performed on a voluntary basis and issuing deportation orders to women who were not born in Aden provided a way round the problem. The civil surgeon recommended that such measures be used in the cantonment area and in Sheik Othman and that all women named by soldiers should be required to present for inspection.⁵¹ The general officer commanding (GOC) the Aden Brigade approved of this proposal, as did the cantonment magistrate and political resident.⁵² The magistrate added that the bazaar in the cantonment should also be placed out of bounds to troops, as this was where they would find private prostitutes. However, the GOC thought this impracticable and that troops should be discouraged from visiting certain parts of the bazaar only.⁵³

This system went into operation in May 1911, almost as soon as it was approved. It relied on both contact tracing and reports from hospitals which women visited for treatment for venereal disease. Each case was reported by the hospital to the military authorities, regardless of whether women were designated public or private prostitutes. For example, on 10 May, the civil hospital in The Crater reported a Somali woman as being infected, giving her place of residence as a brothel. Another woman, who

50 Note from 'J.B.', 3 December 1910, R/20/A/1285.

51 Note from Lt. Wightwick, forwarding report of Civil Surgeon, 4 May 1911, No.9, R/20/A/1285.

52 Note from General Officer Commanding Aden Brigade and Note from Cantonment Magistrate, 15 May 1911, No.9, R/20/A/1285.

53 Note from Cantonment Magistrate, 22 May 1911, No.9, R/20/A/1285.

was not recorded as a public prostitute, was said to reside at House 189, Steamer Point; an area notorious for unofficial prostitution.⁵⁴ These cases appear to have been women already under treatment but in the following weeks it became more difficult to obtain such information as some women declined to be inspected and faced deportation as a result.

The first such case appeared at the end of May, when a woman named Hadia Jama was blamed for infecting three persons.⁵⁵ At this point, the issue of whether deportation was permissible under the Government of India's rules of 1907 came up for discussion and the deputy adjutant of the Aden Brigade decided that it was.⁵⁶ Following this decision, deportation of women designated public and private prostitutes for refusing medical inspection and or treatment became relatively common.⁵⁷ At the end of 1912, the first assistant resident, Lt.-Col. H.F. Jacob declared that deportation of every unmarried woman who had VD was the only solution, adding that the police should be vigorous in examining all prostitutes.⁵⁸ It is worth noting that the military impetus for deportation on the grounds of venereal infection came at a time when police powers of arbitrary deportation were being criticised and curtailed. It seems that military concerns now outweighed those of the police. However, it is likely that the confidential lists kept by the police were used in identifying women as likely suspects of prostitution

54 Venereal Reports, Civil Hospital, The Crater, 5 May and 13 May 1911, No.12: Prostitutes – Examination and deportation of, suffering from Venereal Disease, R/20/A/1285.

55 Note by C.M., 29 May 1911, No.12, R/20/A/1285.

56 Notes by R.A.R. and Capt. B. Higham, Deputy Adjutant and Quarter Master General, 3 June 1911, No.12, R/20/A/1285.

57 Note from Cantonment Magistrate, 4 June 1911, No.12, R/20/A/1285.

58 Note from First Asst. Resident, 12 December 1912, No.38: Prostitutes – Venereal Disease in Aden – Appointment of a Committee to Inquire into the Question of the Sources of Infection, R/20/A/1285.

and that the two systems worked together to some extent. Deportation on the grounds of refusing inspection had a legal basis in cantonment legislation and did not present problems of mistaken identity, as in the case of allegations of disturbance.

Although deportation increased at this time it was not regarded as a sufficient answer to the problem of venereal infection, which showed no sign of abating. It seemed necessary to augment existing arrangements, and the political resident appointed a committee to consider the options available. This committee comprised Col. R.F. Cleveland, the assistant director of medical services (president) and three other members: J.B.S. Thubron, the chairman of Aden Settlement, Capt. B.R. Reilly, the assistant resident in charge of police and Lt. J. de la Gordon, the cantonment magistrate.⁵⁹ The committee made a number of observations, the most important of which was that the number of public prostitutes was negligible and that addressing the problem of venereal disease meant focusing on so-called private prostitutes. It concluded that a multi-pronged strategy was required for dealing with this problem, including ordering soldiers to not consort with private prostitutes, placing Steamer Point out of bounds, strict supervision of areas frequented by troops to prevent women from loitering, continued use of deportation and greater watchfulness to prevent women from returning (as some recently expelled women had) and re-establishing a lock hospital to treat venereal infection.⁶⁰

The demise of the lock hospital in 1912 may seem surprising in view of mounting concern over the spread of venereal diseases. However, the Government of India was looking to economise and had been under the false impression that the problem in

59 Lt.-Col. H.F. Jacob, memo, 13 December 1913, No.38, R/20/A/1285.

60 Report of the Committee appointed by the Political Resident, Aden, to inquire into the question of the sources of infection from venereal diseases in Aden and Sheik Othman, 24 February 1924, No.38, R/20/A/1285.

Aden was easing.⁶¹ The military authorities proposed to not re-open the old hospital but instead have a ward of the civil hospital designated as a venereal ward, with the civil surgeon in attendance. The government in Bombay accepted these proposals but stipulated that the amount paid to the surgeon for these services should be reduced, as he would have less responsibility than before.⁶²

Although the measures recommended by the committee were broadly supported by the authorities in Aden – and in Bombay – a few notes of caution were sounded. Even before the committee reported, the political resident and cantonment magistrate indicated their unease with mass deportation. They feared that the innocent would be expelled along with the guilty and that women who had been in Aden over twenty years could suddenly be labelled as ‘vicious’ and suitable for deportation.⁶³ A certain amount of caution was therefore exercised but more effort was put into discouraging loitering among women suspected of being prostitutes, especially in the vicinity of cantonments.⁶⁴ These measures changed little over the next few years but the declaration of war in 1914 saw more servicemen arrive in Aden and an intensification of concerns about the spread of disease. Another change was the movement, for the first time, of troops into Sheik Othman, which placed them in close proximity to women practicing prostitution privately.

61 Lt.-Col. S.E. Praill, IMS, First Asst. Resident, 30 December 1913, No.38, R/20/A/1285.

62 J.L. Riue, Sec. to the Govt. of Bombay, to Secretary of the Govt. of India, Home Dept. (Medical), 28 July 1913, No.38, R/20/A/1285.

63 H.F. Jacob, Circular, 18 January 1914, No.38, R/20/A/1285.

64 First Asst. Resident, Aden, to Asst. Resident in Charge of Police, 27 March 1924, No.38, R/20/A/1285.

This situation produced a marked increase in the number of deportations, especially of Somali women.⁶⁵

Little else can be ascertained about VD control during the war but the end of the conflict saw a resurgence of concerns about infection among British and Indian servicemen, and there were new discussions about how best to deal with the problem. One proposal was to create official 'lines' for prostitutes in Sheik Othman, which was singled out on account of the large number of prostitutes believed to reside there.⁶⁶ While it was agreed that this was a good idea in theory, most officials, including the resident, thought that it would make little difference to the spread of infection, as the majority of women would continue to work privately; many residing with husbands or other family members.⁶⁷ As far as the assistant medical director of the Aden Field Force was concerned, efforts should concentrate on the removal of 'doubtful characters'.⁶⁸ But there were doubts about intensifying this policy and whether or not it worked. The officer commanding Sheik Othman thought that deporting women because they frequented houses notorious as brothels would simply drive them onto the streets. He pointed out that the military authorities were already struggling to arrest women for loitering with the intent to sell sex. Many of them had been scheduled for deportation.⁶⁹ Others thought that deportation would do little to address the root cause of the problem, which was a huge imbalance of the sexes. There were apparently four

65 Note by Political Resident, 28 March 1921, No.29: Epidemic Disease – Report of the Prevalence of Venereal Disease at Sheik Othman, R/20/A/1285.

66 Superintendent of Police, Sheik Othman, to First Asst. Resident, 18 October 1919, No.29, R/20/A/1285.

67 Note from Political Resident, 23 October 1919, No.29, R/20/A/1285.

68 Asst. Director of Medical Services, Aden Field Force to First Asst. Resident, 22 September 1919, No.29, R/20/A/1285.

69 OC Sheik Othman to Headquarters, Aden Field Force, 1 October 1919, No.29, R/20/A/1285.

times as many men as women in Aden. It was also difficult to identify women suitable for deportation. Ascertaining their marital status was particularly difficult as Sharia law permitted temporary marriages and easy divorce. The marital status of women changed constantly, with relationships being particularly fluid in the Somali community.⁷⁰

There was, it seems, a sense of fatalism about what could be achieved in Aden and, for the next few years, the campaign against VD began to flag. There was even confusion about what measures had been attempted in the past, with some officials – mostly military – claiming that there was a precedent for deporting diseased women from the cantonment area to Sheik Othman and police officials claiming that no such expulsion had taken place. The idea of establishing prostitutes ‘lines’ in that division was revived only to be dropped again.⁷¹ Energy was dissipated on projects that came to nothing, one being a proposal to establish a separate brothel for British soldiers and sailors; that is, one distinct from Indian troops. Such a facility was requested by the commanding officer of the Royal Fusiliers, presumably because Indian soldiers were thought to be more heavily infected with VD. But the proposal was rejected because it created ill feeling among Indian troops, many of whom were already angered by the military police preventing them from visiting public prostitutes in The Crater.⁷²

70 Note from Asst. Resident in charge of Police, 23 October 1919; Deputy Supt. of Police to AR in charge of Police, No.29, R/20/A/1285.

71 G.A. Richardson, Asst. Resident in charge of Police to First Asst. Resident, 17 March 1921; K.M. Dadina, Deputy Supt. of Police, Aden, to Asst. Resident in charge of Police, [no date] March 1921, No.73: Re the complaint made by the officer commanding Yemen Infantry that prostitutes suffering from venereal disease are deported from Aden to Sheik Othman, R/20/A/1285.

72 Report from Inspector of Police, The Crater, 14 January 1921; Lt.-Col. M. Hancock, Officer Commanding 2nd Battalion Royal Fusiliers, to Headquarters, Aden Field Force, 21 January 1921; Note of 10 February 1921, forwarded by Deputy Asst. Adjutant General, Aden Field Force to First Asst. Resident;

Soliciting, surveillance and registration

As there had been no movement on the issue of brothels in Sheik Othman, the focus of anti-VD measures returned to surveillance and deportation, particularly of women found soliciting. The focus was again on 'private' prostitutes who were loitering near military facilities or in areas frequented by off-duty soldiers. In 1923 and 1924, there was a spate of deportations of prostitutes and pimps following arrests by civilian police.⁷³ In addition to regular patrols, some officers were involved in plain-clothes surveillance. This appears to have been a new departure and led police to enter private residences and offices that were being used for illicit prostitution. On the night of 26 April 1924, two plain-clothes policemen search some huts near the wireless station in Sheik Othman, where they discovered three 'gaudily dressed' women and two sweepers standing near them, said to be pimps. The sweepers threatened to assault the police and refused to hand the women over. The police went to the nearby artillery battery, where the sergeant-major agreed to lend six gunners to assist the police and brought the women and the two men to Maala police station. Following their arrest, five persons were put up for deportation: three Somali women (aged 36, 38 and 40) and two men (aged 23 and 40). The latter was the husband of one of the women. The deputy superintendent of police concluded his report on this incident with the following sentences, 'From secret inquiries made it appears that this group of huts, is the rendez-vous of bad women. It is situated in an out-of-the-way place and is easy of access. I suggest that

Note by Political Resident, 10 February 1921, No.31: Re the proposal to reserve a brothel for the British soldiers and sailors, R/20/A/1285.

73 E.g. Asst. Resident in charge of Police to First Asst. Resident, 26 April 1923; Notes by First Asst. Resident, 27 March 1924 and 26 February 1924; Acting Deputy Supt. of Police, Aden, to First Asst. Resident, 27 March 1924, 24 April 1924 and 26 May 1924, No.277: Prostitutes – Deportation of all women found soliciting, R/20/A/1285.

families of sweepers should not be permitted to live [there] at Khormaksar.⁷⁴

It is unclear whether this advice was followed, but Khormaksar remained a primary focus of police surveillance. Even so, surveillance and deportation failed to make much difference. VD rates remained high and there was renewed concern over the disorder created by prostitution, which had now become a political issue. In the late 1920s, groups critical of British rule attempted to make political capital out of the spread of disease and the immoral behaviour that the British seemed to condone by tolerating prostitution. Some opponents of British rule began to mobilise around the banner of moral purity and the defence of Islam, although in some cases employing the rhetoric of international health and hygienic modernisation. This agitation seems to have had political objectives, but the campaign also provided a vehicle for individuals harbouring personal grievances. Most of their demands were rejected but they ushered in a new era of surveillance and control.

The first petition of this kind came from Awad Abdulla of Sheik Othman, a *qadi* or magistrate of a sharia court. Abdulla and dozens of other signatories pleaded with the political resident to increase the number of women deported for soliciting on moral and public order offences associated with prostitution. He claimed that 'there was hardly a street which does not contain a few prostitutes living side by side with respectable family men, setting thereby a very bad precedent and most unfortunate example to the rising generation of girls and boys. Apart from this ... these prostitutes and their dependents are simply a public nuisance. They beat drums, create alarms every now and then and make life a burden.' The *qadi* went on to protest about the

74 Acting Deputy Supt. of Police, Aden, to First Asst. Resident, 28 April 1924, No.277, R/20/A/1285.

spread of venereal disease among the young and the failure of the British to inspect, treat and segregate women involved in prostitution.⁷⁵

This petition failed to impress the magistrate of Sheik Othman, who claimed that he knew the number of prostitutes residing in his division but was 'not previously aware that so many professing puritans also had their habitation there'. He went on to explain that such women tended to live on the edge of the town, which was surely far better than having them walk about the centre, adding that 'the question of quantity is regulated by demand – as in all commercial projects'. This demand, he claimed, was 'created by the very people who append their names to this petition, and their co-religionists. It is well known that the easy laws of marriage and divorce allowed by the Sharia is the primary cause of prostitution in the East.' He stated that it was his policy to recognise prostitution as a 'necessary evil' and to 'endeavour to keep it under control'. He also believed that:

this petition has been organised by some individual with an axe to grind... The Qazi [*qadi*], who with considerable voracity collects fees from the temporary marriages and rapid divorce which I regard as the chief cause of the extensive female prostitution, heads the list of petitioners. The majority of the landlords whose signatures are appended own the houses in which these unfortunate women live. I have never yet had a suit for ejection on moral grounds filed in my court from any of them.⁷⁶

75 Petition from Awad Abdulla and other residents of Sheik Othman, 11 October 1928, No: 589A: Sheikh Othman: Application from Awad Abdulla, Qadi of Sheik Othman and other signatories complaining against alleged prostitution at Sheik Othman, R/20/A/1285.

76 Magistrate, Sheik Othman, to Resident, 12 November 1928, No.589A, R/20/A/1285.

There is no way of knowing whether or not these allegations were true, but the first assistant resident, Lt.-Col. B.R. Reilly, was asked to investigate the matter, which entailed questioning a number of the petitioners. They claimed that there were about two-hundred women working as prostitutes in Sheik Othman, distributed in around eighty houses. For the last few months, they had apparently drawn more attention to themselves by 'roaming about on the streets in motors ... shouting and making noises which disturb ... the public peace.' Several residents also complained that prostitution had gone hand in hand with an increase in the consumption of alcohol, several grog shops being closely associated with prostitution. For these reasons, there appeared to be a general feeling that these prostitutes should be confined to a particular locality.⁷⁷

The findings of this inquiry suggest that the magistrate was somewhat complacent about the level of discontent in Sheik Othman. Indeed, other petitions soon began to reach the political resident. One came from Sheik Ahmed Taha al-Hitari, the imam of the largest mosque in Tawahi division. The imam informed the resident of 'the restlessness of the inhabitants of Maalla and Sheik Othman are put to, on account of the large number of prostitutes living in private houses in both localities', who appeared 'in the veil of in chastity, displaying their finery in a shameful manner and in such a nature as is contrary to the general rules of morality.' He added that these rules were not only those of Islam but were to be found throughout the British empire and in all civilised countries. In addition to the offence given to moral values and disturbance of the peace, al-Hitari wrote of the spread of venereal disease and degeneracy among the young, and was critical of attempts to control it by medical

77 Memo by First Asst. Resident, Aden, 17 November 1928, No.589A, R/20/A/1285.

inspection of prostitutes, as this condoned immoral behaviour. In support of his argument, he cited part of a speech given by a British peer (probably Lord Knutsford⁷⁸) at the League of Nations in 1927, in which the peer claimed that experts were unanimous in thinking that medically regulated prostitution was unsupportable on medical and moral grounds. The imam echoed his calls for a crackdown on pimps and prostitution. Finally, he reminded the resident of the potential harm to the reputation of the British among Muslim subjects of the empire, if people came to ask: 'Do you like that the English should rule over your own country so that your daughters and wives may become degenerate as a result of the enjoyment of this abhorred freedom.'⁷⁹ Another petition from Maala protested about the ubiquity of prostitution in the division but focused more on the disturbance to family life (predominantly from Somali immigrants) and decency rather than abstract notions of purity and morality.⁸⁰

Emanating from two divisions, these and subsequent petitions suggest that there was widespread discontent with the trouble caused by prostitutes in Aden. But the petitions differ in tone. Only the imam's suggests something like a determined anti-colonial or Islamist agenda. Nevertheless, there was enough in these petitions to concern the political resident, who may have made a connection between this agitation and the rise of Salafism in the settlement during the 1920s. Adherence to this strain of

78 The name which appears in the petition appears to read 'Kushdon' but there is no peer of this name and it probably refers to Sidney Holland, 2nd Viscount Knutsford (1855–1931), chairman of the London Hospital House Committee from 1896 to 1931. Knutsford sometimes spoke on the issue of venereal disease.

79 Petition from Sheik Ahmed Taha al-Hitari, to First Asst. Resident, 19 November 1928, No.598A, R/20/A/1285.

80 Petition to First Asst. Resident from Abdulla Haji Khan and others, 14 December 1928, No.598A, R/20/A/1285.

Islam was initially most apparent among Yemenis (which may explain the frequent references to Somali women) but they were increasingly concerned to create a regional alliance of Muslims under the banner of moral purity (Reese 2012; 2014). This had become evident in Cairo and Alexandria during the First World War and such sentiments were increasing throughout the region (Vatikiotis 1991). At any rate, the resident ordered that a list of public prostitutes living in the division be compiled, showing their names, place of origin, length of stay in Sheik Othman and whether they had been registered or not.⁸¹ These lists resembled those compiled in the prewar years, although the new ones were less detailed and aimed to record all prostitutes regardless of whether they were classed as private or public. As far as the British were concerned, there was no prospect of any general crack-down on prostitution to appease the petitioners but they hoped that improving surveillance would help them to better manage disruptive behaviour, using deportation if necessary. The resident may have calculated that such measures would be enough to satisfy some of the less politically motivated petitioners.

The majority of women identified by the new search in Sheik Othman were classified as previously unregistered, which confirmed the impressions of observers over the previous decades.⁸² Remarks on character were made sporadically by comparison with previous lists because the main focus was now on registration. However, those that were made reveal a similar picture – of women who had drifted into prostitution on account of divorce, death of their spouse or uncertain income from other sources. Several women appeared to be living with

81 First Asst. Resident to Capt. Falconer, Sheik Othman Police, 20 November 1928, No.598A, R/20/A/1285.

82 E.g. Statements showing the names of prostitutes living in Sheik Othman, sections A-D, December 1928, No.589A, R/20/A/1285.

at least one parent and practising prostitution to meet the needs of the entire household.⁸³ Other comments show chaotic family circumstances – one woman in Tawahi having apparently been divorced; her former husband had shot her brother who was protecting her.⁸⁴ The main places of prostitution were confirmed as Sheik Othman, with sixty-four resident prostitutes, and Maala with forty-eight.⁸⁵ It was reported that no prostitute of any description was living in The Crater but women from the other divisions went there regularly.⁸⁶ Only nine women resident in Tawahi were recorded as working in prostitution.⁸⁷

Although the police and other authorities in Aden had a clearer idea of the nature and extent of prostitution than they had had for some time, it made little immediate difference to the control of prostitution or the perception of the problem among the public. The resident continued to receive petitions complaining of the ‘great and regular nuisance’ caused by prostitutes in Sheik Othman, for example.⁸⁸ The police in Aden had recently acquired additional powers to close premises designated as brothels as the result of the extension of the Bombay Police Act to the settlement, but they were, on the whole, reluctant to use them.⁸⁹ The view that prostitution was a necessary evil was paramount and only the most egregious cases of soliciting were now acted on. This view was also compatible with another turn in the policing of venereal disease

83 E.g. numbers 3–5, Tawahi register, December 1928, No.589A, R/20/A/1285.

84 Number 1, Tawahi Register, December 1928, No.589A, R/20/A/1285.

85 Registers for Maala and Sheik Othman, December 1928, R/20/A/1285.

86 Memo, Supt. of Police, Aden, 17 December 1930, R/20/A/1285.

87 Register for Tawahi, December 1928, No.589A, R/20/A/1285.

88 Petition from Mohammed Saeed El Aonay and three others, 9 March 1929, No.589A, R/20/A/1285.

89 Note by First Asst. Resident, 28 March 1929, No.589A, R/20/A/1285L.

during the final years of Aden's rule by the Bombay Presidency – a shift from prevention to treatment.

Whether in the form of medical regulation or intensified surveillance and policing, prevention made little impact on prostitution or rates of disease. The police continued to clamp down on public soliciting and occasionally closed brothels but venereal disease remained rampant.⁹⁰ Women were sometimes compelled to seek treatment following contact-tracing but such cases were rarely brought before the police. A new direction was required and the introduction of the Indian CD Act of 1868 (long repealed in India) was considered for a time. However, the idea was eventually dismissed as 'politically unfeasible' because of circumstances in Aden and the probability of an adverse reaction to such a measure in Britain.⁹¹ The settlement authorities opted for a less coercive approach in keeping with a suggestion made by the chief civilian medical officer, Maj. Bilderbeck of the Indian Medical Service, who warned that 'Repressive measures are unlikely to effect their purpose in respect of prostitution and venereal disease.'⁹² These sentiments were broadly in line with the recommendations of the social hygiene movement in Britain (Tomkins 1993), although pragmatic political considerations were probably more important in the case of Aden.

In the course of 1929, momentum gathered behind Bilderbeck's proposal to extend facilities to treat venereal infection, with the political resident, G.S. Symes, restating the opinion that 'remedial measures will be more likely to be effective than repression'. In addition, the resident favoured the continuance of the partial segregation of prostitutes, the restriction of attempts to make brothels alluring (e.g. removing external lights

90 Note by Resident, 24 May 1929, No.176: Venereal Disease, R/20/A/1285

91 Note by Resident, 13 June 1929, No.176, R/20/A/1285.

92 Bilderbeck to First Asst. Resident, 11 June 1929, No.176, R/20/A/1285

and decorations), the prevention of public soliciting, and the restriction of liquor licenses in areas notorious for prostitution.⁹³ The latter measures aimed to reduce the nuisance to those who lived in the area. The main problem was how to expand the facilities available for treatment. By 1930, it was agreed that the most effective way of doing so was to make use of the hospital run by the Keith-Falconer Mission under the auspices of the Church Missionary Society.⁹⁴ The mission initially insisted that all those it treated should attend Christian services which was a problem because most prostitutes were Muslim. However, it later dropped this condition and a contract was drawn up for a six-month trial to equip the hospital to treat the poor free of charge, commencing in January 1931.⁹⁵ During this period, the results were satisfactory and the scheme was extended until at least March 1933.⁹⁶ Treatment free from stigma or punishment had replaced surveillance and coercion.

Conclusion

The measures implemented in the final years of Aden's rule by Bombay amount to an admission of the impossibility of curbing prostitution among a large, diverse and transient population. Prior to the 1930s, anti-VD measures aimed to control prostitution through policing and surveillance, varying in character and intensity in accordance with political and military needs. Initially, 'sanitary surveillance' was directed towards women registered as prostitutes and this reflected the military and naval

93 Note by Resident, 9 July 1929, No.176: R/20/A/1285.

94 Lt.-Col. E.S. Phipson, IMS, Chief Civil Administrative Medical Officer, Aden, to First Asst. Resident, 26 July 1930, R/20/A/1285.

95 Lt.-Col. E.S. Phipson to First Asst. Resident, 22 September 1930; Note by Chairman, Aden Settlement, 21 February 1931, No.176, R/20/A/1285.

96 Note of 5 July 1932; approved by Resident 7 July 1932, R/20/A/1285.

preoccupations of the settlement's authorities. But in the years before the First World War, the purview of surveillance widened and lists of private or 'amateur' prostitutes were compiled from 1908. These measures were driven by the police rather than the army and reflected growing concerns over public order rather than venereal infection. The latter concerns emerged again, following the demise of intensive surveillance in 1913, but were again subsumed by considerations of public order, this time, following the rise of political Islam.

As in other colonies, the primary aim of surveillance was to define and 'fix' colonial subjects (Berda 2013). But this was easier said than done, in view of the diversity and mobility of the population. The authoritarian impulses of some officials were also frustrated by magistrates, political officers and even by the police themselves. Intervention to prevent deportation or other harsh measures was relatively common. Appeal procedures provided a safeguard which some women used to good effect. The utility of surveillance was also reduced by bureaucratic friction and indifference. Maintaining registers was a painstaking business and the accuracy of much of the intelligence that informed them was questionable. As time went on, the objectives of surveillance changed, too. Although venereal disease and political disorder remained important concerns, surveillance was increasingly intended to appease sections of the Arab population, critical of the authorities' toleration of prostitution. The result was a compromise that satisfied few people and had very little impact on rates of VD infection. The move in the 1930s from policing and surveillance to treatment was an acknowledgement of the intractability of these problems rather than a reflection of progressive trends.

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