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STANDARD STATISTICS

OF

PROSTITUTION
GONORRHEA
SYPHILIS

THE AMERICAN SOCIAL HYGIENE ASSOCIATION, Inc.

Department of Public Information

105 West 40th Street

New York City

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The Interdepartmental Social Hygiene Board

Foreword

THESE statistics are issued not with any pretense of being final, but rather to remedy in some degree the condition described by a health officer of note as "statistical anarchy," now existing in the field of venereal disease. They constitute a first step towards standardizing the figures in general use in this field of social hygiene.

As rapidly as new material of authority develops it will be incorporated into new editions of this publication.

Although not complete, the various figures are the most accurate obtainable and are intended to be used as such.

Criticisms, corrections, and additions are earnestly invited.

THE
AMERICAN SOCIAL HYGIENE ASSOCIATION
INCORPORATED

Department of Public Information

FEEBLEMINDEDNESS

[among prostitutes in the United States]

33% of All Prostitutes Are Feeble-minded

This conservative statement is based on the following studies:

SOURCE OF DATA	Number of Prostitutes Examined.	Per Cent Found to be Feeble-minded.
Illinois Training School for Girls; Olga Bridgman, M. D., in the <i>Journal of the American Medical Association</i> , August 16, 1913, p. 471.	104	97
Chicago Morals Court; Honorable Charles N. Goodnow, Judge of the Morals Court, in <i>The Light</i> , January—February, 1915, p. 28.	126	85.8
A Segregated District of a City in Virginia; <i>Special Report of the State Board of Charities and Corrections to the General Assembly of 1916, on Weak-mindedness in the State of Virginia</i> , p. 66.	120	71.6
Chicago Morals Court; <i>ubi supra</i> , p. 25.	639	62
Report of the Massachusetts Commission for the Investigation of the White Slave Traffic, So-Called, February 1914, p. 28.	300	51
Massachusetts State Reformatory for Women; Mental and Physical Factors in Prostitution , by Edith R. Spaulding, M.D., <i>National Conference of Charities and Corrections</i> , 1914, p. 223.	243	49
California School for Girls; <i>Journal of Delinquency</i> , March 1916, p. 23, by Grace Fernald, Ph. D.	124	34
Seventh Annual Report New York Probation and Protective Association, for year ending September 30, 1915, p. 36.	164	34
Boston Municipal Court; V. V. Anderson, M. D., in <i>Journal of the American Institute of Criminal Law and Criminology</i> , March 1918, p. 904.	100	30
Bedford Reformatory, New York; Katharine Bement Davis, Ph.D., in <i>Commercialized Prostitution in New York City</i> , by George J. Kneeland, p. 187-8.	647	29
Ninth Annual Report New York Probation and Protective Association, for year ending September 30, 1917, p. 8.	171	27

FEEBLEMINDEDNESS

[in the United States]

$\frac{32}{100}\%$ OF THE GENERAL POPULATION ARE FEEBLEMINDED

For the United States, in 1916, this would mean a total of approximately 360,000 feeble-minded individuals

These conclusions are based on the following studies:

Report of the Massachusetts State Board for the Insane, 1912, p. 24. The Board estimated that there were 7,839 feeble-minded individuals in the state. This is equivalent to 32 in each 10,000 of the general population.

Report of the Children's Commission to the Governor and Legislature of New Hampshire, January, 1915, p 93. The Board estimated that there were 4,115 feeble-minded individuals in the state, which is equivalent to 95 in each 10,000.

Survey of Mental Defectives in Nassau County, New York, July to October, 1916. *National Committee for Mental Hygiene*, publication No. 9; 1917; prepared by Dr. Aaron J. Rosanoff. 634 feeble-minded individuals were enumerated, equivalent to 54 in each 10,000.

Feeble-minded Citizens in Pennsylvania, August 7 to December 6, 1914. *Public Charities Association of Pennsylvania*, publication No. 16; 1915; prepared by Dr. Wilhelmina E. Key. In a population of 16,000 there were 508 feeble-minded persons, equivalent to 320 in each 10,000.

Mental Defect in a Rural County. Publication No. 48, *Children's Bureau (U. S.)*. By Walter M. Treadway and Emma Lundberg. They found 257 feeble-minded individuals in a population of 49,222, in Sussex County, Delaware; equivalent to 52 in each 10,000.

Feeble-minded in a Rural County of Ohio. Publication No. 6, *Bureau of Juvenile Research of the Ohio Board of Administration*, by M. A. Sessions. 537 feeble-minded individuals were enumerated in a population of 54,389, equivalent to 106 in each 10,000.

A Social Study of Mental Defectives in Newcastle County, Delaware. Publication No. 24, *Children's Bureau (U. S.)*. 212 defectives were enumerated in a population of 213,380, equivalent to 10 in each 10,000.

INFECTION
[due to prostitutes in
the United States]

**90% of all sexually acquired
syphilitic infections in men are
derived from prostitutes, either
professional or amateur.**

Vedder, *Syphilis and Public Health*, p. 159.
Philadelphia, 1918.

INFECTION

[prevalence of syphilis among
European civilians]

SYPHILIS AMONG ALL ADULTS

10% or more in England have syphilis. (British Royal Commission)

12% in Berlin have syphilis. (Erb)

Vedder, *Syphilis and Public Health*, p. 36-42.
Philadelphia, 1917.

SYPHILIS AMONG ADULT MALES

9.2% among British workmen. (Collie's Survey)

13% to 15% in Paris. (Fournier and Lenoir)

20% in Berlin. (Pinkus)

Stokes, *The Third Great Plague*, p. 23-26.
Philadelphia, 1917.

GENERAL PATIENTS IN A HOSPITAL

15% to 18% of the women had syphilis.

21% to 28% of men had syphilis. (Landouzy)

Vedder, *Syphilis and Public Health*, p. 31.
Philadelphia, 1918.

SYPHILIS IN RUSSIA

Venereal Disease is so prevalent in Russia, that in some of the small towns practically 100% of the population is infected.

Vedder, *Syphilis and Public Health*, p. 31.
Philadelphia, 1918.

INFECTION

[innocent, i. e. contracted through sexual intercourse but not first-hand from a prostitute]

SYPHILIS ONLY

50% of all syphilitic women are infected innocently.

Bulkley, *Syphilis in the Innocent*. Journal of the American Medical Association, March 4, 1905.

70% of women who came to the New York Hospital for venereal treatment were respectable married women infected by their husbands.

Morrow, *Social Diseases and Marriage*, p. 27. Philadelphia, 1904.

85% of married women who have syphilis have contracted it from their husbands.

Bulkley, *ubi supra*.

15% of all first admissions to the New York State Hospitals for the Insane are traceable to syphilis.

100% of all cases of paresis (*general paralysis*) are directly traceable to syphilis.

100% of all cases of locomotor ataxia (*tabes dorsalis*) are directly traceable to syphilis.

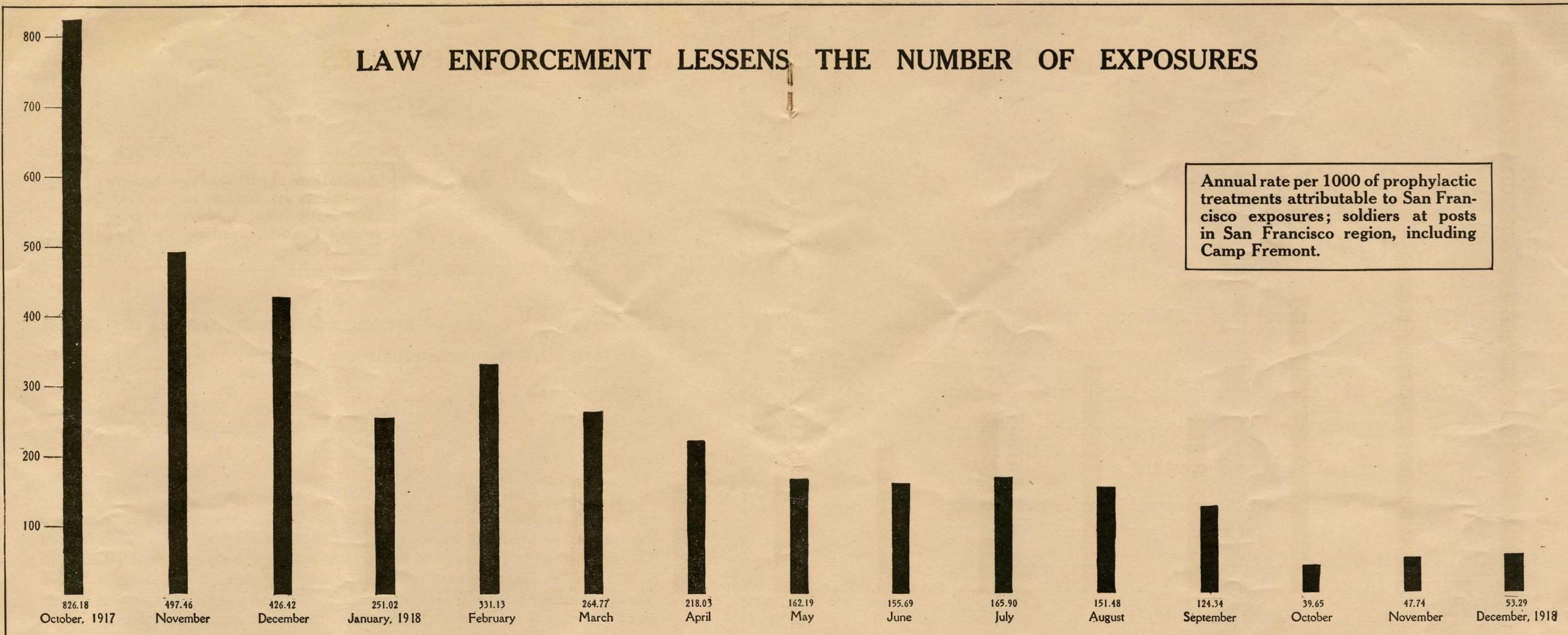
Letter of the National Committee for Mental Hygiene, Inc.
May 1, 1919, Edith M. Furbush, Statistician.

The Commission to Investigate the Extent of Feeble-mindedness, Epilepsy, and Insanity and other Conditions of Mental Defect in Michigan (1915) says that more than one-eighth of the cases of insanity admitted for treatment to the Michigan State Hospitals for the Insane are *directly* caused by syphilis. In the year 1913-4 insanity resulting from syphilis constituted 12.9% of all cases. Syphilis was a *direct* cause in 17.5% of all male admissions and 6.65% of all female admissions.

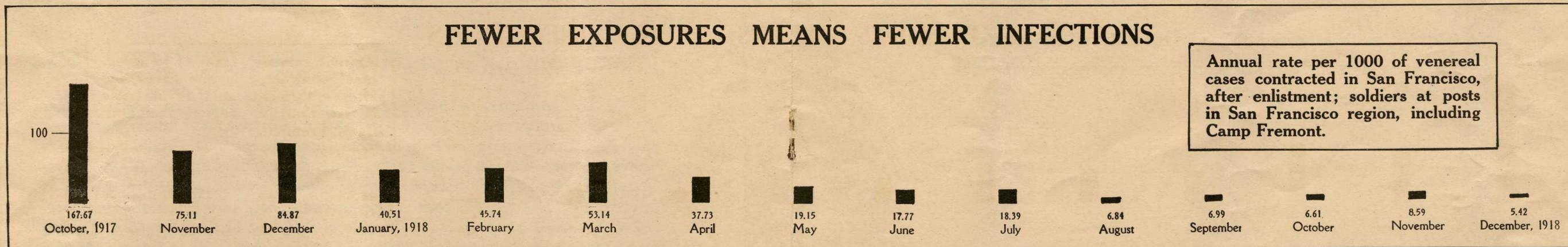
Insanity among prostitutes

Of 320 prostitutes on the Barbary Coast of San Francisco, tested at their places of business during 1915-6-7, it was found that 97% manifested either pathological or perverted reflexes or sensory disturbance. The number of manic-depressive types was 64, or 20%; of dementia praecox was 123, or 38.4%; of hysterical was 19, or 5.9%. "The remainder, 114 cases, we considered subnormal or defective mentally without manifesting any indications of a psychosis."—*A Sociological, Neurological, Serological and Psychiatric Study of a Group of Prostitutes*. Dr. Jau Don Ball and Dr. Hayward G. Thomas. *American Journal of Insanity*, p. 647-666, April, 1918.

LAW ENFORCEMENT LESSENS THE NUMBER OF EXPOSURES



FEWER EXPOSURES MEANS FEWER INFECTIONS



The above charts afford a graphic illustration of how the judiciary can prevent the spread of syphilis, gonorrhea and chancroid, if it sees fit to do so.

Medical Measures,—i. e., examination of prostitutes arrested and isolation of those diseased,—were in force during September and October of 1917. Not until November, 1917, however,—when a new police judge sat in the Women's Court,—was *law enforcement* vigorously begun to continue more or less energetically throughout the year of 1918, except during the months of February and March, when the police judge presiding in October 1917, temporarily returned to the bench. The same *medical measures* were in force, and the efficiency of the excellent police Morals Squad was practically a constant factor, throughout the period covered by the chart.

The progress of this campaign is clearly marked by a fairly steady fall in the number of prophylactic treatments given (which is a rough measure of the number exposures), and in the number of new cases of venereal diseases reported by the army surgeons.

The steadily maintained policy of severe sentences, imposed especially by the Federal Courts, took the security and profit out of the business of prostitution and made prostitutes increasingly hard to find, so that from May through December, 1918, with adequate *law-enforcement*, the prophylactic treatment rate was lower than the venereal disease rate in October 1917, when only *medical measures* were in force.

Note: During parts of the last three months the influenza epidemic was acute in San Francisco; the commercial dance halls—practically the only remaining places where prostitutes could make appointments—being closed a large part of the time. This fact, together with partial restriction of leave to the men in the posts, has direct bearing on the extraordinarily small number of venereal disease admissions during those months.

Data from the Office of the Surgeon General, U. S. Army, Washington, D. C.

PROSTITUTION

[annual cost in the United States]

\$628,750,000 is the Yearly Cost of Supporting Prostitution

\$164,250,000	. .	Annual sum paid direct to prostitutes.*
51,000,000	. .	Care of insane due to venereal diseases.
97,500,000	. .	Annual economic loss on insane.
3,000,000	. .	Cost of blindness due to venereal diseases.
3,000,000	. .	Detention of prostitutes.
300,000,000	. .	Economic loss caused by venereal infection in the general population.
10,000,000	. .	Treatment of new cases among men.
<u>\$628,750,000</u>		

In addition to this amount, large expenditures for courts, police, jails, hospitals, clinics, and for many operations on women, must be considered.

*This figure is based on the estimate that there are 50,000 prostitutes in the country receiving three customers a day at \$3.00 each.

PROSTITUTES

[white; outside of red light districts]

72% Have At Least One Venereal Disease

This figure is the average of four of the most trustworthy examinations: One in a reformatory, one at a Port of Embarkation, one by the Massachusetts Commission, and one of 6,000 delinquent women in eight different states.

1. Of 466 girls tested in Bedford (N. Y.) Reformatory, only 50 were free from all venereal diseases. 89.3% were diseased. (Vedder, *Syphilis and Public Health*, p. 48, 1918.)
2. In Massachusetts, of 90 girls beginning a career of prostitution, 56 or 67% were infected. (*Massachusetts Report on the White Slave Traffic, So-Called*, p. 46, 1914.)
3. Of 114 women examined by the health authorities at Newport News, Va., 73.7% were infected. (Smith, *Report of Tidewater Social Hygiene Demonstration*, 1919.)
4. Of 6,000 women examined in eight states, 70.1% had syphilis, or gonorrhoea, or both. (*Report of Progress, Field Service, Interdepartmental Social Hygiene Board*, Washington, D. C., March 1 to May 1, 1919.)

PROSTITUTES

[white; in red light district]

96% are venereally diseased.

This figure is the average of four particularly reliable investigations in the United States.

1. *A Sociological, Neurological, Serological and Psychiatric Study of a Group of Prostitutes*, Dr. Jau Don Ball and Dr. Haywood G. Thomas, *American Journal of Insanity*, April 1918. This report covers 320 prostitutes on the Barbary Coast, San Francisco, California, who were visited and examined during working hours. The examination was for syphilis only and showed 97% diseased.

2. *Report of Baltimore Vice Commission, The Survey*, March 25, 1916. This is a report on syphilis and gonorrhoea in 289 prostitutes of the Baltimore red light district, made under direction of Dr. George Walker. There were 96% infected.

3. Report of Charles L. Miller to the War Department Commission on Training Camp Activities, Feb. 14, 1919, giving the results of a raid on the red light district in Pottsville, Pa. Of 31 women in bawdy and bed houses, 81% were infected.

4. *Bulletin of the Detroit Board of Health*, p. 2-6, March, 1916. The examination of 224 prostitutes from the Detroit red light district, for both syphilis and gonorrhoea, showed 94% to be infected.

RED LIGHT DISTRICTS
[recently closed]

These Red Light Districts in the United States Have Been Closed Since 1906

ALABAMA		ILLINOIS		MINNESOTA		OHIO		TEXAS	
Place	Date Closed	Place	Date Closed	Place	Date Closed	Place	Date Closed	Place	Date Closed
Anniston	1915	Alton	1915	Duluth	1913	Barberton	1918	Corsicana	1917
Birmingham	1913	Chicago	1912	Minneapolis	1913	Bucyrus	1918	Cuero	
Mobile	1917	Duquoin	1913	St. Paul	1913	Canton	1911-12	Dalhart	
Montgomery	1917	East St. Louis		Winona	1913	Chillicothe	1917	Dallas	
		Kankakee	1911-12			Cincinnati	1917	Del Rio	
		Peoria				Cleveland	1915	Denison	
ARIZONA		Rantoul		MISSISSIPPI		Columbus		El Paso	1917
Ajo	1917	Rockford		Clarksdale	1918	Dayton	1916	Ft. Worth	1917
Bisbee	1917	Springfield	1915	Hattiesburg	1917	Hamilton	1918	Galveston	1918
Douglas	1917	Waukegan				Toledo	1911-12	Gonzales	
Ft. Huachuca	1917	West Hammond	1911-12	MISSOURI		Youngstown	1912	Hillsboro	
Globe	1917			Kansas City	1915			Houston	1917
Jerome	1918			St. Louis	1914			La Grange	1918
Kelvin	1917			Sedalia	1919			Laredo	1917
Miami		INDIANA				OKLAHOMA		Navasota	1918
Naco		Evansville	1918			Anadarko		New Braunfels	1918
Nogales	1917	Ft. Wayne	1911	MONTANA		Ardmore	1918	Orange	
Phoenix		Gary	1914	Butte	1917	Chickasha		Paris	
Prescott	1918	Indianapolis	1917			Enid		Port Arthur	1917
Ray	1917	Lafayette	1917	NEBRASKA		Healdton	1918	Richmond	
Tucson	1916	Terre Haute	1918	Columbus	1911	Lawton		Rio Grande	1918
Winkelman	1917			Lincoln	1911	McAlester		Rosenburg	
Yuma	1917			Grand Island	1911	Miami		San Angelo	1918
		IOWA		Norfolk	1911	Muskogee	1918	San Diego	1917
		Cedar Rapids	1909	Omaha	1911-12	Oklahoma City		San Antonio	1918
ARKANSAS		Clinton	1909	South Omaha	1906	Okmulgee		Schulenberg	1918
Argenta	1915	Council Bluffs	1909			Sapulpa		Sealy	1918
Ft. Smith		Davenport	1909	NEW HAMPSHIRE		Tulsa	1916	Sherman	1918
Hot Springs	1915	Des Moines	1918	Manchester		Vinita		Sommerville	1918
Little Rock	1913	Dubuque	1909	Portsmouth	1913	Wirt	1918	Temple	
Pine Bluff	1917	Grinnell	1909					Taylor	
		Keokuk	1909	NEW JERSEY				Texarkana	1918
				Atlantic City	1918	OREGON		Victoria	1918
				Jersey City	1917	Astoria		Waco	1917
				Newark	1917	Portland	1913	Wichita Falls	1918
				Paterson	1917			Yoakum	
		KANSAS				PENNSYLVANIA			
		Coffeyville	1913-14	NEW MEXICO		Allentown	1917	UTAH	
		Ft. Riley		Albuquerque	1918	Bethlehem		Salt Lake City	1912
		Leavenworth		Carrizozo	1917	Erie	1912		
		Wichita	1913	Central	1917	Gettysburg		VIRGINIA	
				Columbus	1917	Harrisburg		Charlottesville	
		KENTUCKY		Deming	1917	Lancaster	1914	Danville	
		Lexington	1915	Hurley	1917	Northampton	1918	Hopewell	1917
		Louisville	1917	Las Cruces		Philadelphia	1913	Lynchburg	
				Lordsburg	1917	Pittsburg	1914	Newport News	1914
		LOUISIANA		Magdalena	1918	Pottsville	1918	Norfolk	1916
		Alexandria	1917	Myndus	1917	South Bethlehem	1918	Petersburg	1917
		Delombre	1918	Rodeo	1918	Scranton		Quantico	
		Donaldsonville	1918	Santa Fé	1918	York		Richmond	1917
		Franklin	1918	Santa Rita	1917			Roanoke	
		Jeanerette	1918	Santa Rosa	1918	RHODE ISLAND			
		Lafayette	1918	Silver City	1917	Newport	1917	WASHINGTON	
		Lake Charles		Socorro	1918	Providence	1913	Bellingham	1910
		Monroe		Tucumcari	1918			Everett	1913
		Moreauville	1918	Vaughn	1918			North Yakima	
		New Iberia	1918			SOUTH CAROLINA		Seattle	1910
		New Orleans	1917	NEW YORK		Beaufort		Spokane	1910
		Opelousas	1918	Albany	1918	Charleston	1917	Tacoma	
		Plaquemine	1918	Buffalo	1915	Columbia	1917		
		Shreveport	1917	Elmira	1913	Spartanburg	1917		
		White Castle	1918	New York	1916	Greenville	1917		
				Plattsburg	1917			TENNESSEE	
		MARYLAND		Rochester	1912	Nashville	1915		
		Baltimore	1915	Syracuse	1913			TEXAS	
				Troy	1917	Amarillo			
		MASSACHUSETTS		Utica	1917	Austin	1913	WISCONSIN	
		New Bedford				Beaumont	1917	Fond du Lac	
		Springfield	1915	NORTH CAROLINA		Brenham	1918	Milwaukee	1913
				Charlotte	1917	Brownsville	1918	Superior	1912
				Fayetteville		Brownwood	1918		
				Goldsboro	1919	Cameron		HAWAII	
				Kinston	1919	Corpus Christi	1917	Honolulu	1917
				Raleigh	1917				
				Wilmington	1918				
		MICHIGAN							
		Bay City	1913	NORTH DAKOTA					
		Detroit	1917	Minot					
		Grand Rapids	1912						
		Lansing	1913						
		Muskegon	1917						
		Saginaw	1917						

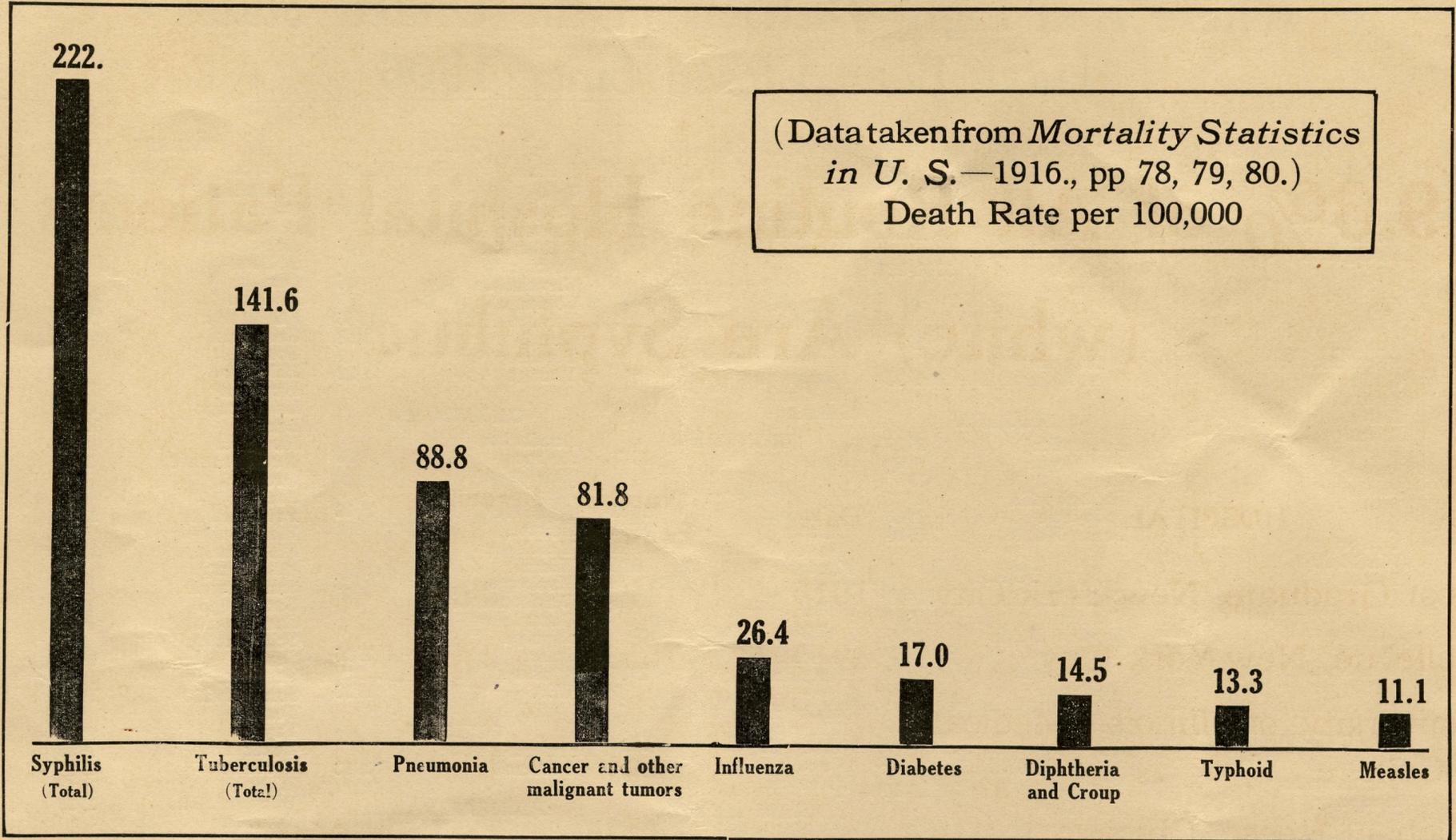
Note 1. No pretense is made that this list is either final or absolutely accurate. Information concerning dates of closing of any districts listed; additional communities which have closed their districts; reasons for believing that any community listed as having a district never really possessed such an institution, etc., are cordially invited.

Note 2. It must be emphasized that the listing of any community as having closed its district in no way constitutes an endorsement of the present condition of that community, which may or may not be good. This list is of value only as a statement that at some time the first step (namely, stamping out the "district") toward a better, cleaner, and more livable community, has been taken by federal, state, or local agencies. In many cases this step has been followed up by local citizens and officials, to the benefit of their community. In others, this undoubtedly has not been the case.

Note 3. A summary (Why Let It Burn? D.P.I. Publication No. 4) of reasons why segregation has been a disastrous failure will be sent on request.

SYPHILIS
[mortality]

Syphilis is the Greatest Killing Disease



The death rate per 100,000 population in the registration area of the United States in 1916 was 1,389.9. For syphilis alone it was 9.6. When corrected in accordance with the following table, the death rate from this disease was found to be far in excess of that from any other disease, syphilis being the cause of practically two out of every thirteen deaths in the United States today.

It is also worthy of comment that the death rate for syphilis has been practically stationary for the years 1911—1916 inclusive, the rates being 214, 218, 216, 217, 219, 222, per 100,000 population.

Syphilis is a Preventable Disease

PROPORTION OF DEATHS, UNDER OTHER CLASSIFICATIONS, THAT SHOULD BE ASCRIBED TO SYPHILIS

Disease	Per Cent	Disease	Per Cent
Locomotor ataxia	100	Cerebral hemorrhage, apoplexy	40
General paralysis of the insane	100	Softening of the brain	40
Congenital debility, icterus and sclerema	100	Bright's disease	20
Organic diseases of the heart	50	Epilepsy	10
Angina pectoris	50	Encephalitis	10
Diseases of the arteries, atheroma, aneurism, etc.	40	Meningitis, (total)	10

Based upon the following authorities:

Sir William Osler, in *Syphilis and Public Health*, by Lt. Col. E. B. Vedder, M.C., U. S. A. page 18

Dr. Leredde, in *Syphilis and Public Health*, page 20

Dr. Douglas Symmers, (Director of Laboratories, Pathological Department, Bellevue Hospital) in letter to Benjamin Malzberg, of the United States Interdepartmental Social Hygiene Board, May 16, 1919

Commonwealth of Australia (1916): Report on Venereal Diseases, page 8

SYPHILIS

[in the white hospital patients
of the United States]

19.6% of All Routine Hospital Patients (white) Are Syphilitic

HOSPITAL	Date	Number Examined	Percentage Syphilitic	Source
Post Graduate, New York City	1916	1914	28.1	p. 56
Bellevue, New York City . . .	1915	6536	25.7	p. 55
University of Illinois, Medical College		418	18.6	p. 59
Michael Reese, Chicago . . .		1224	18.3	p. 58
Johns Hopkins, Baltimore . . .	9-1-1911 8-1-1912	1015	17.5	p. 64
Boston City		500	17.4	p. 61
Philadelphia (11 hospitals) . . .	1913	908	16.3	p. 126
Peter Bent Brigham, Boston . . .	1916	4000	15.0	p. 60
Johns Hopkins	9-21-1914 4-2-1916	1272	13.0	p. 64
St. Luke's, San Francisco . . .	1917	400	12.7	p. 63
Total		18187	19.6	

Vedder,
*Syphilis and
Public Health,*
1918.

*Report of Phil-
adelphia Vice
Commission.*

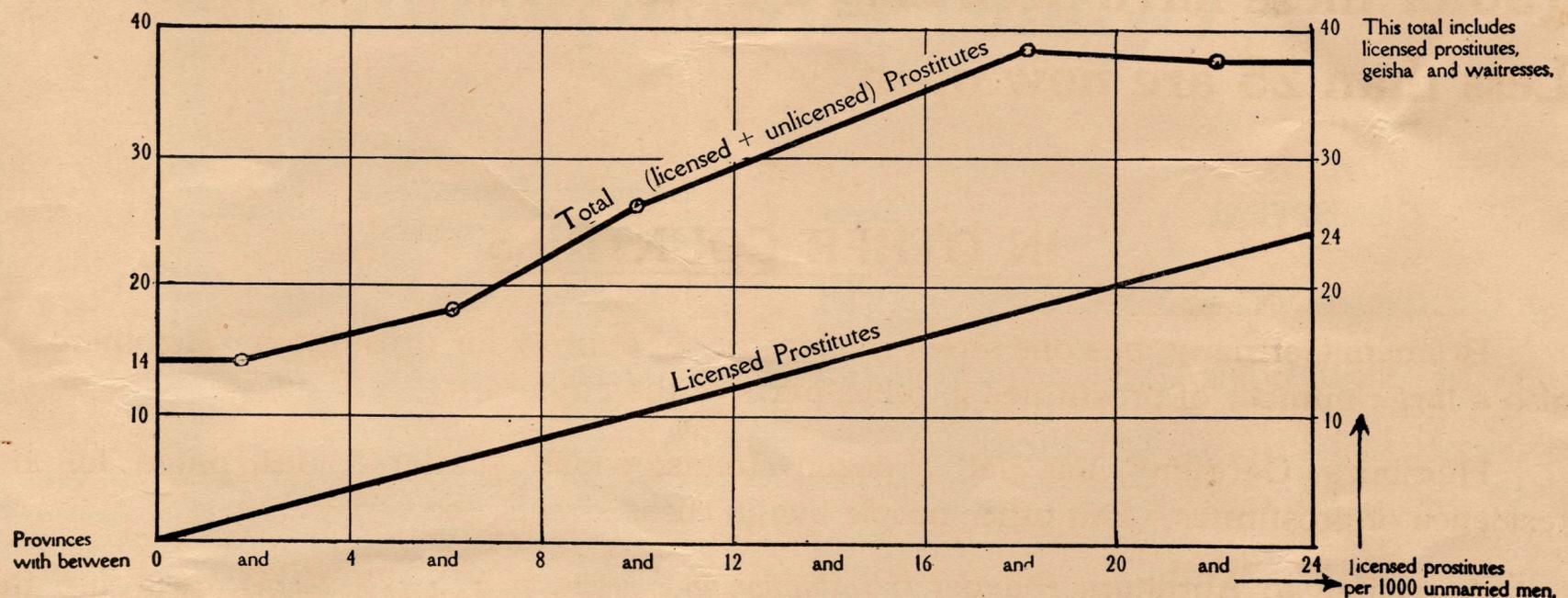
Vedder,
*Syphilis and
Public Health,*
1918.

NOTE: These figures are of value only as a criterion of the *hospital* population of this country. They cannot be used in deducing the prevalence of syphilis in the general population,—first, because they represent the condition of a selected group, and second,—because a hospital group is probably selected by age, so that this factor would have to be standardized before any general deductions could be made.

SEGREGATION

[in Japan]

Segregation *Increases* the Number of Clandestine Prostitutes



NOTE: The forty-seven provinces of Japan were divided into groups, according to the number of licensed prostitutes for every 1000 unmarried men in the province. In one group were those that had less than four, in another those with between four and eight, another those between eight and twelve, etc. These groups are shown in the base of the graph.

For instance:—The highest group includes three provinces, Osaka, Kyoto and Nagasaki. Their standing as to regular prostitutes is shown by the part of the line between 20 and 24 on the base, and also for comparison with the total, by the extreme right of the diagonal line ending at 24 altitude. In these three provinces, the three classes of prostitutes, namely the licensed prostitutes, the geisha and the waitresses numbered 20,136. There are 509,400 unmarried men in them. Thus there are more than 39 such women for each 1000 unmarried men.

Japan is often pointed out as a nation that has adopted segregation and found it the best means of dealing with the problem of prostitution. This is a mistake as shown by figures which David S. Spencer of Nagoya, Japan, has compiled by circularizing all the highest police officials of the forty-seven provinces of Japan. He tabulated the results, giving among other facts the number of prostitutes, geisha (dancing girls), and waitresses in 1914. These tables show that the licensing of regular prostitutes does not do away with a large **OUTSIDE** trade in prostitution. In Japan the geisha and the waitresses are generally considered almost 100% prostitutes, though not licensed as such. If they disappeared or even decreased noticeably with an increasing number of licensed prostitutes, the case for segregation would be strong. But in Japan, as elsewhere, segregation **INCREASES** the total number of prostitutes.

IN THE UNITED STATES

**250 red light districts have been closed in the last 10 years.
150 of these have been closed since 1916.
Less than 25 are now open.**

IN OTHER COUNTRIES

Bremen, Germany, has one street (Helenstrasse) entirely for prostitutes. But there are also a large number of prostitutes in other parts of the city.

Hamburg, Germany, has half a dozen streets, widely scattered, designated for the residence of prostitutes. But other people live in these streets, too.

According to Abraham Flexner (*Prostitution in Europe*, p. 175-178, 1914), these are the nearest approaches to segregation in Europe. Houses of prostitution are licensed or prostitutes are registered to some extent almost everywhere, but there is no such thing as a red light district of the American type.

Japanese cities in general have segregated districts.

The red light districts near military cantonments in India are now being abolished under orders from the Commander-in-Chief, dated July 20, 1918. (*The Shield*, London, February-March, 1919, p. 79.)

In the Dutch East Indies regulation was given up in 1910. (*Social Hygiene*, Vol. III, p. 128.)

No official notice of prostitution is taken in China. (Burgess, *The World Social Evil*, p. 38, 1914.)

In Colombo, Ceylon, segregation was abolished in 1912. (*Social Hygiene*, Vol. I, p. 305.)

Australia in general follows a policy of suppression rather than segregation.

The red light districts in Hawaii, Porto Rico and Manila, P. I., have been closed within the last few years.

Central and South American countries usually follow the European method, or lack of it.

Some red light districts are still running in Canada and Alaska.

SEGREGATION

[does not segregate]

70% of all the prostitutes in San Francisco (See 1)

80% of all the prostitutes in Dallas, Texas (See 2)

99% of all the prostitutes in Paris, France (See 3)

Lived Outside The Segregated Districts

1. Estimate of city officials to representatives of the War Department Commission on Training Camp Activities, 1918.
2. Estimate of Dallas city officials to representatives of the War Department Commission on Training Camp Activities, 1918.
3. Flexner, *Prostitution in Europe*, p. 145-6, 192-3, 1914.

