

Commission] have been in operation for some time, and the question of notification should then be further considered. It is also possible that when the general public become alive to the grave dangers arising from venereal disease, notification in some form will be demanded." The Commission supported the adoption of a recommendation by the Royal Commission on Divorce to the effect that where one of the parties at the time of marriage is suffering from venereal disease in a communicable form and the fact is not disclosed by the party, the other party shall be entitled to obtain a decree annulling the marriage, provided that the suit is instituted within a year of the celebration of the marriage, and there has been no marital intercourse after the discovery of the infection. The Commission urged that more careful instruction should be provided in regard to moral conduct as bearing upon sexual relations throughout all types and grades of education. Such instruction, they urged, should be based upon moral principles and spiritual considerations, and should not be based only on the physical consequences of immoral conduct. They also favoured general propaganda work, and urged that the National Council for Combating Venereal Diseases should be recognized by Government as an authoritative body for the purpose of spreading knowledge and giving advice.

Another important Commission, sitting almost simultaneously with that just referred to, was the National Birth-rate Commission, which began its labours on the 24th October, 1913, and presented its first Report on the 28th June, 1916. The Commission was reconstituted, with the Bishop of Birmingham as Chairman, in 1918, to further consider the question, and especially in view of the effects of the Great War upon vital problems of population. Among the terms of reference the Commission were requested to inquire into "the present spread of venereal disease, the chief causes of sterility and degeneracy, and the further menace of these diseases during demobilization." The Commission in their report, presented in 1920, stated that they realized the difficulties involved in the introduction of any efficient scheme of compulsory notification and treatment of venereal diseases, but, they added, they "feel that it has now passed the experimental stage both in our colonies and in forty of the forty-eight of the United States of America, and think it is advisable for the State to make a trial of compulsory notification and treatment in this country, provided that there should be no return to the principles or practice of the Contagious Diseases Act." Referring to the finding of the Royal Commission on Venereal Disease that it would not be possible at present to organize a satisfactory method of certification of fitness for marriage, the National Birth-rate Commission thought this question should now be reconsidered with a view to legislation. "If," says the report, "a certificate of health was to become a legal obligation for persons contemplating marriage, many of the legal, ethical, and professional difficulties surrounding this question would be removed."

In Sweden, where a Venereal Diseases Law was passed in 1918, stress was laid on the importance of general enlightenment with regard to venereal disease and germane subjects, such as sex hygiene. A committee was appointed, consisting of experts in medicine and pedagogy, to inquire into the best means of providing such education. Their report, which has just been issued, is described by the *British Medical Journal* as a document of considerable value, promising to become the charter of a new and complete system of sex education and hygiene in schools throughout Sweden. Further reference will be made to this document in the section of this report dealing with education.

The subject of venereal disease has also been considered by more than one important Medical Conference in Australia and New Zealand.

At a general meeting of the Australasian Medical Congress held in Melbourne in October, 1908, it was resolved that the executive be recommended to appoint a committee to investigate and report on the facts in regard to syphilis. Such a committee was appointed, and reported to the Congress in Sydney in 1911. In 1914 the Congress was held in Auckland, and a special committee which had been appointed, with the Hon. Dr. W. E. Collins, M.L.C., as chairman, presented a valuable report giving some interesting information in regard to the prevalence of venereal disease in New Zealand. The committee recommended that syphilis be declared a notifiable disease; that notification be encouraged and discretionary, but not compulsory; and that the Chief Medical Officer of Health be the only person to whom the notification be made. They also recommended the provision of laboratories for the diagnosis of syphilis, and that free treatment for syphilis be provided in the public hospitals and dispensaries. These recommendations were embodied in the report adopted by the Congress.

In February of the present year an important Conference, convened by the Prime Minister of Australia, was held in Parliament House, Melbourne. It was attended by official representatives of the Health Departments of all the States, together with representatives from the British Medical Association, the Women's Medical Staff at the Queen Victoria Hospital Diseases Clinic in Melbourne, and other scientific and medical authorities. The Commonwealth subsidizes the work of the States in combating venereal disease, and the object of the Prime Minister in calling the Conference was in order that it might inquire into the effectiveness of the present system of legislation, of administrative measures, and of clinical methods, with a view of determining whether the best results were being obtained for the expenditure of the money.

Western Australia has an Act, which came into operation in June, 1916, providing for what is known as conditional notification of patients, together with other provisions for the control of venereal disease which are on a more comprehensive scale than has been attempted anywhere with the possible exception of Denmark. In December, 1916, Victoria passed a similar Act, and this example was followed by Queensland, Tasmania, and New South Wales.

The Conference, answering the several questions put to it, found that a greater proportion of persons infected with venereal disease were receiving more effective treatment than before the passing of the Venereal Diseases Act. In the opinion of the Conference this was due partly to the passing of legislation and partly to the opening of clinics affording greater opportunities for free treatment.