

sufferers, or, indeed, to draw any distinction between different classes of diseases in a hospital, and that the ordinary subsidy should be paid in all cases.

In this Act also is power to make regulations for the "classification, treatment, control, and discipline of persons *detained* in such hospitals," but apparently, owing to the opposition to the almost analagous provision in the Hospitals and Charitable Institutions Act, 1913, no such regulations have as yet been made.

## PART II.—PREVALENCE OF VENEREAL DISEASES IN NEW ZEALAND.

### SECTION I.—STATISTICAL.

#### (A.) *Medical Statistics.*

The first item on the Committee's order of reference is "To inquire and report as to prevalence of venereal diseases in New Zealand."

One of the first matters which engaged the attention of the Committee was the question how reliable information could be gathered which would indicate the present prevalence of these diseases in this country. Recognizing that it would be impossible to obtain trustworthy figures without securing the widespread co-operation of the medical profession, the Committee at an early stage sought and was readily given the help of the British Medical Association in the matter. Representatives of the Association gave their assistance in the preparation of a form to be sent to and filled in by all practising members of the profession, and in the current number of the *New Zealand Medical Journal* an appeal to members for their collaboration was made. Suitable circular letters were also prepared by the Committee asking medical practitioners for their co-operation, and the Committee are pleased to be able to report that out of about 750 in actual practice, no fewer than 635 medical practitioners sent in completed returns. A copy of the form used for these returns will be found as an appendix to this report, as also a tabulated return of the replies received and compilations therefrom.

It will be seen that the total number of cases of all forms of venereal diseases and of diseases attributable to venereal disease under the personal care of the doctors reporting is 3,031; and, taking the population of New Zealand as 1,296,986 (estimated population 31st March, 1922), this means that about one person in every 428 of our population is at present being treated for venereal infection or for the results thereof. Acute and chronic gonorrhœal infections give a total of 1,598, being about one person in every 812 of the population. This is most likely a very low estimate, for the Committee have had it very definitely in evidence that many persons suffering, at least from acute gonorrhœa, seek treatment at the hands of persons other than registered medical practitioners. For syphilitic infections in all forms the total is 1,419, about one person in every 914 of the population. The return bears out other evidence showing that the chaneroid or soft-sore type of infection is rare in this Dominion.

The Committee regard the result obtained as furnishing some indication of the amount of active venereal disease existing in the Dominion. The Committee consider, however, that these figures must be considerably on the low side, for these reasons: (a) that a number of medical practitioners have not replied; (b) that some diseases attributable to venereal disease may not have been conclusively diagnosed as such, and, therefore, not included in the return. The return necessarily does not include cases, probably numerous, which have not been under medical care for some time, if at all; (c) to secure a complete return would have involved the keeping by each doctor of full records of all cases and a careful and laborious collation of figures.

With respect to the expression of opinion asked of medical practitioners upon the question "If venereal disease in this Dominion has or has not increased in a greater proportion than the population during the last five years," it will be seen that of 322 who replied, 199 answered "Yes" and 203 "No." This is necessarily purely a matter of impression, and it must also be borne in mind that the evidence shows that patients are now using the clinics in large numbers, while others who formerly went to general practitioners now consult specialists who have recently started in practice. On the other hand, it is possible there is a compensating influence in the fact that the public are being educated to the importance of seeking skilled medical treatment for these diseases.

#### (B.) *Clinic Statistics.*

A second source of information as to the prevalence of venereal diseases was provided by the statistics which have been compiled by the Department of Health as the result of the establishment of the venereal-diseases clinics. Among the appendices to this report will be found a return showing the number of persons attending at each of these clinics for the years 1920, 1921, and part of 1922, and recorded under the headings "Sexes" and "Diseases." These statistics are valuable inasmuch as they record facts, but with respect to the total prevalence they are but an indication, since they relate only to a small proportion of the population who have become infected and sought treatment. From this table (B) it will be found that the males attending for the first time represent 83.60 per cent. of the total, and females 16.40 per cent., or, roughly, a ratio of six males to every female.

*Clinic Distribution.*—In the figures for syphilis the following points are worthy of note:—Auckland: A distinctly higher number of cases than the other centres. A marked drop in 1921 for males, but the return for this year indicates a rise; female cases show a rise for this year. Wellington: Returns appear fairly uniform, with a slight falling tendency, most marked in the females. Christchurch: A drop in male cases, with a fairly uniform rate of females. Dunedin: Here the rates appear uniform, with exception of a fall for males in 1922.

As to gonorrhœa, these points may be noted: Auckland: A marked rise. Wellington: Steady rise with exception of females. Christchurch: Slight rise since 1920; females uniform rate. Dunedin: Slight rise, with indication of male increase in 1922.