15 H.—31A.

It is suggested that in certain cases of gonorrohoea, where it is an advantage that the treatment should be carried out twice or more often daily, arrangements might be made for the supply of the necessary apparatus and drugs to patients at cost price, and in indigent cases free of charge. This is particularly important to women who may have to continue treatment for several months.

The clinics should be more widely advertised by notices in public conveniences and other suitable

places.

The Committee are impressed with the valuable work done at these clinics, and recommend their

extension to other centres as opportunity offers and necessity is shown to exist.

The existing clinics are conducted by medical men who have had special experience and training in the treatment of these diseases. The Dunedin clinic is attended by medical students for purposes of instruction. In view of recent advances in the processes of diagnosis and treatment of these diseases, the Committee consider that opportunity should be given to medical practitioners to attend these clinics in order to familiarize themselves with the most recent advances in this field. It would be an advantage also if nurses in the course of their training attended the female clinics, so that they might be taught to recognize the commoner manifestations of these diseases.

The most disappointing feature in the records of the clinics is the cessation of treatment by so many patients before they have ceased to be infective. The following evidence was given in this

connection :--

Percentage of Cases attending till Non-infective. Auckland Clinic: 80 per cent. cases of syphilis, 50 per cent. cases of gonorrhea. It was stated that no woman suffering from gonorrhea continued treatment till non-infective.

Wellington Clinic: 40 per cent. of all cases continued treatment till non-infective, and very few of these were women.

Christchurch Clinic: Men with syphilis, 75 per cent.; men with gonorrhœa, 98 per cent.;

women with syphilis, 50 per cent.; women with gonorrhea, 14 per cent.

Dunedin Clinic: In this clinic only thirty-one males suffering from gonorrhea were discharged cured; thirty-two absented themselves while still infective; three female cases remained under treatment till cured, and six ceased to attend while still infective. Forty male syphilities remained till non-infective, and seventy-four ceased treatment before it was completed. For female syphilities the figures are four and eighteen.

It will be noted that in each case the proportion of women who attend till non-infective is much smaller than of men, especially in cases of gonorrhea. The reasons for this are probably that owing to anatomical considerations women infected with venereal disease suffer less pain and the disease is less obvious than in men. On cessation of the more urgent and obvious signs and symptoms they stop treatment. Again, it is probable that the publicity of attending the clinics is felt more by women than men. A third reason is the prolonged period of treatment (often extending over many months) necessary to eradicate gonorrhea in women. These difficulties could to some extent be mitigated by the provision of arrangements for women to carry out treatment in their homes, which would avoid the publicity and loss of time entailed in attending clinics.

The Committee were impressed with the value of the work done by the lady patrol in Christchurch, and considers that lady patrols would help greatly in securing the attendance of women at the clinics. It is recommended that these patrols should be attached to the Hospital Boards and that they should be trained nurses. They would be available to give advice to patients as to treatment in their homes.

The Committee would also draw attention to the very valuable work done by the Social Hygiene Society in Christchurch, and recommended the establishment of similar voluntary societies in other centres.

The Committee recommend that all bacteriological and other examinations required for the diagnosis and treatment of cases of venereal diseases should be carried out in laboratories of the Department of Health and public hospitals free of cost, on the recommendation of medical practitioners.

The Committee made inquiries from competent witnesses as to the present position of the complement fixation test in gonorrhœa. It appears that this test has not reached yet such a degree of reliability as to render it of great diagnostic value, but that it is reasonable to hope that it may be perfected to such an extent to give it a value in the diagnosis of gonorrhœa comparable to that of the Wassermann test in syphilis.

SECTION 3.—LICENSED BROTHELS.

Inasmuch as one of the many letters addressed to the Committee favoured the adoption of the Continental system of licensed houses of prostitution, with medical inspection of the inmates, it seems desirable to examine the arguments for and against such a proposal. Those who support it contend that so long as human nature remains as it is prostitution will continue, therefore it is better that it should be regulated with a view to controlling the spread of disease. It is also urged that the system acts as a safeguard against sexual perversion by providing an outlet for the unrestricted appetites of men; that in its absence clandestine prostitution increases, and innocent girls are more likely to be led astray or become the victims of sexual violence. Apart from the moral aspect of the case, these arguments are entirely fallacious; and even in the countries where the licensed-house system prevails enlightened public opinion has come to that conclusion. In the first place, the idea that the system tends to lessen disease is a dangerous delusion. Owing to the fact, already referred to, that venereal disease in the early stages is difficult to detect in women, even by skilled experts working with the best methods and with practically unlimited time at their disposal, the routine inspection given, for example, in the French and German houses is no guarantee of the inmates being free from communicable disease even at the time of inspection.

Flexner, who spent two years in making inquiries and writing his classic work on "Prostitution in Europe," is most emphatic on this point. The experience of the American troops in the Great War