obtain any hold over embezzlers because all embezzlers are not discovered, or because all embezzlers are not handed over to justice. There is no doubt that the knowledge of the penalties, and of the occasional embezzlers that are handed over to the law, does act as a deterrent to others not to sin. So also the knowledge of the penalties would drive the patients to the doctor, and would prevent the infection of others, if not entirely, at any rate to a great degree. While the fact that unqualified persons cannot treat them would make for early and therefore efficient treatment and cure. Such legislation as is outlined above would, if made operative, go far towards stamping out the disease, and every one part is essential to the other. So far as the Social Hygiene Act, 1917, is concerned, it is unworkable because it gives no hold over the individual.

The clause as to employment is not only unjust, but unworkable entirely. It should be dropped. It would be for the doctor to decide if the patient was risking infection to others in his employment. And he would act if it were essential in the public health, and make him stay away from it under threat of notification.

Of course, penalties may be provided for falsely accusing anyone, but if notification were only conditional on failure to observe rules as to treatment and infectivity, and then investigation carried out before any publicity, individual interests would be conserved.

With regard to prophylaxis (prevention) anticipatory to immoral acts, the loathing felt when first told of this issue, the repulsion with which it is heard, are measures of the infamy of the thing. No special reasoning can make a thing right which innate modesty tells one is wrong. It has been said that the advocates of this course, being sincere, should at least be given the credit of being sincere. But one ought not to see this subject through the glasses of the other side. If anticipatory prophylaxis is bad, no question of utility can make it right under any circumstances, from a moral viewpoint. There is no common ground for right and wrong. Then let it be fought with bare fists, and not with gloves on. The other side don't understand it. They take the "credits" as a sign of weakness. And why make a credit of sincerity? Of all specious argument in favour of anything, this is the weakest. Sincerity in a cause is not an argument for its righteousness. The devil is sincere in all his doings. It is not to his credit. If the advocates of anticipatory prophylaxis are sincere, it is not necessarily to their credit, nor is it an argument in its favour. These advocates maintain that no man can be chaste, or if he is so, then it is from fear, not from inclination. If (they say) he is chaste, it is unnatural. They are wrong. It is a certainty that more men are chaste than unchaste, but because impurity is so blatant and purity so reticent, the clamouring of the vile drowns the whispering of the clean. More than that, chastity is the healthiest state, and the state in which both man and animal are more efficient.

It is said to be a fact that the greatest obstacle in the path of anticipatory prevention was the opposition of prominent medical officers. If it is a fact that every New Zealander proceeding on leave is provided with a prophylactic packet, then it is by order of the combatant officials. However greatly a civilian may be influenced by utility in this matter, he cannot ignore the fact that these medical men opposed it.

The aspect from which the problem has been approached in the past has always been that of stamping out the disease. It should continue to be so. No one will expect a doctor to lower himself to making venereal promiscuity safer because it must make it more frequent. But he can, and will make every effort to stamp out the disease, because of its effects on the sufferers, whether innocent or guilty. If this, incidentally, makes sin safer, that cannot be helped. If a man came to a doctor for an anticipatory preventive, he must refuse it from the fact that there can be no guarantee without this protection, the man would sin at all. Such a request practically puts the doctor in the position of a procureur. Hence the proper course is to eradicate the disease. In the pursuit of this policy of eradication of venereal disease, various and wrong methods have been tried, such as registration and inspection of prostitutes. These have failed, because, for one reason alone, it is not necessarily prostitutes that carry the infection. Hence the gathered power of the propaganda for prophylaxis in anticipation of immoral acts.

But the real reason for the failure of eradicatory methods, in the past, is solely because venereal disease has never been treated as other infectious diseases have. Take typhus, or typhoid, or smallpox. We seldom hear of them. Nevertheless, at one time they were rampant.

But just a few more words in reference to the advocates of anticipatory prevention. Not only are they wrong that sexuality is a necessity, and not only is it true that chastity is a healthy, nay, the healthiest state, but also they are wrong when they assume that they can absolutely prevent infection. More than that, temptation may assail the sinner when under the influence of alcohol, or when no prophylactic packet is at hand. If he falls and escapes infection, he will be the readier to risk again, until at last he is infected.

They ignore the influence of prophylaxis on marriage, on the birth-rate, and on the attitude of the sexes to one another. In fact, one might say, marriage under this code, as with chastity, is only another preventive of infection, and if the prophylactic theory is carried out to its logical conclusion married people will be a joke, and children a rarity, and sexual promiscuity will universally obtain.

It is argued in favour of prevention that some immoral men fight well. But because a burglar is a good fighter, it is no reason for providing an escape from punishment, and the same reasoning applies to the unchaste.

The Royal Commission on Venereal Disease did not pronounce against notification, but found that the time was not ripe for it, and that the public must be educated on the subject. But misconception has arisen on the part of some on this account, and a large measure of opposition to notification is based upon such misconception.

Quite recently, the New Zealand Branch of the British Medical Association pronounced in favour of notification, and many bodies of public men, such as Hospital Boards, have voted for it.

The Prisoners' Detention Act is a legislative attempt to deal with the diseases, but is wrong in its principle, since the person suspected has to be arrested on a more or less trumped-up charge.

The Social Hygiene Act, 1917, is a real effort on the part of the Minister