

The Registrar-General for New Zealand, Mr. W. W. Cook, in his evidence in chief, stated that he did not favour these suggestions. A certificate of death, he said, cannot be regarded as confidential, as the information contained therein is recorded in the death entry, which may be inspected by the public, and of which a copy may be obtained by any applicant. In reply to questions, however, he stated that the law could no doubt be altered so as to make the death-certificate confidential, the information to be given up only on an order from a Court of justice. Apart from the fact that the insurance companies might object, he did not see any objection from the public point of view.

Mr. Malcolm Fraser, the Government Statistician, said that there was considerable division of opinion on this question at the British Empire Statistical Conference held in London in 1920, when statisticians from all parts of the Empire were present. It was generally agreed that the system was good theoretically, but some doubt was expressed whether in practice there would be as much improvement as was expected, since the system would depend entirely on the medical attendant strictly complying therewith and disclosing the true cause of death in every case. Any system of confidential information always had that failing. The witness thought the register must be open for persons having a right to call for copies of entries. In dealing with insurance claims at death the truth or otherwise of the statement in the proposal form was important, and might require verification by inspection of the death entry. At the Conference Dr. Stevenson, the Statistician to the Registrar-General of the United Kingdom, was very pronounced in his advocacy of the confidential form of certificate. The Conference passed the following resolutions: "(1.) That the present system of open certification tends to prevent candid statements of the causes of death, and thus introduces a systematic error into death statistics. (2.) That the error would be eliminated by a system of confidential certification."

The Committee, while agreeing that such a system of registration of deaths would undoubtedly afford better means of approximating to correct returns of mortality not only from venereal diseases but also from alcoholism and some other diseases, would point out that, if New Zealand were to adopt the reform while the rest of the Empire retained the present system, the result would be to place the Dominion in an apparently unfavourable light in comparison with other parts of the Empire in regard to the mortality from these diseases.

SECTION 2.—CAUSES OF THE PREVALENCE OF VENEREAL DISEASES IN NEW ZEALAND.

In discussing this order of reference the Committee desire it clearly understood that these causes are not peculiar to New Zealand, and do not operate more extensively in New Zealand than elsewhere. The Committee are concerned, however, in discussing this question only as it affects New Zealand.

The causes of the spread of venereal disease may be classified under two main headings: (1) The presence of infected individuals acting as foci of infection; (2) the occurrence of promiscuous sexual intercourse, by which in the great majority of cases the disease is actually transmitted from one individual to another.

(1.) *The Presence of Infected Individuals.*

These sources of infection arise and persist for the following reasons:—

- (1.) Neglect by infected persons to undergo treatment.
- (2.) Neglect to continue treatment till no longer infective.
- (3.) The treatment of infected individuals by unqualified persons, such as chemists, herbalists, chiropractors, &c. In these cases the disease becomes chronic, and the best opportunity for its treatment and cure has passed before the case is seen by a medical man.
- (4.) By the introduction of venereal disease to this country from overseas.

(2.) *The Occurrence of Promiscuous Sexual Intercourse.*

A striking portion of the evidence placed before the Committee was that which showed the very small amount of professional prostitution in New Zealand. This was supported by the valuable evidence of Mr. W. Dinnie, ex-Commissioner of Police, and Mr. A. H. Wright, Commissioner of Police. The latter witness stated that there were only 104 professional prostitutes in the Dominion.

It would appear also that the professional prostitute, as a result of her knowledge and experience, is less likely to transmit venereal disease than the "amateur." It is therefore principally to clandestine or amateur prostitution that one must look for the dissemination of the disease, and inquiry into the conditions which tend to the production of the amateur prostitute is a direct inquiry into the causes of the prevalence of venereal disease.

The evidence before the Committee shows that this promiscuity is very prevalent, and that it is not confined to any particular social strata. The fact is also strikingly demonstrated by Table A in the appendix. From this table it will be seen that during the period 1913–21 there were 10,841 illegitimate births and 33,738 legitimate first births within one year after marriage. If to the illegitimate births we add the total number of live births occurring within the first seven months of marriage—viz., 12,235—which may be safely considered to have been conceived before marriage, we get a total of 23,076 births in which conception took place extra-maritally. In other words, more than 50 per cent. of total first births occurring within twelve months of marriage result from sexual contact prior to marriage.

Some factors which contribute in a greater or less degree to the moral laxity which leads to promiscuous sexual intercourse are—

- (1.) The relaxation of parental control, which was emphasized by many witnesses. Girls stay less at home and assist less in the work of the home, preferring whenever opportunity offers, to go to the pictures or some other form of entertainment.