attitude towards sex problems. Parents, it is hoped, will learn to protect their infants from the undesirable caresses and kisses of strangers. . . . As for sex teaching in school, this should be associated with the teaching of biology, Christianity, sociology, and psychology. The question of venereal disease should not come into the curriculum until comparatively late, and until the physiology of fertilization and reproduction has been fully taught. Advanced sex teaching should preferably be in the hands of doctors; but they are not always available, in which case other teachers should give instruction on this subject, male teachers dealing with boys and female teachers with girls. Teaching of sex hygiene in high schools for girls should include the subject of venereal disease, and special emphasis should be laid on the protection of infants from infection. A further recommendation is that a carefully supervised library of works on sex hygiene and venereal disease should be compiled at the cost of the State for the use of teachers and classes."

The Committee of the Board of Health agree with the suggestion that teachers should be trained to deal with this question, and that school medical officers or other qualified practitioners should give occasional "talks" to the elder boys and girls. A great deal may be done by physical instructors preaching the gospel of "physical fitness" and personal cleanliness in thought, word, and deed. Bathing and outdoor sports and games of all kinds should be encouraged. The Committee would point out, however, that not all teachers and not all medical men possess the qualities fitting them to give instruction and advice in this delicate matter. The task should be entrusted to those who have shown themselves specially adapted by sympathy and tactfulness for the work, and preferably those who are parents, otherwise harm instead of good may result.

More than one witness spoke with approval of "The Cradleship" and other books by Miss Edith Howes as suitable for use with young children.

The Committee are of opinion that addresses on sex questions by lay persons, except selected teachers, to young people in mass are of doubtful value.

Sufficient instruction should be given to adolescents regarding venereal diseases and their effects to ensure that if they do contract them it shall not be through ignorance. The Committee cannot too strongly emphasize their belief, however, that knowledge of the effects of venereal diseases is in itself by no means a sufficient safeguard; that in addition to such knowledge the cultivation of a high moral standard is necessary, and if this is reinforced by religious sanctions it is likely to be more effective.

The Committee agree with the view expressed by Dr. E. T. R. Clarkson in a recent text-book, entitled "The Venereal Clinic," that in many instances an excessive stress has been placed upon the factor of fear. He says that a very small proportion of the community are restrained from indulging in promiscuous sexual intercourse through fear, and it is irrational to rely so much upon an emotion which at the best is but slightly inhibitory, and which cannot in itself exercise a direct energizing influence for good. "We do not," he continues, "wish to deter the community from living a life of sexual promiscuity by rendering them fearful of the possibilities of acquiring venereal disease, but we want rather to instil such an ideal into them, whether it be of a religious, ethical, or altruistic nature, as will tend to make them regard such a life as incongruous with those tenets and therefore as undesirable, however much it may be desired on other grounds." He adds that the emphatic reiteration of fear possesses another and dangerous disadvantage. "There is no doubt, as venereologists will testify, that many individuals are seriously suffering from the effects of fear thus engendered in their minds. In some instances the resultant damage to their mentality is more serious than the venereal disease from which they are suffering; whilst in others an obsession that they are infected, when there is no foundation for the fear, may develop in such a manner as to inflict serious and permanent damage."

Section 2.—Clinics for the Treatment of Venereal Disease.

Early in 1919 clinics for the treatment of venereal disease were established in each of the four main centres. Arrangements were made by the Department of Health for the treatment by Hospital Boards throughout the Dominion of cases of venereal disease, and in the absence of local institutions arrangements were made with private practitioners. There is therefore opportunity for all to receive free treatment, wherever they may be, in New Zealand.

Table B sets out the work done at the four clinics during the two and a half years ended 30th June, 1922. From this table it will be seen that 3,038 males and 596 females attended these clinics during the period named. **The total number of attendances was 110,792—101,995 males and 8,797 females.** The disproportion between the number of males and females attending is notable. It is clear from the evidence that this does not represent a difference in the incidence of these diseases in the sexes, but that women do not attend so freely when suffering.

These clinics are attached to the public hospitals in each centre, and all evidence goes to show that this is most desirable. If the clinics were apart, the object of the patients' visits would be obvious, whereas the actual purpose for which they go to a hospital is not so. It is to be strongly emphasized that the less publicity given to the attendance of these patients, the greater the number of patients who will be likely to take advantage of the treatment offered. This applies especially to the attendance of women.

The clinics are now open only at certain hours. The Committee suggest that they might with advantage remain open continuously (except at certain fixed hours on Sunday). In the absence of the Medical Officer a sister could take charge of the women's clinic, and a trained orderly of the men's clinic. It would be necessary in this case to have separate clinics for male and female patients—the same rooms would not be available for both sexes.

The majority of witnesses asked were of opinion that if a lady doctor were made available for the treatment of women the number of women attending would increase.