

is further strong confirmation. The following is an extract from an article published by the American Red Cross in May, 1918: "During the months of August, September, October, and the first half of November, the houses of prostitution flourished and were half-filled with soldiers. On November 15th rigid orders were issued placing these houses out of bounds, and the immediate result was a great reduction of sexual contacts. As a result there was a steady decline in venereal infections, and the monthly rate per 1,000, which in October reached 16·8, dropped in January to 2·1 among the white troops. During the same period there was an even more striking drop in the infections among the negro labourers, the percentage dropping from 108·7 per 1,000 a month to 11 per 1,000. No statistics could speak more eloquently for the doctrine of closing the houses of prostitution. Our studies showed numerous infections coming from houses 'inspected' three times a week."

In May, 1921, a conference (the North European Conference on Venereal Diseases), in which England, Finland, Germany, Holland, Norway, Sweden, and Denmark participated, passed the following resolution: "This conference, having considered the general measures for the combating of venereal diseases which have been adopted by the participating countries, is unanimously of the opinion, so far as the experience of these countries is concerned, that the legal and official toleration of professional prostitution has been found to be medically useless as a check on the spread of venereal diseases, and may even prove positively harmful, tending as it does to give official sanction to a vicious trade."

On the same point Flexner says: "It is a truism that physicians requiring to equip themselves as specialists in venereal disease resort to the crowded clinics of Paris, Vienna, and Berlin, all regulated towns, because there disease is found in greatest abundance and richest variety—a strange comment on the alleged efficacy of regulation."

Dr. Clarkson, in "The Venereal Clinic," already quoted, says, in reference to the fancied security of licensed houses, "It may strengthen the hands of practitioners to be able to tell interrogators in this subject that in the opinion of leading venereologists, &c., no foundation exists for any such feeling of confidence or security. In other words, the system of licensed houses is a failure, and the 'red light' of lust shines out as the lurid signal of disease and death."

It is surely hardly necessary to urge the moral objections to the proposal. The United States Public Health Service not long ago sent out a *questionnaire* to representative citizens in various walks of life asking for opinion in regard to open houses of prostitution. There was an overwhelming preponderance of replies against the system on moral as well as hygienic grounds. One Illinois miner answered: "The life of a prostitute is short, and her place must be filled when she dies, and, being the father of two girls, I would not want mine to fill a vacancy, and I think all parents think the same." A Colorado carpenter replied: "The woman engaged in such business may not be my wife, mother, sister, or daughter, but she is somebody's wife, mother, sister, or daughter. It is a violation of all law." One Chief of Police wrote: "Open houses of prostitution breed disease, crime, increase the number of prostitutes, corrupt the morals of the community, and are a menace to the youth of the country." Another replied: "The only reason I have ever heard advanced in favour of houses of prostitution is that they protect innocent girls. I am opposed to sacrificing any woman to benefit others."

If statistics could be obtained it would be probably found that the system tends not only to increase disease, but the volume of sexual immorality and crime. From the most materialistic point of view the system is indefensible; while, looking at it from the moral aspect, it is inconceivable that British people, who spent millions of money to stop the traffic in black slaves, would ever officially countenance a system which enslaves the souls as well as the bodies of its victims and defiles the community in which it exists.

SECTION 4.—EXCLUSION OF VENEREAL CASES FROM OVERSEAS.

The Committee are of the opinion that by the strict exercise of the provisions of section 111 of the Health Act, 1920, much may be done to prevent introduction of venereal diseases from overseas. They suggest, however, that where any person so suffering is required or permitted to attend a clinic he should be accompanied by some responsible officer of the ship, or person authorized by the shipping company concerned, and that the question on the "Report of Master of the Ship" defined by regulations—"Are you aware of the presence on board of any person suffering from . . . (b) venereal disease?"—might be strengthened by adopting the Australian quarantine service equivalent—viz., "Is there now or has there been on board during the voyage any person suffering from demonstrable syphilis in an active condition, or other communicable disease?"

The evidence given does not show that the number of venereal-diseases cases already in the Dominion is greatly added to by the introduction of cases from overseas. Since 1903 persons suffering from syphilis have been "prohibited immigrants" within the meaning of the Immigration Restriction Act.

SECTION 5.—PROPHYLAXIS.

Before discussing this question it is desirable clearly to distinguish between the procedures which are included under this term. These are—

- (1.) The supply of drugs and appliances which are made available for use by the individual before exposure to infection. This may be described as "anticipatory prophylaxis," and has commonly been designated the "packet system."

The Committee condemn this procedure, for these reasons: (i) That the system suggests a moral sanction to vice; (ii) that the individual is lulled into a false sense of security, and may thereby be encouraged repeatedly to expose himself to infection; (iii) that the individual may be thereby deterred from seeking early advice or treatment; (iv) that the drugs supplied may be used for treating disease should it arise, and so delay may result in seeking skilled treatment in the early stages when it is likely to be most effective.