

"(2.) Every medical practitioner, other than the medical officer in charge of a public hospital or of a clinic established by direction of the Minister of Health, shall be paid for each such notification a fee to be prescribed by regulation.

"(3.) The provisions of subsection (1) hereof shall apply in the case of a child under the age of sixteen years who is suffering from congenital syphilis.

"(4.) Whenever a patient has changed his medical adviser, in accordance with subsection (2) hereof, the medical practitioner under whose care the patient has placed himself shall notify the Director-General of Health in accordance with subsection (1) hereof, and shall include in such notice the name and address of the previous medical adviser."

Without some such system of preliminary notification no adequate statistics can be collected as to the prevalence of venereal diseases in New Zealand, and no conclusion could be arrived at in the future as to the effect of the whole or any part of the programme for combating these scourges. Again, without such notification, and the attachment thereto of some method of ensuring that the patient is made definitely acquainted with his condition, it is practically impossible to enforce the provisions of section 8 of the Social Hygiene Act for the crime of "knowingly" infecting any other person.

Here the Committee would refer to case 2 quoted above. Of what use is it to provide free clinics if those who make use of them are permitted, as soon as the urgent symptoms are relieved, to disseminate disease broadcast, widening the circle of infection? Again, where is our humanity if no step is to be taken to try to prevent a syphilitic child being born to the man in case 1?

A very valuable result of anonymous notification would be the possibility afforded of observing any unusual "flare-up" or succession of cases, especially in country districts and small towns. Study of case 4 will show the great value it would have been to have a record of an unusual increase of syphilis in that township, giving an opportunity for prompt investigation by the Medical Officer of Health for the district.

(B.) *Compulsory Examination and Treatment.*

This question obviously presents more difficulty than that of notification, but it is clear that unless some means are provided of bringing under treatment and, if necessary, isolating persons who are suffering from highly contagious diseases, and who will not avail themselves of medical treatment although this is provided free of cost by the State, and who are knowingly or recklessly communicating the disease to others, it will be impossible to keep in check this terrible scourge. Without such provision any abandoned woman, as in case 4, or any male libertine, may continue to sow disease broadcast without any power to stop them. Failing some such measure, table articles and food may continue to be smeared by hands soiled with syphilitic material, as in case 1; section 6 of the Social Hygiene Act remains mere useless verbiage, and the infecting of innocents, as in case 3, may continue unchecked.

Legislation dealing with this subject needs to be carefully framed with suitable safeguards, but the Committee think that an amendment of the Social Hygiene Act on the lines proposed by the Department of Health should be adopted. These provisions are,—

- (1.) That whenever the Director-General of Health has reason to believe that any person is suffering from venereal disease, and has infected or is liable to infect other persons, he may give notice in writing to such person directing him to consult a medical practitioner, and to produce within a time specified in the notice a certificate from such medical practitioner to the satisfaction of the Director-General of Health that such person is or is not suffering from venereal disease.
- (2.) Should the person not comply with this request, the Director-General of Health may obtain a warrant from a Magistrate ordering such person to undergo examination to prove the existence, or non-existence, of venereal disease.
- (3.) Making it possible for a Magistrate, on the application of the Director-General of Health, to order the detention in a hospital or other approved place of a person who is likely to be a danger to other persons until that person is cured of venereal disease.

These provisions are applicable equally to both sexes, and the Committee see no reason to fear that the law would not be carefully and impartially administered. If it should appear that more women than men came under the operation of the law this result would be due to the fact that, as disclosed in the evidence, a much larger proportion of women than men fail to seek treatment, and of those treated a much larger proportion of women fail to continue treatment until no longer infectious.

It is hardly conceivable that a responsible officer, such as the Director-General of Health, would take action under these provisions unless he had strong reason to believe that such action was justified. But, even if he makes a mistake or is misinformed, the worst that can happen to an innocent person wrongfully suspected is that he or she will be required to produce a medical certificate, which can be procured free of cost from any hospital or V.D. clinic. This is wholly different from the provisions of the Contagious Diseases Act, under which a woman suspected of prostitution was liable to be arrested by a constable in the street.

The Committee recommend that the serving of notices, &c., under these sections be done by officers of the Health Department and not by the police. They also recommend that all proceedings taken under any Act having reference to venereal diseases should be heard in private unless the defendant applies for a hearing in open Court.

With regard to the effects of the actual operation of notification, examination, and isolation, the Commissioner of Public Health for West Australia, under date 25th August, 1922, advises the Committee that there is an increase in the number of cases attending public clinics, and that this is regarded not as evidence of increased incidence, but of increased interest and appreciation of early treatment by those suffering from the diseases.