

the syphilis-scourged cities of the Old World of scores of immigrants who never should have been allowed entrance into the country. These people are crowding our hospitals and asylums, and thus have become not alone a serious charge to the community, but from the standpoint of Eugenics should furnish a subject for grave consideration. The results of an investigation recently made by my assistant, Dr. R. W. Mann, of 198 consecutive admissions into my service at St. Michael's Hospital, 128 males and 70 females, will illustrate what I mean. Routine Wassermann tests gave a positive reaction in 46.1 per cent. of the men and 61.4 per cent. of the women. The large proportion of these cases, of course, entered the hospital for treatment of acute conditions other than syphilis, and in most of the cases evidences of syphilitic infection were discovered only in course of the routine clinical examinations.

While one is prepared to admit that these statistics probably represent an uncommon condition, yet general experience since the introduction of the Wassermann test points to a much greater frequency of syphilitic infection than has heretofore been believed.

It is high time that we as a profession were alive to the seriousness of the problem which is being produced by lack of efficient inspection of immigrants, and that we should begin to make our influence felt, and initiate a campaign to educate the public to the danger to our national welfare arising from the ignorance or carelessness of officials or the cupidity of those who profit by the admission to our country of the mentally and physically unfit.

There is every reason to believe that before long the more efficient control of venereal diseases will be taken up as a public health problem. This will involve some form of notification and provision for the proper supervision and treatment of cases, as is now required in Queensland and other places.

Lastly, as a reason for bringing this subject before you, my experience has led me to believe that syphilis is frequently overlooked, and at times by experienced practitioners and clinicians, either as the primary cause of trouble or as an accompanying factor. Those of us who have followed the autopsies and clinics, especially the Dermatological Clinics in London, Vienna, New York, or other great cities, have, I am sure, all been impressed with the alertness of clinicians for possible manifestations of syphilis, and the readiness and assurance with which they recognize them. There is no practitioner of wide experience who does not know how prone we all are to overlook very common clinical