

*serenol*, are equally as good and certainly more convenient than the dual outfits. In the first place, it is one thing to prevent organisms from growing but quite another to kill them when grown. In the second place, it was never advised that surgeons should sterilize their hands with that particular antiseptic which (in a test tube) most easily killed the organism they were going to meet. In the third place, surgeons have recognized for years that in sterilizing their hands before performing an operation, washing with soap and water is the most important step. In other words, with our prophylactic packets we have traversed the same ground which we trod between the antiseptic period of Lister and the aseptic period of to-day, without noticing the reiteration.

Moral teaching may be all very well in theory, but it will not be very productive of success in practice, unless propaganda becomes extended so far as to reach every individual, not on one occasion only but on several.

Let us now turn our attention to another aspect of the problem which has emanated from the antivenereal legislation, namely, free treatment. This, in the first place, means that each taxpayer is paying for another's misdemeanours and, may be, the innocent for the guilty. So far as the Lock Hospital is concerned, I never thought free treatment would be a success—an opinion which I hold now more strongly than ever. We have not the same control over the patients as when they paid, be it ever so little, and patients are not so regular in their attendances as they used to be. The more uneducated the man is, the less value he places on anything he gets for nothing; while the educated take advantage thereof, and come for a treatment which they could well afford to have in private.

The disadvantages following free treatment are by no means only on the patients' side, for the institutions, to get as big grants as possible, are not guiltless of *finesse*. For instance, of a patient is examined, that is one visit; if he has an instrument passed *intra urethram*, it is another visit, and the same if he has an injection or a pathological examination. In fact, the same patient can be reckoned as four visits each time he appears, and so it becomes disadvantageous to cure a patient too quickly.

As pathological examinations are well paid for, an enormous number of unnecessary ones are made. Also, pathology being the path of least resistance, the medical officer, who is often not too well versed in clinical matters, resorts to such examinations to the detriment of clinical medicine. From this follows the still further disadvantages that a patient believes in nothing but the result of a pathological test. Another great disadvantage resulting from the free treatment is, that most of the