

when rigorously carried out it offers no protection against the grave risks of extra-genital infection. Its percentage of failure is highest precisely where the risk of infection is greatest, among those who cannot exercise intelligence in its application. Then, too, apparently trifling variations upon the standard methods often render it ineffective, a fact which accords with the familiar experience of physicians as to the uselessness of the average attempt of a knowing patient to avoid infection by washes and similar applications. The prophylaxis of syphilis and gonorrhœa will to some extent become common knowledge as a result of the wholesale spread of such information through army service. This does not alter the fact that to be at its best it must remain under the control of the medical profession. If every person who has been exposed to the risk of syphilis or gonorrhœa could be persuaded to report within an hour to a competent physician to receive effective prophylactic treatment, the prevalence of the disease concerned would be enormously reduced. It remains for the individual physician to adopt the standard of personal relation to the problem of prevention so ably set forth in the Manual¹ used by the United States Army Medical Corps. As an opportunity to give a few words of sound advice, to encourage a new clean point of view, to bring home a great moral principle, the moment when a young man appeals for rescue from the possibly disastrous results of an indiscretion has few equals in the practise of medicine.

Conclusion.—This chapter closes the study of the modern problem of syphilis and gonorrhœa. It has been the aim of the discussion to present the facts bearing on these diseases not alone as a medical issue for medical men, but as a problem in human nature and in the moral strength and weakness of the social order, in whose solution each and every one of us has his part. Though we may be spared the actual miseries of the sick, their pain must now be our pain, their struggle our struggle. Their defeat and death are symbols of our own futility. Only by such a socialization of our point of view toward the public health can we hope to advance beyond our present outlook and effectiveness. With the movement against germs and bodily disease must go a will to right spiritual wrong, an idealism for the body which is incomplete without the perfection of the soul. If we see the two as one, we have made the

¹A manual of treatment of venereal disease. Chicago, 1917, 100 pp. This manual revised for use of civilian physicians by the United States Public Health Service, 1919.