

individual option with the patient whether he will be treated or not. He must be treated, and he must be treated not only until he is not contagious, but until he is cured. The entry of this compulsory element into the management of syphilis and gonorrhœa will be welcomed by every physician who has had special experience with these diseases and has the interests of the public at heart. The constant menace of irresponsibility can scarcely be appreciated by those who have not had to deal with it under the conditions of special and dispensary practice. The ignorantly and the wilfully irresponsible form a large factor in the spread of both syphilis and gonorrhœa. No amount of personal good will on the part of the physician, no amount of free and available treatment, suffices to secure the co-operation of some types. Perfectly possessed of all their faculties, they will leave the consulting room with fervid assurance of good intention, to disappear as completely as if they had stepped off the horizon. Among the ignorant and foreigners the problem becomes acute. I have seen nurse, interpreter and doctor working to persuade a man with a mouth and throat full of syphilitic germs, talking in relays, gesticulating, arguing, their faces running the gamut of emotions from good will to the hopeless anger of defeat, and seen the irresponsible and unprincipled carrier of the disease close the conversation by turning on his heel and sauntering from the room without a word. The power to press a button and have that man arrested at the door would have seemed God-given at that moment. There is as great a need for legal compulsion back of the control of syphilis and gonorrhœa, as there is behind the prevention of crime.

*The Reporting of Syphilis and Gonorrhœa to Health Officers.*—The reporting of cases of syphilis and gonorrhœa to the public health authorities is at present carried out in modified form in a number of states in this country. The measure is a rational one, contributing information of some value and at the same time doing much to educate patient and public in the contagiousness of the infections concerned. As a means of controlling irresponsibles it is absolutely essential. Systems of the type of the West Australian, do not require reporting by name unless the patient shows himself disposed to neglect treatment and thus subject others to risk. All unaccountable prejudice even against this form of impersonal reporting exists although it must be admitted that the opposition too often comes from the type of medical man whose methods and ideals are a generation old, who cannot give arsphenamine and therefore does not believe in it, and who feels that a contagious disease is the